



Submission

New Disability Employment Services from 2018: Discussion Paper

1. About this submission

This submission is made on behalf of Orygen, The National Centre of Excellence in Youth Mental Health in response to the *New Disability Employment Services from 2018: Discussion Paper*. This submission supports some of the suggested reforms, but is critical of others. A focus of the submission is the achievement of secure, long-term employment. An evidenced based model of employment support, Individual Placement and Support (IPS) is the framework informing this submission. Excerpts from *Tell them they're dreaming: Work, Education and Young People with Mental Illness in Australia* policy paper¹ provide further options for consideration.

In summary the submission:

1.1 Supports

- having an improved choice of provider;
- flexibility in mode of service delivery;
- fewer Employment Service Areas (ESAs); and
- the inclusion of mental health assessments in Employment Service Assessments.

1.2 Is critical of

- the limitations of Job Plans; and
- how discretion of available funds may be loosened.

1.3 Promotes a focus on secure, long-term outcomes that are suitable for individuals and support career pathways.

Employment challenges faced by young people experiencing mental ill-health

- Young people with an experience of mental ill-health may feel disconnected from the community and lack the networks vital for obtaining work. Supporting young people to connect with new networks and service providers is important as they may struggle doing this on their own and not understand the importance of the 'hidden' job market.
- Young people with mental ill-health may have difficulties with concentration, motivation, interpersonal skills, sleep or side effects from their medication that need to be considered when finding employment.
- Many young people that have an experience of mental ill-health will have large gaps in their work history and/or missed school due to their mental ill-health. This can be challenging, especially when a young person does not want to disclose their condition to employers, to secure job interviews when looking for work in a competitive job market.
- Young people with mental ill-health may need to take time off work (even in the early stages) to meet with their Doctor or treating team.

¹ Orygen (2014) *Tell them they're dreaming: Work, Education and Young People with Mental Illness in Australia*. Melbourne.

- Young people generally have less work experience, even more so for young people that have had to take time out of work/school for treatment of a mental health condition. This can result in lack of referees essential to gain employment.

Individual Placement and Support model

A defined form of supported employment for people with mental ill-health, the IPS model is an effective vocational intervention. IPS involves the incorporation of a vocational specialist in a mental health service team to ensure that vocational issues are a vital part of the care planning process². This model has been extensively researched in populations of people who experience chronic episodes of severe mental ill-health in over a dozen randomised controlled trials. It's demonstrated to be a superior form of employment intervention as compared with traditional vocational services and other forms of standard care³. IPS has eight key principles, described below⁴.

Individual Placement and Support principles

- Each person with mental ill-health who wants to work is eligible for IPS.
- Services are integrated within the mental health service.
- Competitive employment is a focused outcome.
- Individualised benefits counselling is provided (e.g. Newstart, Youth Allowance or Disability Support Pension counselling is provided so that if a young person gets a job, they know how their income will affect payments).
- Rapid job search.
- IPS vocational specialists develop relationships with employers based on the person's work preference.
- Vocational support is continuous.
- Each person's preferences are honoured.

To maximise the potential for success the IPS model needs to be performed with high fidelity to the principles of the model. The IPS model shares the goals of Disability Employment Services and is an appropriate model for supporting chronic populations into employment and has been adapted by Orygen for young people with experiences of mental ill-health.

2. About Orygen – The National Centre of Excellence in Youth Mental Health

Orygen, The National Centre of Excellence in Youth Mental Health is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. The organisation has a translational research capacity spanning discovery, novel treatments, clinical, health services, health economics and practice improvement research. This capacity is further enhanced by the organisation's role in running clinical services (four headspace centres), supporting the professional development of the youth mental health workforce and providing policy advice to the Commonwealth Government relating to young people's mental health.

Orygen's current research strengths include early psychosis, personality disorders, functional recovery and neurobiology. Other areas of notable research activity include emerging mental disorders, mood disorders, online interventions and suicide prevention. Priority research areas for further development include disengaged and vulnerable young people, addiction and eating disorders.

Orygen's work has created a new, more positive approach to the prevention and treatment of mental disorders, and has developed new models of care for young people with emerging disorders. This work has

² Dudley, R., Nicholson, M., Stott, P. and Spoor, G., (2013). "Improving vocational outcomes of service users in an Early Intervention in Psychosis service". *Early Intervention in Psychiatry* 8(1), pp.98-102.

³ Bond, G. (2012, October 23, 2012). "Evidence for the effectiveness of the individual placement and support model of supported employment." Retrieved 14 December 2016, from <http://www.dartmouth.edu/~ips2/resources/12-ips-evidence-10-23.pdf>

⁴ Dartmouth IPS Supported Employment Centre (2010). "Core Principles of IPS Supported Employment." Retrieved 14 December 2016, from <http://www.dartmouth.edu/~ips/page29/page31/page31.html>

been translated into a worldwide shift in services and treatments to include a primary focus on getting well and staying well, and health care models that include partnership with young people and families.

Orygen is a not-for-profit company limited by guarantee. It is a charitable entity with Deductible Gift Recipient Status and is an approved research institute. The Company has three Members: the Colonial Foundation, The University of Melbourne and Melbourne Health.

3. Submission

3.1 Positive options

The discussion paper includes some positive steps to improve the services provided to young people to find secure, long-term employment. These improvements relate to the individual and to system design.

Improved choice

The challenge presented to a service provider by an individual's circumstances should not see them deprioritised in favour of others who appear relatively easier to place in work. Improving the choice an individual has in choosing a provider with better or more suitable services would encourage service providers to improve the types and level of support provided.

Discussion Point 1.3 What should be the basis of referral by Centrelink for participants who do not choose a provider?

Should an individual not choose a provider the basis for referral by Centrelink should include the:

1. specialisation of a service aligning with the a young person's requirements,
2. location of the service to maximise access, and
3. performance of the service in general and in relation to successfully placing young people with similar requirements in work.

Flexibility in mode of service delivery

Greater flexibility in the mode of service delivery used is supported, where it is selected in the interest of the individual.

Discussion Point 2.2 How often should participants and providers be required to meet, either face-to-face or by other means?

Meetings between participants and providers should be determined on a needs basis not a standard model. Purposeful meetings would encourage participation. Technology is an option for providing greater flexibility but does not replace in-person support. An online model is being developed by Orygen that would provide greater flexibility and enhance the experience of young people.

Fewer Employment Service Areas

Fewer ESAs would help ensure the reach of targeted services and programs, such as IPS. A policy of having at least one service provider in each ESA that provides IPS would increase the availability and equity of service choice for young people with experiences of mental ill-health looking for work.

Discussion Point 9.1 Should there be ESAs, if so, how many ESAs should there be?

Thirty one ESAs overlaid Primary Health Network areas to improve connections between health and social services for young people. The principles of the IPS model include the integration of employment services within the mental health service. The integration of youth services aligns with the *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services* and outlined role for Primary Health Networks.

Role of mental health assessments

Assessing the requirements of an individual with a specific disability requires specialist skills. Employment service providers should have systems for accepting assessments and recommendations from mental health services in the development of support for young people with an experience of mental ill-health. Evidence

shows the mandatory job capacity assessment system could be misclassifying up to 30 percent of people with psychotic disorders by underestimating their assistance needs⁵.

Discussion Point 17.2b Should ESATs be developed and extended to provide more and better information on which providers could base their assistance, with less need to perform their own assessments?

Employment Service Assessments should incorporate mental health assessments to remove replication and extra burdens being placed on participants.

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Introduce a scale such as the Personal and Social Performance Scale for assessment of mental health conditions and streamline employment services assessment procedures for people with mental ill-health already on the Disability Support Pension. This category of people should be encouraged to access employment services through the DES system and should not be allocated a prescribed hourly benchmark or face lengthy delays caused by assessment procedures.

3.2 Caution needed

The discussion paper includes some suggestions that will likely limit the level of service and potential benefits for young people with mental ill-health. Caution is needed in settling for a service that does not meet the needs of the young people it is intended for.

Job plans

Job Plans are identified in the discussion paper as a means of individualising the support and differentiating the service provided. The potential of Job Plans are limited by the basic, pre-set options used to produce them. An online process does not provide sufficient curating to design a tailored Job Plan for an individual. Professional career practitioners are needed to meet with a young person to develop a personalised Job Plan. This level of support would provide constructive Job Plans and serve to engage young people in the process of finding work.

Discussion Point 3.1 Should Job Plans have minimum requirements beyond what is necessary for mutual obligation requirements? Or should this be determined between each participant and their provider?

Job plans should be agreed between participant and provider based on a planning process involving a professional career practitioner. Using positive language such as 'agreement' rather than 'mutual obligation' would be more constructive.

Discretion over funds

There is limited funds available for each person that needs to be maximised in support of successfully placing a participant in work. Any increase in discretion over how money is spent should be determined by the ability to make informed choices. Not all participants are aware of the best providers for training to support the objective of finding them work.

Discussion Point 5.4 What restrictions should apply to the use of the funds by participants?

Training courses should be recommended and funded by the agency with a system of verification in place to ensure the course is the best fit available in line with career goals, performance of training provider and job outlook.

3.3 Sustained outcomes

Placing participants in employment is a minimum outcome of employment services. The objective should be finding a person secure, long-term employment that provides a career pathway. This difference is a driver behind individual placement approaches that focus on the individual and the suitability of an employment placement.

⁵ Waghorn et al, (2012). "Earning and learning' in those with psychotic disorders: The second Australian national survey of psychosis". *Australian and New Zealand Journal of Psychiatry* 46(8), pp.774-785.

Discussion Point 12.1 What should constitute an employment outcome under DES in a modern Australian economy?

Simply finding a job is not a sustainable, promising outcome for a participant. A position that matches a job seekers career aspirations should be a measurable requirement. Employment might be casual, part time, full time or self-employed but would need to provide a sufficient amount of hours to provide for independence and decreased reliance on Centrelink.

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Allow employment service providers to claim both a pathway outcome and a full outcome for young job seekers suffering mental ill-health who have low levels of education. This could be done on a pro-rata basis. If the job seeker achieves an employment outcome after a pathway outcome then the difference in the fees could be paid to the DES providers.

Discussion Point 12.4 How should job seekers be supported in the period between the 26-week outcome and the 52-week outcome?

Once a young person is working ongoing support can be provided online. An online service being developed by Orygen will provide intensive post-placement support that allows for movement in jobs, enrolment in courses, reduction in hours (to undertake further study if needed) and career development support. Young people often need to take entry level positions, but once they are working support to progress or undertake further training as part of the job support phase would increase their potential contribution to an employer and develop their skills and experience. Proactive support rather than a "policing" of employment is required.

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Attach an outcome payment to the 52 week outcome indicator. This would promote long-term employment options and incentivise employment service providers to seek sustainable work options.

Investigate possible contract requirements to limit active caseload size to 25 job seekers per employment specialist.

Discussion Point 18.3 How should payments be determined for each level of support?

Follow up support after 12 months would allow further career development reflecting the skills and experience a participant has acquired. Payment structures that include this service would provide additional incentives for service providers to focus on supporting participants to find secure, long-term employment.

Tell them they're dreaming

Use the number of successful ongoing support participants as a bonus factor in performance evaluation instead of the proportion of successful ongoing support outcomes.

4. Further information

For further information and follow up relating to this submission, please contact

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