# Submission on the New Disability Employment Support Program

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Preamble

People with severe and enduring mental illness experience significant barriers to obtaining and maintaining a job. People with psychosocial disability make up the largest cohort of people with disabilities accessing the Disability Employment Service (DES); however mental ill health is often an “invisible” disability and frequently is not well understood by the DES workforce and employers. As a public tertiary mental health service, the people that NorthWestern Mental Health provides ongoing services to are those with severe mental illness (SMI).

We want to emphasise that there is an empirically validated employment support model for people with SMI. This is known as the Individual Placement and Support (IPS) Model; which will be referred to throughout this document from hereon in as IPS. This model of support is underpinned by eight principles; including rapid job search; tailoring the job search to the person skills, interests and preferences; integrating vocational specialists within clinical mental health teams; intensive support for consumers by the vocational consultant in close collaboration with the treating team; closely working with employers (providing disclosure of their mental health condition is agreed upon by the consumer); support post placement and ongoing and individualised counselling in regards to the impact of employment and income on government benefits. It is our recommendation that the intensive support called for in the IPS model is required to support consumers with SMI who frequently have complex needs related to obtaining, maintaining and changing employment.

While we do recommend direct employment of vocational consultants to work within specialist mental health services (Area & Local Mental Health & Wellbeing Services for youth and adults and community managed), there is merit in adapting the existing disability employment support program to better meet the needs of people with mental ill health. This will allow people with mental illness to access Employment support regardless of whether they are a current client of a specialist mental health service.

1. **Who should be able to access a specialist disability employment program?**

In line with the IPS model, anyone with a psychosocial disability with a desire to work should be eligible to access a specialist disability employment program. This includes all people with serious mental health conditions and psychological distress, whose ability to gain marketable employment skills and to obtain and maintain employment has been significantly impacted by their mental ill health and/or psychological distress.

While many people can experience a mental health condition across their lifespan, it is estimated that around 3% of the population experience a Severe Mental Illness (SMI) (State of Victoria, 2021). We would propose that people with SMI be eligible to access specialist disability employment supports. Both employment/vocational specialists employed within DES and those employed directly by specialist mental health services should work cooperatively with the clinical services and with each other to ensure coordinated service delivery; minimal overlap and no or minimal gaps in service.

People with a psychosocial disability are more likely to enter the workforce in a part-time role initially. Volunteering and time limited unpaid work experience is definitely helpful to some people with a mental illness. However for many of those with SMI, intensive coaching and support is required to support them to obtain and maintain paid work in the competitive job market.

NDIS can support people with psychosocial disability to attain vocational goals, however this should not be an exclusion criteria for access to DES opportunities. NDIS fund supports for a small proportion of the population of people with psychosocial disability who need additional (not exclusive) supports. Access to DES for those who also have NDIS funded supports enhances their opportunities that are already limited by severe disability. For those with NDIS funding, there could be creative ways in which plan funding could assist with vocational goals in addition to what DES can provide. For example a support worker to assist them in the first few days or weeks of a new job.

Recommendation:

* All people who identify as having a disability should be able to access DES.

**2. How can we simplify entry to the disability employment support model?**

Criteria for accessing the DES system, needs to have clear criteria that capture the difficulties experienced by people with SMI. Many assessments ask for percentages or estimates of disability; which are not helpful when considering the majority of mental illness conditions. Within the specialist field of mental health; the recovery model is a key framework for conceptualising what it means to live a meaningful life. The criteria for assessing recovery for an individual is developed by the person themselves; through a journey of self-discovery, which is often supported by key people in their lives (both personal and professional relationships). One of the key features for supporting the person to begin to set goals in their recovery journey; is the instilment of hope. This hope allows the setting of goals that promote a sense of living a meaningful life. Employment is a goal for many people with SMI, that has a major impact on their recovery. Employment support services therefore need to be able to provide meaningful and tailored support, not heavily focused on Key Performance Indicators (KPI’s) and mutual obligations. If the person is considered to have low potential for successful placement and therefore does not receive the intensive and sustained resources and support required to instil hope, they may lack aspirations that support the development of marketable skills and ultimately develop a career.

Recommendation:

* We recommend the development of a Psychosocial/ Wellbeing/ Mental Health stream within DES that incorporates the IPS and Recovery Framework principles.

**3. What employment services and supports would most help people with disability?**

We recommend the implementation of a psychosocial specific stream within the DES program be rolled out nationally. Both the Productivity Commission Inquiry into mental health (Productivity Commission, 2020) and the Royal Commission into Victoria’s Mental Health System (RCVMHS) (State of Victoria, 2021) recommended the implementation of the Individual Placement and Support (IPS) model within both youth and adult services. The IPS model has been widely studied internationally and in Australia and when implemented and run with high fidelity to IPS principles, it consistently results in the following: higher rates of job placement; retention rates; and better integration between mental health and employment services (Waghorn et al., 2019). A substantial body of evidence has been accumulated over the past 25+ years.

It is therefore recommended that IPS should be implemented as part of a DES reform agenda. The eight principles of the IPS model can be evaluated using the fidelity measures developed in the USA and adapted for use in Australia. The IPS model has been trialled within Australia by employment of IPS workers by the specialist mental health service and by partnerships with DES providers (Waghorn et al., 2019). Implementation of this model will require vision, leadership and adequate implementation funding. Adjunct interventions such as social skills training, cognitive remediation, and motivational interviewing may further enhance employment outcomes.

The RCVMHS clearly place high value on the inclusion of people with lived / living experience of mental illness or caring for someone with mental illness in design, implementation and evaluation of services. People with lived / living experience are therefore recommended to be included in a co-design and co-production process, (with issues of power and equity being directly addressed) in the development of an IPS stream for people with SMI within the DES service system. The addition of paid Peer Support Workers to support the vocational goals of consumers is also recommended to be a key part of the workforce employed within an IPS psychosocial stream.

It should also be recognised that not all people with a SMI who want to work are ready for immediate job search (which is a key principle of the IPS model). The psychosocial DES stream is therefore also recommended to include funding and support to access training and education opportunities for those who have capacity to participate in training and cognitive remediation (for those who are assessed as having cognitive deficits) and social skills training (for those who have difficulties with social skills). WISE employment’s Employ your Mind program in Victoria is a good example of provision of successful cognitive remediation intervention.

Recommendations:

* A psychosocial DES stream to be rolled out nationally. This stream should be guided by the principles of the IPS model of employment support.
* Co-design, co-production and co-delivery of a psychosocial DES stream by people with a lived/ living experience of mental illness.
* Peer Support Workers are employed within the psychosocial DES stream to ensure that the service is consistent with a recovery framework and that consumers accessing the service have the opportunity to develop mutually beneficial relationships with Peer workers. The peer workers are trained in either the Certificate IV in Mental Health peer work and/or the Intentional Peer Support model.
* Employment of a skilled and trained DES workforce who understand the impact of psychosocial disability and the pathways to employment that may be relevant to each individual.
* Psychosocial DES stream to include Cognitive Remediation and Social Skills training opportunities for participants.
* Assessment, provision of support and evaluation are recommended to be tailored to people with mental ill health (not adapted from other disability models). Initial funding needs to take into account the need for leadership, training and partnership development. The DES psychosocial stream partnering with an organisation such as IPSworks a branch of the Western Australia Association for Mental Health (WAAMH) or Orygen IPS centre of excellence to provide implementation support, monitor fidelity and guide evaluation is recommended.

**4. What employment services and supports would most help young people?**

Studies conducted at Orygen youth mental health and those conducted internationally support the implementation of the IPS model for young people with mental ill health. Inclusion of supported education and peer support is also recommended to be embedded in the youth IPS program.

Recommendation:

* Inclusion of IPS model of employment support in youth specific DES services.

**5. What support do employers need to attract, employ and retain people with disability?**

Attract: There is merit in social procurement and quotas for some industries and employers. For example; government is a major employer. When awarding contracts for cleaning, hospitality services, gardening and maintenance, the successful contractor could be required to employ a percentage of people with a disability. The DES contractors could also employ people with disability.

Large employers could fund a disability liaison worker to support staff employed within the organisation.

There is evidence that employers are more familiar with the types of workplace adjustments required for people with physical disability (ramps, lifts, underbench wheelchair access, toilets) than for those with psychosocial disability/ mental ill health (McDowell & Fossey, 2015). Workplace adjustments for people with mental ill health may include: flexible hours, reduced hours, modified training and supervision, modified tasks, support to communicate with the employer, coaching and emotional support. Employers should be better supported to understand psychosocial disabilities, the types of workplace adjustments that may support sustainable employment, and their legal rights and responsibilities. New DES should play a role in providing practical support and education to employers to reduce stigma and improve access and retention of employment for people with psychosocial disabilities.

Recommendation:

* Use of social procurement to incentivise employment of people with disabilities
* Targeted information and education available for employers on workplace adjustments relevant to people with psychosocial disabilities.

**6. How do we best tailor mutual obligation requirements to increase the likelihood of people with disability finding work in the future?**

Mutual obligation requirements can have a detrimental impact on a consumers’ stress levels and therefore their mental health. The requirement to apply for a quota of jobs; is in direct contravention of the principles of IPS which is about tailoring job search and matching a person’s skills and preferences to the job. Applying for multiple jobs can lead to applying for the jobs that are available which may not match the persons interests or skills. It frustrates employers who are required to sift through large amounts of applications; some of which are wholly unsuited and it leads to a sense of disappointment and failure in applicants who are making a lot of applications without apparent success.

One application to an already vetted employer for a job that matches the skills, capacity and preferences of the applicant is significantly better than 20 or more jobs applied for which are unsuitable. Linking the payment of Centrelink income with job search and engagement with the DES for a person with a mental illness frequently leads to a loss of internal motivation. For those who have experienced involuntary mental health treatment, it can add up to one more government agency mandating compliance and therefore an adversarial relationship with an employment provider. The engagement with DES works optimally when there is internal motivation and engagement with the DES which matches the person’s recovery goal of finding work.

Recommendation:

* Mutual Obligations are counterproductive and not required within a DES context. Instead work with the persons own recovery goals to achieve vocational outcomes.

**7. How can funding arrangements incentivise good work outcomes?**

Employment outcomes for persons with mental illness vary considerably in terms of the level of support required to gain a successful outcome (i.e. a job). Some will require high intensity, high frequency support for a longer duration, while others will gain work quite quickly. Many factors influence this outcome, as it does for the general population – age, severity of illness, a chronic versus a fluctuating condition, personality and psychological factors – persistence, adaptability, teamwork, emotional regulation, existing skills, the match between the persons interests/skills and available work and so on. So funding the DES based on successful employment and 13 and 26 week retention is a one size fits all model of funding, which promotes “cherry picking” clients based on their perceived capacity to be employed quickly, while “parking” or putting minimal effort into supporting more complex clients, including those with SMI. There is also a tendency for consumers to be placed in entry level, precarious employment. Greater emphasis is needed on appropriate job matching, good quality post-placement support, and longer-term career trajectory.

Recommendation:

* The implementation of a DES psychosocial IPS stream; fidelity to the principles of IPS is a way to define outcomes and provide funding which does not place emphasis on quick outcomes – allowing time to “do it right” rather than place a person in a job, regardless of fit.
* Outcomes can also be measured by frequency of contact by the DES; engagement by the client and increased participation levels – along with training and employment outcomes.

8. How do we drive high quality services and supports?

Recruiting or training highly qualified staff with values aligned to the recovery model would improve the quality of the service delivery. This can include staff with both learnt (e.g. allied health staff) and lived /living experience. Leadership, vision and a focus on evaluation and continuous quality improvement should support high quality services and supports. Partnerships between DES and specialist mental health providers is also key to supporting people with psychosocial disability in a coordinated and collaborative way.

Recommendations:

* Recruit high quality staff and provide training in psychosocial disability
* Ensure good leadership, partnerships

**9. How do we measure success?**

Success should be measured in terms of satisfaction of the client and the attainment of individualised recovery goals. Fidelity to the IPS model is recommended to be considered along with employment and other vocational outcomes. Employment of people with lived / living experience of psychosocial disability in both consultant and peer roles allows for greater likelihood of adherence to the recovery framework and being person centred. Fidelity measurement is recommended during the implementation phase by external services such as IPS centre of excellence run by Orygen.

Recommendations:

* Measure client satisfaction
* Measure achievement of recovery goals
* Measure fidelity to IPS model

**References**

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