



Submission by the ACT Mental Health Consumer Network on Inquiry into Mental Health and Workforce Participation 2011

Submitted via email to:

ee.reps@aph.gov.au

By:

ACT Mental Health Consumer Network Inc.

The Griffin Centre, Level 2, Room 11

20 Genge Street, Canberra City, 2601

P.O.BOX 469, Civic Square, ACT, 2608

Phone: 02 6230 5796 Fax: 02 6230 5790

Email: policy@actmhc.org.au

Website: www.actmhc.org.au

On:

6 May 2011



ACT Mental Health Consumer Network Inc.

The Griffin Centre, Level 2, Room 11

Genge St. CIVIC

P.O.BOX 469 – CIVIC SQUARE- ACT 2608

Phone: 02 6230 5796 Fax: 02 6230 5790

Email: actmhc@actmhc.org.au

Website: www.actmhc.org.au

Submission by the ACT Mental Health Consumer Network on Inquiry into Mental Health and Workforce Participation 2011

Background

This submission has been prepared by the ACT Mental Health Consumer Network (The Network) in response to the Committee on Education and Employment's inquiry into mental health and workforce participation.

The Network is the peak body for mental health consumers in the ACT. Run by consumers for consumers, our aim is to advocate for services and support for mental health consumers to assist them to live fuller, healthier and more valued lives in the community. We do this through advocacy, representation, lobbying and active involvement in new developments in the mental health sector, as well as in the wider health and community sectors.

Introduction

The social model of mental illness recognises that recovery involves not only the clinical side of recovering from symptoms of mental illness, but also getting basic necessities such as adequate accommodation and income, overcoming social isolation, and having meaningful activities.

A liveable income obtained through employment combined with feeling secure due to having an income safety net when episodic mental illness occurs contributes positively to mental health recovery. Furthermore, obtaining a meaningful work instead of just any available work is also important. A recent study by the Australian National University (ANU) found that having a poor quality job can be detrimental to individual's mental health¹.

The Network proposes collaborative work between the departments of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Health and Ageing (DoHA), and Education, Employment and Workplace Relations (DEEWR) to provide adequate support and remove barriers for mental health consumers accessing education and employment.

¹ Pearce, M. (2011). *ANU News: Good news about bad jobs*. Retrieved May 3, 2011 from <http://news.anu.edu.au/?p=6571>

SUMMARY OF RECOMMENDATIONS

Recommendation 1: Provide people living with mental illness access to psychosocial support from Commonwealth government programs and initiatives that offer a personalised approach, such as the National Disability Insurance Scheme.

Recommendation 2: Transform the delivery of the Disability Support Pension to operate as safety net for mental health consumers who need income support while recognising the episodic nature of mental illness by encouraging people to return to paid employment without unfairly penalising them.

Recommendation 3: Establish targeted employment and employment support programs that promote best practice human resource management.

Recommendation 4: Develop consumer-led services and peer support programs to increase workforce participation, create job demand for mental health consumers, and combating the stigma of mental illness.

Recommendation 5: Develop a scholarship scheme for mental health consumers with sufficient support and flexible arrangements to address the episodic nature of mental illness.

Barriers to participation in education, training and employment of people with mental ill health

Costs of seeking and maintaining paid employment

Many consumers express their willingness to be involved in some sort of paid employment to earn additional income however most are afraid of losing their Commonwealth income support and concession rental rebates and health care. There are also hidden costs associated with seeking and maintaining employment such as transport, clothing and childcare which can make the 'additional income' less than beneficial.

Barriers to re-accessing Disability Support Pensions (DSP)

Consumers are concerned that the DSP eligibility criteria and the application process are problematic, and several have often experienced difficulties in accessing the DSP if they have received it and then ceased sometime in the past. Although the barriers to re-accessing the DSP may be motivated by a desire to promote employment, the effect is the opposite; barriers to re-access make mental health consumers reluctant to give up their DSP for employment in fear of facing difficulties re-accessing the DSP if their employment is unsustainable and/or their health deteriorates.

Furthermore, experiences dealing with Centrelink have not been very positive for some consumers. Centrelink, responsible for the administration of the DSP, is often reported by mental health consumers as being unhelpful. Their lack of knowledge about the episodic nature of mental illness imposes great barriers for consumers to access the support they need. Consumers often left feeling like that they have to fight for their lives. Getting information about their entitlements is often challenging due to complex navigation of the website and unsympathetic customer service. Referring to many consumers' experience of social services, one consumer said:

The way the system works is making simple things difficult. Their interest is more on guarding the systems instead of providing the service. I swear sometimes the system doesn't want you to know about some of the things that are available. Social Services is set up to not give you the information, to not tell you what your entitlements are (Consumer voice).

Lack of flexibility for workers with mental illness

Paid employment often fails to provide flexible environments for people managing life with mental illness. Taking sick leave is sometimes perceived as meaning the employee has a low work ethic. It is difficult for workers with mental illness to hold down casual or part-time work because employers are often less inclined to continue employing people who have difficulties in filling some of their shifts. Most employment opportunities require regularity and stability, leaving little room for flexibility in case of relapse of mental illness or side effects of medication. At present, the DSP fails to provide an income safety net for people living with mental illness when relapses take place.

They (employers) discourage absenteeism. If I took too many sick leave or too often, then I will lose my job. DSP is my fallback but it does not work like that (Consumer voice).

Transport difficulties

Cars and taxis are simply unaffordable for large numbers of mental health consumers. Public buses are often unavailable or inadequate outside of inner-city areas, especially outside of normal business hours and on weekends, and are becoming increasingly expensive. In addition, public buses are often difficult to use because many areas lack journey planner internet sites.

Adequate accommodation

Unsafe, substandard and segregated accommodation and neighbourhoods were several contributing factors that keep many consumers in unstable accommodation. The instability presents great barriers for consumers to secure employment.

It is difficult to coordinate your life if you don't have permanent accommodation. If I don't have a permanent address, getting job interviews and preparing myself is almost impossible. I don't feel that I have any stability at all (Consumer voice).

Many mental health consumers live in public housing which exposes them to a range of issues that compromise their personal comfort and safety, and can exacerbate their mental illnesses. One Network member commented, for example:

I have had many experiences where my herb plants were destroyed by them [public housing providers]. They thought it was grass and they chopped it down. For me, to be connected with the nature helps my recovery.

Consumers do not choose to live in public housing; they either cannot afford private housing, or would only be able to afford private housing in areas that are isolated and far from the services they need.

In addition, there is an increasingly high need of low cost services that offer supports for consumers to live independently or in supported housing, such as cleaning and home organising services which currently are not available. Similarly to cooking skills, organising and cleaning a house can be overwhelming tasks for mental health consumers and an impossible task for individuals who are in an acute state of mental illness. Inability to cope with daily chores may lead to a situation where consumers are evicted from their accommodation which will bring them back to homelessness.

Recommendation 1: *Provide people living with mental illness access to psycho-social support from Commonwealth government programs and initiatives that offer a personalised approach, such as the National Disability Insurance Scheme.*

The Network supports a personalised approach to social services that would allow consumers to have access to the support they want, when they need it, in a way that suits them. This would allow people to access services that best target their needs and that do this at suitable times and places. This approach promotes prevention and early intervention and supports consumers to have greater control of their lives.

The Network sees the potential of personalised budgets within National Disability Insurance Scheme (NDIS) to change the way public services are delivered to suit mental health consumer needs and circumstances. This would mark a positive move away from the current situation where the onus is on mental health consumers to adapt to the way services are delivered.

By enabling mental health consumers to access the NDIS, consumers who decide to get off their DSP and enter paid employment can benefit from a safety net if they

experience relapse and need to take some time off employment. Disability insurance should ensure that the costs of basic necessities – including housing, food and personal care – are covered while people are managing their illnesses and applying for other income support such as DSP.

The Network proposes that the NDIS adopt the term ‘psycho-social disability’ to provide support for people living with mental illness to live meaningful lives in their homes and communities. The psycho-social category of disability is mentioned in the National Disability Strategy 2010-2020² and should be used to differentiate the types of support people can access under the NDIS and other systems, such as the Mental Health system which should provide clinical care and treatment.

Recommendation 2: *Transform the delivery of the Disability Support Pension to operate as safety net for mental health consumers who need income support while recognising the episodic nature of mental illness by encouraging people to return to paid employment without unfairly penalising them.*

The process for applying for DSP should be simplified, particularly for people who are re-applying due to episodic mental illness. This will require straightforward forms and coordination of data.

Centrelink, as the main administrator of DSP, needs to shift their paradigm from gatekeeper to social care. The level of red-tape should be reduced to minimum. Friendly customer service with the ability to provide simplified information will help mental health consumers to access the support they need.

The current payment schedule and structure need to be transformed to encourage more people to return to paid employment without needing to jeopardise their financial stability.

Recommendation 3: *Establish targeted employment and employment support programs that promote best practice human resource management.*

Paid employment opportunities for mental health consumers need to involve best practice human resource management. As mentioned in the *National Mental Health Consumer and Carer Forum Workforce Position Statement*³, there is much guidance available on best practice human resource management approaches to support and

² The Council of Australian Governments. (2011). National Disability Strategy 2010-2020. Pg. 23
For the purposes of this Strategy, the term ‘people with disability’ refers to people with all kinds of impairment from birth or acquired through illness, accident or the ageing process. It includes cognitive impairment as well as physical, sensory and psycho-social disability.

³ National Mental Health Consumer and Carer Forum. (2010). *Supporting and developing the mental health consumer and carer identified workforce – a strategic approach to recovery*. Pg.28. Retrieved March 3, 2011 from <http://www.nmhccf.org.au/workforce>

maintain a quality workforce including:

- the Australian Human Rights Commission's *Workers with Mental Illness: a Practical Guide for Managers*;
- The NSW Mental Health Coordinating Council's *Mental Health Recovery Philosophy into Practice: A workforce development guide 2008*;
- The Mental Illness Fellowship of South Australia and Baptist Care South Australia's *Employer Tool-Kit: employing peer workers in your organisation*; and
- SANE 's *Guide to Mental Illness for the Workplace*.

The Network argues that employees should be able to access support when they need it and should not be discouraged from taking sick leave to cope with their mental illness. Employment opportunities should be fulfilling and based on the person's interests, abilities, skills and previous experience; it can be empowering for consumers to know that their employment is not simply about obtaining income.

Social enterprise programs should be promoted and initiated in various community settings as alternatives to mainstream employment. It will build entrepreneurship skills, increase ownership of the program amongst consumers, and promote social inclusion. There are many examples around the world and in various sectors that show how social enterprises have been successful; in 2004 Finland passed the *Act on Social Enterprises* that defines a social enterprise as being any enterprise that is entered on the relevant register and at least 30% of whose employees have disability or are long-term unemployed. As of May 2010, 154 such enterprises had been registered, the largest with 50 employees.^{4,5}

'Social Firms' is another term used in the UK to differentiate their purpose from other types of social enterprise. The specific purpose of Social Firms is to create jobs for people who find it hardest to get them. A 'Social Firm' is a market-led enterprise set up specifically to create good quality jobs for disadvantaged people in the labour market.⁶ According to 2010 sector mapping there are 99 existing Social Firms and 82 emerging Social Firms in the UK. Over 1,000 severely disadvantaged people have found paid employment within the sector through Social Firms. It is estimated that for someone receiving Incapacity Benefits (disability support pension) who gains full time employment, the Social Firm sector accounts for savings of at least:

- £30 million (\$46M AUD) in welfare benefits;
- £8.5 million (\$13M AUD) in health care; and

⁴ Sociaalinen Yritys (2010). *Social Enterprises in Finland*. Retrieved July 27, 2010 from http://www.sosiaalinenyritys.fi/sofi_english

⁵ Pättiniemi, P. (2006). *Development of legal framework for social enterprises in Finland*. Retrieved July 27, 2010 from <http://www.oecd.org/dataoecd/8/51/37508850.pdf>

⁶ Social Firms UK. *What is Social Firm?* Retrieved July 27, 2010, from <http://socialfirmsuk.co.uk/about-social-firms/what-social-firm>

- £1 million (\$1.5M AUD) in social services.

Similarly, 'Social Firms', is being used in Australia however Social Firms Australia defines it as follows:

A social firm is a business created with the specific purpose of employing people with a disability or other disadvantage in the labour market and to provide a needed product or service. Modifications required for employees in need of support are built into the design of the workplace. Ideally, 25-50% of a social firm's workforce consists of disabled or disadvantaged employees. Every worker, regardless of their disability or non-disability, is regarded as equal and is treated as such, with equal rights and equal obligations.⁷

However many consumers have reported problems related to lack of information and promotion as well as their limited availability creating significant barriers to access.

The availability of employment and entrepreneurship opportunities which allow for alternative income support (such as DSP payment) in times when people are experiencing difficulties in managing their health is important in supporting recovery from mental illness.

Employment support programs should be run based on a recovery approach. This means that the aim of such programs should not always be simply getting mental health consumers into paid employment as quickly as possible, but rather finding what sort of paid employment suits the lifestyle and the recovery of the individual involved.

Recommendation 4: *Develop consumer-led services and peer support programs to increase workforce participation, create job demand for mental health consumers, and combating the stigma of mental illness.*

The lack of consumer-led services, particularly in the area of peer support services, is a considerable gap in Australia. This has an increasingly negative impact on consumers' ability to recover in sustainable, supported ways, and also fails to help prevent them from falling into crisis and hospitalisation or worse. This service gap also negatively impacts on consumers' ability to participate in consumer-related activities.

More wide-spread Commonwealth and State/Territory-funded consumer-led services will not only increase mental health consumers' workforce participation but also create demand for mental health consumers with adequate skills in peer support and

⁷ Social Firms Australia. *Social Firms and Partners*. Retrieved July 27, 2010 from <http://www.socialfirms.org.au/partners.php>

combating the stigma that mental health consumers are always at the recipient end of services.

The effectiveness of consumer-led services is supported by strong international evidence. For example, research shows that consumer-led services are capable of achieving outcomes in areas where traditional services often fall behind, such as increasing employment levels and improving living arrangements for people living with mental illness. Studies also demonstrate that consumer-oriented mental health services generally reduce the number of hospitalisations and thus the overall cost of mental health services.⁸

An important strategy for bringing about consumer-led mental health services is the use of peer support workers. Peer support workers are people who have expertise gained through lived experience and recovery from mental illness, and have the capacity to build empathic relationships with mental health consumers as a result.⁹ Evidence suggests that services offered by peer support workers are likely to be at least as effective as traditional services in supporting recovery from mental illness, and likely to produce even more positive outcomes when complemented with traditional services.¹⁰

Research also shows that the success of peer support programs is heavily influenced by the availability of support for the peer support workers themselves.¹¹ Support that should be available for peer support workers includes:

- individual, group and clinical supervision; and
- technical assistance in relation to the specific recovery needs of the consumers they assist, for example social enterprise development possibilities or information technology supports.

Similarly, such peer-run peer support services would be invaluable to people in or leaving acute, sub-acute, or community-based services. In recent years the Network has increasingly seen the urgently expressed need of mental health consumers for support and advocacy. Consumers widely express that the assistance of experienced peers in navigating the service system and supporting their goals to live

⁸ See, for example, Doughty, C. and Tse, S. (2010). Can Consumer-Led Mental Health Services be Equally Effective? An Integrative Review of CLMH Services in High-Income Countries. Community Mental Health Journal Online from <http://www.springerlink.com/content/dr40755811535247/about/>

⁹ Fox, L. and Hilton, D. (1994). Response to "Consumers as service providers: The promise and the challenge." Community Mental Health Journal, 30(6), 625-627.

¹⁰ Paulsen, R., Hendrickx, H., Demmler, J., Clarke, G., Cutter, D. and Birecree, E. (1999). Comparing practice patterns of consumer and non-consumer mental health service providers. Community Mental Health Journal, 35(3), 251-269; Solomon, P. and Draine, J. (1995). One-year outcomes of a randomised trial of consumer case management. Evaluation and Program Planning, 18, 117-127; Klein, A., Cnaan, R. and Whitecraft, J. (1998). Significance of peer social support for dually-diagnosed clients: Findings from a pilot study. Research on Social Work Practice, 8, 529-551.

¹¹ Orwin, D. (2008). Thematic Review of Peer Supports: Literature review and leadership interviews. Mental Health Commission: New Zealand, http://www.mindandbody.co.nz/wp-content/uploads/2009/04/peer_supports_thematic1.pdf; McLean, J., Biggs, H., Whitehead, I., Pratt, R., and Maxwell, M. (2009). Evaluation of the delivering for mental health peer support worker pilot scheme. Scottish Government Social Research: Edinburgh, <http://www.scotland.gov.uk/Resource/Doc/291864/0089933.pdf>; Daniels, A., Grant, E., Filson, B., Powell, I., Fricks, L., Goodale, L. (Ed). (2010). Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services. www.pillarsofpeersupport.org

in and contribute to the community in a sustainable way would greatly improve their recovery.

Recommendation 5: *Develop a scholarship scheme for mental health consumers with sufficient support and flexible arrangements to address the episodic nature of mental illness.*

Developing a scholarship scheme for mental health consumers has been seen as beneficial to enhance engagement in employment across a range of settings. Many consumers' experiences have shown that there is high prevalence for people to develop different interests or want to change their employment pathways after experiencing mental illness. Providing scholarship schemes that are available for mental health consumers will encourage people to look at their options and interests and pursue their future employment goals without compromising their recovery.

A range of supports such as pastoral care, peer support and tutorial support should be built around the scholarship scheme to ensure that consumers can maintain their enrolment and complete the course they undertake. Flexible arrangements will assist consumers when they are becoming unwell and return to their study when they are ready.

Thank you for the opportunity to provide feedback. The Network is looking forward to being part of this important and significant inquiry that can improve mental health consumers' participation in education and employment.



Dalane Drexler
Executive Officer
ACT Mental Health Consumer Network