

National Mental Health Commission
May 2021

National Disability Employment Strategy – Consultation Paper



Australian Government
National Mental Health Commission

Introduction

The National Mental Health Commission (Commission) welcomes the opportunity to provide feedback on the National Disability Employment Strategy - Consultation Paper (the consultation paper).

The Commission understands that the consultation paper has been informed by findings from the [2019](#) and [2020](#) National Disability Strategy consultation processes, discussion with key stakeholders, targeted interviews conducted with people with disability, and various research papers and reports.

About the Commission

The Commission was established in 2012 and is an independent executive agency in the Australian Government Health Portfolio. The Commission is a listed entity under the *Public Governance, Performance and Accountability Act 2013* with the Commission's purpose set out in clause 15 of Schedule 1 of the *Public Governance, Performance and Accountability Act 2014*.

The Commission's purpose is to:

- monitor and report on investment in mental health and suicide prevention initiatives;
- provide evidence-based policy advice to Government;
- disseminate information on ways to continuously improve Australia's mental health and suicide prevention systems; and
- act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

Submission Summary

In line with the Commission's work, this submission will provide specific emphasis on the needs of people with a **psychosocial disability**. This submission includes a summary of key points for DSS consideration; background to the Commission's Contributing Life Framework and psychosocial disability; and responses to the consultation questions.

Key issues for consideration

1. The Commission recommends taking a longer term approach to the National Disability Employment Strategy and expanding the scope from increasing the number of people with disability in meaningful work to also include supporting these people throughout their employment. The Strategy should include the availability, accessibility and promotion of ongoing employment supports, including supports for carers and family members.
2. The Commission is encouraged by the consultation paper's emphasis on stigma and discrimination in the 'changing community attitudes of people with disability in the workplace' priority area, and highlights the need to address the structural barriers and behavioural changes required to realise such change. Employers or work colleagues represent one of the top three sources of discrimination experienced by people with a psychosocial disability. As such, the Commission recommends a strategic focus within this priority area on changing attitudes within the workplace. We note that progress made in this realm will require significant investment and sustained strategic direction over time, and that education and information will be critical to changing community attitudes, as well as those of employers.
3. The Commission advocates a shift towards a person-led system for the mental health system and suggests this as an approach for the Disability Employment Strategy. From the Commission's perspective, such a system should put the individual person's social and emotional wellbeing front and centre of every decision. The system, from the level of policy development through to service providers, should collaborate with people with lived experience and their carers to provide choice in the shaping and delivery of their care and support.

Contributing life framework and recovery approach

The Contributing Life is a conceptual framework for discussing and understanding the needs and experiences of people with mental health conditions, from their own perspective. The Commission's *Contributing Life Framework* encompasses broad areas beyond health services (including employment, education, welfare and justice). This framework subsequently underpins all of the Commission's work to ensure individuals live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; are included; and have knowledge, assurance and respect.

The importance of recovery-oriented practices are a critical aspect of enabling people to live full and contributing lives. As such, the Commission has taken a recovery perspective to its work – recognising that the recovery journey is unique to each person, which is about leading as fulfilling a life as possible as part of the community. This is a wide-angle view beyond mental health to see the context of people's lived experiences and their hopes for leading a contributing life. This approach recognises the impact of the social determinants of health such as employment, housing, economic, employment, environmental and social trends on a person's mental health. It means that people who experience mental illness and psychosocial disability should be able to expect the same rights, opportunities, physical and mental health outcomes as the wider community.

Psychosocial disability

The Commission notes there is currently no agreed definition of psychosocial disability which has caused issues reconciling the differences between psychosocial and other kinds of disability, particularly within the National Disability Insurance Scheme (NDIS). For the purpose of this submission, we define psychosocial disability in line with the Productivity Commission, that is, "an impairment or restriction arising due to mental illness that can limit an individual's ability to function, think clearly and enjoy full physical health or manage their social and emotional welfare."¹

Prevalence and impact of psychosocial disability

It is estimated that in 2018, 4.6 percent of Australians – or 1.1 million people – had a psychosocial disability representing over a quarter of Australians with any disability.² People with psychosocial disabilities generally report more severe limitations than those with other disabilities, reporting almost four times the rate of 'profound limitation'¹ and almost two times the rate of 'severe limitation.'³² They are more likely to experience difficulties at their school or educational institution due to their condition (68.9 percent versus 41.5 percent for those with other disabilities), are less likely to be working and more likely to report employment restrictions because of their disability compared to those with other disability. A summary of comparative statistics is provided in Table 1 below.

Table 1 2018, all persons aged 15-64 years, labour force status by disability type⁴ (ABS, 2018)

	Australian population	Non-psychosocial disability	Psychosocial disability
Labour force participation	84.1%	62.3%	33.5%
Employed	80.2%	57.9%	25.7%
Unemployed	3.9%	4.5%	7.9%

¹ Defined as where the person is unable to do, or always needs help with, a core activity task (ABS, 2020).

² Defined as where the person sometimes needs help with a core activity task, and/or has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication (ABS, 2020).

Responses to the consultation paper questions for consideration

Are there barriers or concerns for jobseekers with disability (jobseekers) not covered in this consultation paper?

The Commission agrees with the identified barriers and concerns for job seekers with a disability in this paper, recognising that many of the areas identified align with the overall mental health system reform agenda including: making the system easier to navigate; driving better performance from disability employment service providers; and changing community attitudes.

The Commission encourages DSS to consider the recommendations of the Productivity Commission regarding income and employment services for people with mental illness (Chapter 19). Of note in the Productivity Commission's findings is that users and advocacy groups argue job active and Disability Employment Services are at best inadequate for people with mental illness and at worst can exacerbate their illness.⁵

People with psychosocial disability face particular barriers to gaining and maintaining employment, in part due to the nature of psychosocial disability which differs from other disability types because of its episodic nature and the disability not always being visible. During stable periods individuals can have their assistance needs underestimated by service providers and employers leading to under-provision of support and potentially further inhibiting their functional capacity.^{6,7} Furthermore, funding incentives and disincentives can lead to perverse outcomes for individuals with psychosocial disability in particular, emphasising the gaining rather than maintaining of employment⁸ and although mental health is a protected class under the *Disability Discrimination Act 1992* (Cth), people with psychosocial disability are four times more likely to experience discrimination because of their disability than those with other disabilities, with employers or work colleagues representing one of the top three sources of discrimination.⁹

The longer a person with a mental illness remains unemployed, the greater the impact on their mental illness will be. Employment provides an opportunity to improve social isolation and provide a sense of purpose and belonging in their community. However, there are various barriers to employment that can be present due to a person having a mental illness including:

- Social isolation from mainstream society, family and friends
- Co-morbidity and physical ill-health
- Side effects of medication which can reduce social functionality
- High likelihood of long-term unemployment
- Extended breaks in employment and education reducing employability
- Low vocational expectations from health professionals and society
- Reduced sense of self-worth or confidence
- Disengagement with clinical support due to stigma from traditional health services
- Lack of understanding of the impact of mental illness within the community
- Reduced jobseeker disclosure rates due to a lack of understanding by employers of support workplace modifications or flexible working arrangements to support wellness
- Ongoing referral requirements to non-vocational services to maintain wellness or support jobseeker during crisis

Are there barriers or concerns for employers not covered in this consultation paper?

The Commission notes there have been recent efforts to include psychological injury in workplace health and safety laws. A recent meeting of Australian ministers responsible for work health and safety (WHS) saw a majority of ministers agreeing to amend the model WHS Regulations to deal with psychological injury.¹⁰

Concerns for employers might include understanding and adhering to their duties under legislation, particularly for those operating across jurisdictions. With the multiple pieces of legislation relating to workplace safety, harassment and bullying, employers have vast obligations they are required to meet. This is necessary, and the Commission supports holding employers to account for their employee's wellbeing. However, employers need to be supported in this effort. It is necessary to ensure that employers are equipped to create and maintain mentally healthy workplaces and are not deterred by legislative penalties in hiring employees with additional or more complex mental health needs. There are a number of jurisdictions already taking action to provide guidance to employers about complying with their duties under WHS laws. Through the National Workplace Initiative (detailed below), the Commission is also developing materials to support employers with their obligations.

Do you have any feedback on the proposed vision or priority areas?

Given that meaningful work opportunities (whether paid or voluntary) are critical to people's active participation in society, the Commission would like to see the proposed vision expanded beyond 'access' to such opportunities. A suggested expansion could be: an inclusive Australia where all people have access to, engage with, and thrive from, meaningful work opportunities.

The Commission supports the priority areas outlined in the consultation paper. The DSS may also wish to note the following work currently underway at the Commission which may support the proposed vision and priority areas of the Employment Strategy:

National Workplace Initiative

The National Workplace Initiative is a \$11.5 million investment by the Commonwealth Government to create a nationally consistent approach to mentally healthy work and workplaces in Australia.

The National Workplace Initiative is run by the Commission in collaboration with the Mentally Healthy Workplace Alliance, a group of national organisations collaborating to promote and create mentally healthy workplaces for all Australians. Members of the Alliance include peak organisations from business, union, mental health, workplace health and government sectors. The Mentally Healthy Workplace Alliance is committed to partnering with all Australian workplaces through the National Workplace Initiative to create mentally healthy workplaces for businesses and workers.

The core elements of the National Workplace Initiative are:

- Creating a framework that outlines the core pillars and principles in Australia's nationally consistent approach to mentally health work.
- Developing a new digital portal that will connect businesses with trusted information and services to address their specific needs regardless of the size from sole traders and small businesses through to medium and large businesses.
- Promoting better business practices through case studies and a network of champions of mentally healthy work.

National Stigma and Discrimination Reduction Strategy

The Commission has recently been tasked with the development of a National Stigma and Discrimination Reduction Strategy (the Strategy) as recommended in the [Productivity Commission inquiry into Mental Health](#). This Strategy will build on the work started under the [Fifth National Mental Health and Suicide Prevention Plan](#), and will be co-designed with people who are affected by mental ill-health, trauma or distress.

The Strategy will outline a long-term vision for a society where all Australians can live long and contributing lives, free from stigma and discrimination. The Strategy will also articulate clear priorities/focus areas, objectives and actions over four years to:

- Eliminate structural stigma and discrimination in identified settings.
- Reduce public stigma by changing attitudes and behaviours in the general community and amongst identified target audiences.
- Reduce self-stigma amongst those who experience mental ill-health, trauma and distress and those who support them.

Which actions or initiatives would best create positive change for people with disability and employers?

A fundamental action for creating positive change would be building employer capability and confidence to not only hire a person with a psychosocial disability, but also create a mentally healthy workplace that supports them and other employees. There is already a range of tools and resources available to support employers such as those available on the HeadsUp [website](#). This includes case studies and personal stories; webinars and online training programs; and a free tool to assist employers in developing a tailored strategy to make their workplace more mentally healthy. Additionally, the National Workplace Initiative is currently working towards the development of a digital portal that will make it easy for workplaces to find out what to do to support employee mental health, and which services and agencies can help. This includes connecting workplaces with state-based or industry-based supports. The initial launch of the digital platform – the Healthy Work Hub (working title) – is planned for late 2021.

Community and welfare services play a vital role in supporting the community in attaining and maintaining good mental health and wellbeing. These services are an essential component of the care system, providing access to a range of human and social supports which address social determinants, at-risk populations, and promote social and emotional wellbeing for those with mental health concerns. This includes fulfilling employment opportunities and other training and vocational activities. The Commission supports the need for further integration across all community sectors including employment and health. The Commission also emphasises that, in order to deliver significant change for people living with psychosocial disabilities, the social services sector workforces will require capacity building, support and education in mental health literacy and knowledge of the key employment needs expressed by job seekers in relation to their illness.

How should we report against the Employment Strategy?

The Commission suggests that reporting against the Disability Employment Strategy focus on outcomes for individuals, and communities alongside the more commonly reported outputs and activities. An outcomes-focussed system enables quality work, flexibility and innovation and outcomes and impact measures should identify how outcomes will be measured, monitored and evaluated.

Key outcome measures for consideration include:

- Measurement of the degree of co-design and co-production in service and system planning and development.
- Data which reports on statistics surrounding the maintaining of employment
- Reporting on consumers' experience of services
- Data which enables the systematic review of the degree to which Job Plans reflect the needs of those with more complex obstacles to employment as outlined in the Productivity Commission's inquiry into mental health.¹¹
- Reductions in reported instances of experiences of stigma and discrimination in the workplace and disability employment services
- Reductions in adverse consequences for those who disclose mental illness or psychosocial disability in employment settings

How do we measure success of the Employment Strategy?

The Commission recommends measuring success of the Employment Strategy be linked to outcome measures and the degree to which they have improved against agreed target outcomes and performance indicators. These outcome measures should be linked to quality of life and the degree to which people can live a contributing life including meaningful involvement in society and engagement in activities that enrich their lives.

Outcome measures could focus on:

- Sustainable recovery for those with psychosocial disability and their carers. For example: increase in employment for people with psychosocial disability, as well as their carers and family members; satisfaction with employer; and length of tenure in employment.

- Reductions in stigma and discrimination. For example: change in national attitudes, structural barriers and behavioural changes to mental health demonstrate mental health understanding and acceptance; and eliminated adverse consequences for who disclose psychosocial disability or mental health challenges to their employers.

References

- ¹ Productivity Commission. Mental Health, Inquiry Report no. 95. Canberra; 2020. Available from: <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- ² Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Psychosocial Disability. Canberra: Australian Bureau of Statistics; 2018. Available from: <https://www.abs.gov.au/articles/psychosocial-disability>
- ³ ABS, Disability, Ageing and Carers, Australia, 2018.
- ⁴ ABS, Disability, Ageing and Carers, Australia, 2018.
- ⁵ Productivity Commission. Mental Health, Inquiry Report no. 95, Chapter 19. Canberra; 2020. Available from: <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- ⁶ Waghorn G, Lloyd C. The employment of people with mental illness. Australian e-Journal for the Advancement of Mental Health. 2005;4(2):129-71. Available from: <https://doi.org/10.5172/jamh.4.2.129>.
- ⁷ Productivity Commission, 2020.
- ⁸ Productivity Commission, 2020; and Waghorn G, Lloyd C, 2005.
- ⁹ ABS, Disability, Ageing and Carers, Australia, 2018.
- ¹⁰ Attorney-General for Australia and Minister for Industrial Relations. Workplace Health and Safety ministers focus on regulatory action to strengthen laws. Media release. 21 May 2021. Available <https://www.attorneygeneral.gov.au/media/media-releases/whs-ministers-focus-regulatory-action-21-may-2021>
- ¹¹ Productivity Commission, 2020.