Submission in response to the National Disability Strategy, July 2020

RCAA®

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Preamble

The Rehabilitation Counselling Association of Australasia (RCAA) is the peak professional body for tertiary qualified rehabilitation counsellors throughout Australasia. Established in 2003, RCAA was formed out of recognition of the need for a Rehabilitation Counselling professional organisation with entrance criteria consistent with Allied Health Professions currently practising in Australia. RCAA represents a single profession, where all full members hold tertiary qualifications in a rehabilitation counselling discipline.

RCAA deliverables include:

- Self-regulation of the profession
- Membership of Allied Health Professions Australia (AHPA)
- Membership of Career Industry Council of Australia (CICA)
- Accreditation of Rehabilitation Counselling education programs at Australian Universities
- Robust Australian Competency Standards and Code of Ethics
- Access to current local and international research through subscriptions to the Australian Rehabilitation Research Review and the International Journal of Disability Management
- Mandatory Continuing Professional Development (CPD) requirements, resources and education to ensure members remain abreast of current evidence-based practice frameworks.

RCAA is the sole accrediting body of Rehabilitation Counselling degrees at The University of Sydney and Griffith University, the primary providers of qualified rehabilitation counsellors in Australia. RCAA has also accredited a Rehabilitation Counselling undergraduate degree at Flinders University.

RCAA supports the National Disability Strategy and the opportunity to provide comment on key findings and recommendations.

Allied health professions play an important role in the health of the individual and reduction of the financial and social cost to society. Rehabilitation Counsellors facilitate social, educational and economic inclusion and participation for people experiencing illness, injury, disability or disadvantage through assessment, case management, case coordination and counselling. Members of the profession have demonstrated competency standards to deliver an extensive range of rehabilitation services for people experiencing mental illness, evidenced by recent General Practitioner (GP) clinical guidelines published by Monash University (Mazza, Brijnath, Chakraborty, & the Guideline Development Group, 2019).

Local and international rehabilitation counselling competency research undertaken over an extended period identified vocational counselling, professional practice, personal counselling, rehabilitation case management, workplace disability case management, and workplace intervention and program management as important and frequently used job functions and knowledge areas (Biggs, Herbert Charles & Flett, Ross A, 1995; Leahy, Chan & Saunders, 2003; Matthews, Buys, Randall, Biggs & Hazelwood, 2010). Core competencies in vocational assessment have long been established within the profession of Rehabilitation Counselling (Black, 2018). GP

clinical guidelines developed by Monash University and approved by the National Health and Medical Research Council (Mazza et al. 2019) recommend (1) that GPs use qualified Rehabilitation Counsellors to assess current work environments and duties, and coordinate and negotiate work activities for people with mental health conditions, and (2) that Rehabilitation Counsellors are the profession to assist GPs in determining what work-related factors may be contributing to delayed recovery.

In this submission we will be providing feedback and recommendations in relation to the outcome areas of:

- Economic security
- Inclusive and accessible communities
- Health and wellbeing

Economic Security

People with disability have a right to access appropriate and evidenced based services and supports, and therefore must be afforded access to professionals with appropriate knowledge and skills in vocational rehabilitation, disability employment, and psychosocial rehabilitation. The variable levels of training and qualifications of staff working in Disability Employment contexts in Australia has been noted and attributed to poor service and outcomes for people with disability (Buys, Matthews & Randall, 2014). A lack of qualified professionals in this context frequently results in fragmented service, unintended adverse consequences and/or the unwanted and unsustainable status quo outcomes.

In comparison, State and Territory-based Workers Compensation, Lifetime Care and Road Accident Schemes require that employment related services provided under those jurisdictions are performed by qualified Allied Health Professionals, with an outlier often attached that they be provided by RCs. In all states and territories, there are return to work rates that are applied, which RCs frequently meet, due to their training, knowledge and skills in delivering these evidence based services. In 2017 Workcover Queensland reported that 92.5% of all injured workers returned to work (retrieved from https://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2017/5517T1716.pdf, 21/09/2020)

Feedback from RCAA members who are employed as Allied Health Assessors for Services Australia/ Centrelink is that Disability Employment Service (DES) Providers and Jobactive Providers will present to Centrelink to have clients reassessed with the aim of achieving better metrics (e.g. lower work capacities, personal factors, etc) in the system which can lead to more favourable employment outcomes for the provider. This may be beneficial for the client or detrimental e.g. a lower work capacity may enable an incentive to be offered an employer for 15hpw work which enables the client to achieve employment (but is it sustainable beyond the incentive period of 13 or 26 weeks) but locks a client into a lower economic outcome than a work capacity of 23hpw or 30hpw.

RCAA is aware of poor practices to date in the preparation of Job Plans by Disability Employment Service providers. Appropriate, person-centred and timely goal setting and planning is crucial in maximising the employment success of individuals. This planning must be based on the needs, skills and interests of the individual, not pre-determined by the provider and governed by cost-cutting strategies.

The services included in a Job Plan should be reasonably based on the employment related needs identified by the individual, and those identified in the Employment Services Assessment (ESAT/ Job Capacity Assessment (JCA) and by the Disability Employment Services (DES) provider. The process must involve full participant engagement in assessment, goalsetting and preparation of the Job Plan. Further, this must be matched by the accountability of the provider in ensuring adequate and meaningful support and services are provided to the participant.

Where these services and supports cannot be offered in-house, then appropriate services must be sought from external service providers. It is acknowledged the provision of these services can be costly, particularly where these must be outsourced. Jobactive Providers can fund professional services from Allied Health Professionals and seek reimbursement through the Employment Fund- General Account. DES providers are currently not able to seek reimbursement for professional services through this fund. As anecdotal evidence suggests that the majority of DES providers do not employ Allied Health Professionals such as Rehabilitation Counsellors, RCAA recommends that DES providers be eligible to seek reimbursement for professional services purchased for jobseekers with disability. Further anecdotal evidence from RCAA members working for Centrelink is that jobseekers are reporting that professional qualifications are rare within DES and Jobactive, providers do not understand their disability or their capabilities and how to achieve a sustainable vocational outcome. Where vocational assessment or vocational counselling has been indicated as undertaken by a provider evidence of this does not flow back to Allied Health Professionals at Centrelink to review at the time of program review (this is 6 months prior to the ceasing of a DES referral) to review against progress.

RCAA is of the opinion that many recommendations from ESATs/JCAs are ignored, either because of cost or because the provider does not have the professional skills required to deliver the services, which is a significant problem and a likely contributor to failures in the sector. Providers must be held accountable to the provision or sourcing of services required to improve participants' employment readiness and potential for success.

Consideration of new systems and funding options to ensure this accountability are now critical. For example, if vocational assessment and vocational counselling are listed as an intervention on an ESAT/JCA, these interventions should be listed on the job plan, with an expectation they be completed by appropriately qualified professionals such as Rehabilitation Counsellors, who undertake tertiary training and work integrated learning placements in the administering of Vocational Assessments for people with disabilities and other barriers to employment. DES Providers should be required to demonstrate compliance with the recommendations of ESATs/JCAs. RCAA also recommends that the recommended interventions and plans be considered a living document, rather than a blank document at the start of a new referral. This would ensure a best practice continuity of care model. Lastly, RCAA suggests accountability and monitoring of the recommended interventions, with attainment of interventions linked to Star Ratings outcomes.

Further examples of essential services and support to be provided upon recommendation may include Functional Capacity Evaluations (FCEs), pain management or specialist reviews, employer and co-worker education, adjustment to disability counselling, and assistance to source appropriate childcare. Failure to respond to these recommendations and needs does not enable participants to reach their employment potential.

RCAA suggests that participant interventions be electronically attached to the central database and that DES Providers can set or mark interventions as complete after these have been actioned. Setting interventions to “complete” and keeping these in the Plan would be preferable to closing them off and losing all reference to completed activities. Current Job Plans delete completed activities, providing limited opportunity for positive reflection on what has been achieved.

Adjustment to disability services present as a significant gap. Where clients are referred to other health professionals they seem more likely to treat this as depression or anxiety and not apply the professional skills RC would to support adjustment and transition. In addition, anecdotally there is a significant cohort of pain related conditions which also seem to not receive support from mainstream health services (rarely does a DES connect a client with them) and never seem to engage a professional (RC or otherwise) to provide this service by the DES provider. Strengthening just these two client presentations with RC experts who can deliver these services would likely produce benefits to government and the client.

Psychiatric Disability

RCAA recommends that State and Territory Governments directly employ Rehabilitation Counsellors as Individual Placement and Support (IPS) employment specialists to assist people experiencing psychiatric disability.

Rehabilitation Counsellors are well placed to provide IPS given their historical involvement in psychiatric rehabilitation and job placement for persons with disability, including IPS. For nearly 30 years, Rehabilitation Counsellors have been providing specific expertise in vocational and psychosocial interventions to people at-risk of, and managing diagnosed mental illness (Garske, 1992).

One of the pre-eminent researchers of the IPS model, Deborah Becker, stated in a webcast in 2015 that Vocational Rehabilitation (VR) systems and Vocational Rehabilitation professionals (encompassing Rehabilitation Counsellors) cross-disability expertise is a good fit with the growing evidence for the effectiveness of IPS with diverse disability populations. Becker, Bond and Oulvey (2015) further noted that vocational rehabilitation professionals offer expertise, consistency, accessibility, integration and resources.

It was generally accepted in the late 1980's that the needs of people with chronic and severe psychiatric disabilities extend well beyond the boundaries of any one system and require coordinated efforts with an array of health and human service agencies. Nationally, about one-third of all VR offices are reported to have formal interagency collaboration agreements with one or more local Mental Health agencies (Katz, 1991). Rehabilitation Counsellors are highly trained and experienced in working with and disseminating information to multidisciplinary treatment teams. RCs understand the impact of mental health on occupational functioning and effects of medication on areas of functioning including energy and executive function.

Garkse (1992), noted that the involvement of rehabilitation counsellors in psychiatric rehabilitation seemed both appropriate and necessary. Philosophically, the new psychiatric rehabilitation model coincides with the practice of rehabilitation counselling. The clinical nature of psychiatric rehabilitation, just like its counterpart in physical rehabilitation, is comprised of two intervention strategies--client skill development and strengthening of environmental supports (Rehab Brief, 1989, Vol. 12). Psychiatric rehabilitation practice is guided by the basic philosophy of rehabilitation, in that people with disabilities require skills and environmental supports to fulfill the role demands of their living, learning, social, and working environments (Anthony, Cohen, & Farkas, 1990). According to Lamb (1988), no part of this work is more important than giving these clients a sense of mastery over their internal drives, their symptoms, and the demands of their environment.

IPS has the strongest evidence base of any vocational intervention design for people with mental health-related conditions. It is supported by over 20 randomized controlled trials across four continents, a range of programs serving clients and a

demographically diverse variety of communities. It has been proven effective for both young adults and older adults with a serious mental illness, posttraumatic stress disorder, substance-use disorders; history of homelessness, substantial and repeated hospitalization, involvement in the criminal justice system, and long-term unemployment and dependence on Social Security. IPS has been consistently a much better program model than any active alternative (Drake & Bond, 2014).

Inclusive and Accessible Communities

RCAA recommends an increase to homelessness services and recommends inclusion of Rehabilitation Counsellors into homelessness services teams. Fearn-Smith and Tadros (2018) identified that the vocational outcomes orientation of rehabilitation counsellors aligned well with the 2017 National Homelessness Strategy. It was further noted that improving employment outcomes of people experiencing or at risk of homelessness would enhance economic capacity in this group and reduce vulnerability to housing affordability stress. The authors assert that the skills of Rehabilitation Counsellors in facilitating economic and educational social inclusion has the potential to facilitate meaningful poverty reduction.

An accessible environment would also allow significantly more participation in employment/economic activity and reduce inefficiencies for persons with disabilities. RCAA proposes an increase to the national stock of accessible housing as this can also increase a person's access to social and economic activity without the requirement for home modifications, with a goal of 5% of national housing stock reaching the gold standard of Liveable Housing Design Guidelines by 2050 (http://www.livablehousingaustralia.org.au/95/downloads.aspx).

Internationally, Rehabilitation Counsellors are employed in Schools, Universities and Technical Colleges to provide a range of services including school transition support and to facilitate equitable access for students attending university and technical college campuses. Within Australia, there appears be considerable disparity across the States and Territories regarding the qualification requirements to provide these services, with no consistent national approach. RCAA recommends inclusion of RCs in high schools, special schools, universities, and TAFEs. RCs undertake tertiary training in both disability types and characteristics, the impact of disability on work, volunteering and study and the knowledge and skills to identify and implement pathways to facilitate realization of work, volunteer and study goals.

Health and Wellbeing

The health benefits of good work, maintaining community engagement, and disability prevention are well known (The Royal Australasian College of Physicians and the Australasian Faculty of Occupational and Environmental Medicine, 2013). For people with mental health conditions, good mental and physical health is strongly associated with participating in good and safe work (Butterworth, Leach, McManus, & Stansfield, 2013; Modini et al., 2016; van der Noordt, IJzelenberg, Droomers, & Proper, 2014).

The absence of good work and its social, economic, and psychological benefits increases the risk of developing clinical mental health conditions among workers with injuries that prevent them from returning to work in a timely manner. The loss of social connectedness with the workplace, psychological threats to one's identity and sense of purpose, and the stress of economic hardships can create psychological problems (Iles, Davidson, & Taylor, 2008; Kent & Keating, 2008) that make return to work problematic.

People at risk of developing mental health conditions, and those with moderate to severe mental health conditions, who seek psychological services frequently require support to maintain their education or employment while engaging in symptom treatment interventions. Rehabilitation Counsellors collaborate with treatment providers to ensure that evidence-based psychosocial principles are integrated into the work/employment of any treatment and recovery plan, alongside personal interventions in focussed psychological strategies. They set expectations of recovery by identifying preventative workplace interventions, providing psychoeducation in terms of the importance of maintaining work or work with adjustments, and developing a plan for transition from sick leave back to work.

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