#

 **New Disability Employment Services from 2018**

***Submission by the Mental Health Commission of New South Wales***

December 2016

# The Mental Health Commission of NSW

The Mental Health Commission of New South Wales (NSW) is an independent statutory agency responsible for monitoring, reviewing and improving mental health and wellbeing for people in NSW. It works with Government and the community to secure better mental health and wellbeing for everyone and to prevent mental illness, and to ensure the availability of appropriate supports in or close to home when people are unwell or at risk of becoming unwell.

In all its work, the Commission is guided by the lived experience of people with mental illness, and their families and carers. The Commission promotes policies and practices that recognise the autonomy of people who experience mental illness and support their recovery, emphasising their personal and social needs and preferences as well as broader health

The Commission works in three main ways:

* Advocating, educating and advising about positive change to mental health policy, practice and systems in order to support better responses to people who experience mental illness, and their families and carers.
* Partnering with community-managed organisations, academic institutions, professional groups or government agencies to support the development of better approaches to the provision of mental health services and improved community wellbeing, and promote their wide adoption.
* Monitoring and reviewing the current system of mental health supports and progress towards achieving the actions *in Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, and providing this information to the community and the mental health sector in ways that encourage positive change.

**Living Well: A Strategic Plan for Mental Health in NSW**

On 15 December 2014 the NSW Government adopted [*Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*](http://nswmentalhealthcommission.com.au/our-work/living-well-plan-and-report), developed by the NSW Mental Health Commission following an unprecedented program of consultation and engagement with Government, mental health professionals and the community, in which more than 2000 people participated.

In [accepting *Living Well*](http://www.nsw.gov.au/media-releases-premier/historic-reforms-increase-access-community-based-mental-health-care), and all the 141 Actions it contains, the Government has set a ground-breaking new direction for the provision of services and supports to people in NSW who experience mental illness. This is modelled on proven principles of recovery and person-centred care, which emphasise choice and autonomy and consider the personal and social dimensions of mental illness alongside its impact on people’s health. For this reason, the Plan takes a whole-of-Government perspective, including housing, education, employment assistance, the justice system and family support among the spectrum of services that people may require when they experience mental illness.

As argued in *Living Well*, workforce participation is an essential part of the recovery journey for people with a mental illness. A job brings opportunities for social inclusion and financial independence, both of which support mental health. By contrast, unemployment can lead to social exclusion, economic disadvantage, poor mental and physical health and housing instability. The positive effects of participation in work have been well documented.[[1]](#endnote-1)

*Living Well* notes that the barriers to workforce participation among people with mental illness include: its episodic nature and the fear of losing income support and associated benefits; difficulties in accessing health, employment, rehabilitation and other services; unaddressed needs for continuing support; and stigma and discrimination. People with mental illness can also experience barriers to education and training.

*Living Well* highlights the assistance provided by Commonwealth services such as Job Access and points to the opportunities for establishing and improving links among Commonwealth employment services and mental health services. In NSW there are some examples of partnerships between Disability Employment Services and NSW mental health services; these could be ramped up.

Specifically *Living Well* calls for the following actions in NSW in relation to the employment inclusion of people with mental illness. Commonwealth agencies and services are important partners in realising the vision of *Living Well*.

**3.5.1** Explore the potential to reduce stigma in the workplace by developing a network of ambassadors who work at various levels across a range of agencies and industries and have a lived experience of mental illness.

**3.5.2** Support the recruitment and retention of people who experience mental illness including:

- Commonwealth-funded programs that provide tailored advice and support to managers and employees where an employee requires support to gain or retain employment

- Resources that provide advice to public sector agencies about workplace adjustments and other considerations for managing employees who experience mental illness.

**3.5.3** Ensure that public sector reforms increase workforce participation among people with a mental illness through explicit consideration of this population in agency workforce planning. This planning should ensure agencies are equipped to sensitively and appropriately manage employees who experience transient periods of mental illness.

**3.5.4** Improve the collection of data that relates specifically to employees who experience mental illness. This should include efforts to increase self-reporting among employees who experience transient, episodic or continuing mental illness. The Public Service Commission’s People Matter Employee Survey is one example of how this might be done.

**3.5.5** Ensure that agencies that provide services to people who experience mental illness, whether directly or through the community-managed sector, respond to the individual aspirations of clients living with a mental illness for education, training and employment, including through referral to Commonwealth-funded employment services.

**3.5.6** Develop a better understanding of the economic impact on NSW associated with mental illness in the workplace (including absenteeism and presenteeism) and under-employment.

**Data - Employment Exclusion of People with Mental Illness**

The Australian Bureau of Statistics (ABS) reports that in 2012 the labour force participation rate for people with disability was 52.8%, compared with 82.5% for people without disability. People with psychological disability had a labour force participation rate of 29.1%. Many of the people with psychological disability who are looking for work cannot find it; their rate of unemployment is 20.4%.[[2]](#endnote-2)

The data collected by the Australian Bureau of Statistics could be used fruitfully in designing supported employment services for people with mental illness. For example we know that many people with psychological disability who work would like to work more[[3]](#endnote-3) and employment supports should be available to help people realise this goal. The data collected includes some basic information on adjustments required in the workplace by people with psychological disability. This information, in conjunction with information collected by the DES providers, could be used to communicate to employers areas to address to meet their disability discrimination requirements, and good practical ideas of the types of reasonable adjustments that create accessible workplaces for people with mental illness.

**Proposed changes to DES**

In considering the specific proposed changes to the DES system, the NSW Mental Health Commission supports those recommendations arising from the Australian Human Right’s Commission’s Willing to Work inquiry:

*“Recommendation 38: That the following principles underpin reform of the DES system:*

1. *- Outcome Payments should be linked to longer-term outcomes (for example, 12 to 18 months in a job rather than three to six months).*
2. *- Star Ratings should be linked to the achievement of longer-term outcomes to ensure accountability.*
3. *- Accessible, user friendly information is provided which enables people to make informed choices.*
4. *- Ongoing support funding should be assessed and linked to the needs of each individual candidate rather than based on set limits.*
5. *- There should be incentives for providers to place people in positions for more than their minimum benchmark hours — if the individual is willing and able to do so.*
6. *- The Star Ratings system should be aligned with the National Disability Standards, particularly in relation to measures of client satisfaction.*
7. *- The provision of training for DES providers in key areas in relation to supporting people with disability to find employment, including: disability awareness, cultural competence, job matching and engagement of employers.”[[4]](#endnote-4)*

The service providers the Commission spoke to who are involved in working on employment goals with people with mental illness told us that the current system is often too focused on deficits and disability and needs to take a more strengths based approach.

Processes need to be person-centred and focus first and foremost on individual preferences. It was reported that often DES providers focus on the opportunities that are available through their existing contacts with employers rather on the expressed needs of clients. Scheme incentives mean that clients can be directed quickly into employment opportunities regardless of their appropriateness or alignment with client goals.

Service providers need to be experts in their work. The Commission was told that employment specialists are often poorly trained and that assessors often lack expertise in the type of disability they are asked to assess. The assessment process itself was particularly singled out as requiring streamlining.

These comments are consistent with the recovery-focus around which state and national reforms in mental health are centred. Employment services working with people with mental illness should be consistent with the National Framework for Recovery Oriented Mental Health Services – set out in Box 1.

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| **Domain 1: Promoting a culture and language of hope and optimism** A service culture and language that makes a person feel valued, important, welcome and safe, communicates positive expectations and promotes hope and optimism—this is central to recovery-oriented practice and service delivery **Domain 2: Person 1st and holistic** Putting people who experience mental health issues first and at the centre of practice and service delivery; viewing a person’s life situation holistically **Domain 3: Supporting personal recovery** Personally defined and led recovery at the heart of practice rather than an additional task **Domain 4: Organisational commitment and workforce development** Service and work environments and an organisational culture that are conducive to recovery and to building a workforce that is appropriately skilled, equipped, supported and resourced for recovery-oriented practice **Domain 5: Action on social inclusion and the social determinants of health, mental health and wellbeing** Upholding the human rights of people experiencing mental health issues and challenging stigma and discrimination; advocating to address the poor and unequal living circumstances that adversely impact on recovery. |

**Box 1: National Framework for Recovery Oriented Mental Health Services**

**Employment models for people with mental illness**

The recovery model is entirely consistent with the evidence based supported employment model for people with mental illness – Individual Placement and Support (IPS). This model should guide the design of employment supports provided to people with mental illness. The key principles of IPS are:

* competitive employment as the primary goal
* eligibility based on client choice
* integration of vocational and clinical services
* job search guided by individual preferences
* personalised benefits counselling
* rapid job search
* systematic job development
* time-unlimited support.

There is extensive evidence for the efficacy of IPS is securing competitive employment outcomes for people with mental illness. A recent systematic review and meta-analysis concluded:

*“This study provides strong evidence that IPS is effective in a variety of international settings, with its impact on competitive employment rates remaining for at least 2 years irrespective of economic conditions. Given these findings, policy-makers and clinicians need to begin addressing the barriers preventing widescale use of supported employment principles, to ensure access to high-fidelity IPS is made available to those with severe mental illness regardless of where they live or the prevailing economic conditions.”[[5]](#endnote-5)*

Open competitive employment, the goals of IPS, should be accessible for all people – but until this is achieved other models such as social businesses will be the preferred option for some people with mental illness. These models should be based on principles of equity and provide transition to mainstream employment based on a client’s individual preferences.

**Targeting employers**

The proposed new approaches targeting the employer side of the employment partnerships are welcomed. Arguably, the most significant barrier to employment for people with mental illness is employer attitudes and this is where the most significant behaviour change is required.

The report of the Australian Human Rights Commission into employment discrimination against Australian with disability and older Australians found

*“Employment discrimination against people with disability is ongoing and systemic. At the recruitment stage, bias, inaccessibility and exclusion are recurring issues. People with disability face a conundrum regarding if, when and how to disclose their disability and can experience barriers in accessing necessary workplace adjustments and opportunities for career progression. Discrimination is underpinned by negative assumptions and attitudes that are held by many employers and throughout the community about the productivity and capability of people with disability and perceptions that they present a higher work health and safety risk.”[[6]](#endnote-6)*

The Commonwealth government is a large employer and the DSS should be a powerful advocate for disability inclusion and good quality work practices within the Commonwealth public service. The Commission acknowledges the current Australian Public Service Commission’s As One disability employment strategy. It will need to be critically reviewed to assess its impact on employment outcomes and whether other measures are needed to create change.

The positive benefits if work may be dependent on the quality of the work such as the presence of supportive supervision.[[7]](#endnote-7) Part of the disability employment solution will be the creation of workplaces that support the wellbeing of all employees, and Commonwealth government employers must take up this challenge. The more seriously employers take their role in supporting workplace wellbeing for all employees, the better the chance of successful employment for employees with disability who may require flexibility and adjustment.

**A complex problem**

As is well known by the Department of Social Services, disability employment is a sticky policy problem as rates of labour force participation have not shifted in decades.[[8]](#endnote-8) We need to expect more from Disability Employment Services and the Commission supports the efforts of the DSS to refine their processes and design. The DES system, legislative approaches, employer frameworks, and education and training supports, all have their place and can be improved, but despite these systems being in place for some time, outcomes are not changing.

Innovation needs to be part of the policy response. The Commission welcomes the suggestion of innovative employer initiatives being supported by the Government. New solutions need to be developed in partnership with people currently excluded from work. Meaningful engagement with the deepest needs of people with experience of mental illness and employment exclusion, employers, and service providers is the best route to effective, actionable, initiatives.

1. See for example Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R.A., Mitchell, P.B., Harvey, S.H. 2016. The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry, 24*(4) 331-336. [↑](#endnote-ref-1)
2. Australian Bureau of Statistics (ABS). 2015. *Disability and Labour Force Participation, 2012.* Available at http://www.abs.gov.au/ausstats/abs@.nsf/mf/4433.0.55.006. [↑](#endnote-ref-2)
3. Australian Bureau of Statistics (ABS). 2015. *Disability and Labour Force Participation, 2012.* Available at http://www.abs.gov.au/ausstats/abs@.nsf/mf/4433.0.55.006. [↑](#endnote-ref-3)
4. Australian Human Rights Commission. 2016. *Willing To Work - National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability*. Sydney: Australian Human Rights Commission. [↑](#endnote-ref-4)
5. Modini, M., Tan, L., Brinchmann, B., Wang, M-J., Killackey, E., Glozier, N., Mykletun, A., Harvey, S.B. Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence. *The British Journal of Psychiatry, 209*, 14-22. [↑](#endnote-ref-5)
6. Australian Human Rights Commission. 2016. *Willing To Work - National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability*. Sydney: Australian Human Rights Commission. [↑](#endnote-ref-6)
7. Modini, M., Joyce, S., Mykletun, A., Christensen, H., Bryant, R.A., Mitchell, P.B., Harvey, S.H. 2016. The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry, 24*(4) 331-336. [↑](#endnote-ref-7)
8. Australian Bureau of Statistics (ABS). 2015. *Disability and Labour Force Participation, 2012*. Available at http://www.abs.gov.au/ausstats/abs@.nsf/mf/4433.0.55.006 [↑](#endnote-ref-8)