



The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

Submission

Inquiry into mental health and workforce participation

Consultation Paper



The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.

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The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania.

The MHCT welcomes the opportunity to provide comment to the House of Representatives Standing Committee on Education and Employment on their inquiry into the barriers to participation in education, training and employment experienced by people with mental ill health.

The MHCT has consulted with its members and is pleased to make an informed response to the Standing Committee.

Mental health issues are very common. The Australian Bureau of Statistics identifies that almost half of us will experience a mental health disorder at some point in our lives, and that one in five Australians has experienced mental illness in the last 12 months. Most of us are in daily contact with people affected by mental health problems. They run our banks, police our communities, and teach our children—they are our friends, neighbours, and family.¹

The stigma attached to mental ill-health, however, prevents many people from disclosing their lived experience of mental health issues. Fear of discrimination often prevents people from speaking about their experiences and from seeking support from work colleagues, friends or family. The longer people wait to seek help can increase the seriousness of their condition and the costs borne by health and social services if they are admitted to more intensive and more expensive treatment than might have been the case if they had reported their concerns earlier.

SANE Australia's stigma watch report identifies that discrimination against people with mental illness remains high in Australia, and that fear of discrimination is a key reason people do not seek help in the early stages of their illness.²

One of the barriers to participation in education, training and employment of people with a lived experience of mental illness is stigma. For a long, time the community has stigmatised people with a lived experience of mental illness. Stigma can be expressed through clear discrimination; through refusing to employ; or more subtly through wariness, suspicion or exclusion. At an international level, stigma has been addressed through well-resourced national campaigns, such as See Me³, Scotland; Like Minds Like Mine⁴, New Zealand and Time To Change⁵, UK.

The MHCT advocates for a national campaign to address stigma associated with mental illness. This would enhance access to, and participation in, education, training and employment for people with a lived experience of mental illness. This recommendation aligns with priority area 2 of the *Fourth National Mental Health Plan: Prevention and early intervention*.⁶ The outcome will increase the

¹ “From Discrimination to Social Inclusion”, www.qldalliance.org.au

² www.sane.org

³ www.seemescotland.org.uk

⁴ www.likeminds.org.nz

⁵ www.time-to-change.org.uk

⁶ Fourth National Mental Health Plan. An agenda for collaborative government action in mental health 2009-2014

likelihood that people will have a better understanding and recognition of mental health problems and mental illness if they are supported to develop resilience and coping skills.

A national stigma campaign is also linked to one of the guiding principles underlying the Fourth National Mental Health Plan, which is social inclusion.

*Recognition of the importance of social, cultural and economic factors to mental health and wellbeing means that both health and social issues should be included in the development of mental health policy and service development. The principle includes support to live and participate in the community, and effort to remove barriers which lead to social exclusion such as stigma, negative public attitudes and discrimination in health and community settings. The National Social Inclusion Principles should underpin reform in mental health.*⁷

A number of myths tend to inform broader social stigma directed toward people with a lived experience of mental illness who are trying to participate in education, training and employment. It is vital that these myths are dispelled (or in colloquial language – busted) if the barriers of misconception and prejudice that colour broad social attitudes toward people with a mental health issue are to be overcome⁸.

The MHCT would like to draw the attention of the Standing Committee to a national resource, developed in Tasmania, 'Mountain Climbing. A resource for tertiary graduates with lived experience of mental illness making transition to employment'. This resource guides tertiary students through the transition phases of university to seeking, obtaining and sustaining meaningful employment. This is an initiative of the National Disability Coordination Officer Program. The following section on "Myth and Myth Busted" is lifted from this valuable resource.

Myth: A person with a mental illness who thinks that he/she is not ready to enter the world of work is obviously not ready.

Myth Busted: It is common for mental illness to cause a reduction in confidence but people with mental illness can still find work when they are not feeling well. Working and looking for work keep you engaged and actually speed up the recovery process.

Myth: If someone's mental illness is not under control, they are not job-ready.

Myth Busted: Getting work can be a really good way of controlling your illness. Even if you have some symptoms of a mental illness, there is a good chance you will still be able to work especially if you focus on making small steps towards your goals.

Myth: If a person with mental illness is really motivated to work they should be willing to try out any job.

Myth Busted: People with a mental illness have the same right as anyone else to choose the kinds of work they do.

Myth: A person with a mental illness should only work at low stress jobs that require no interpersonal contact.

Myth Busted: People with a mental illness can perform high stress jobs if they have a high stress tolerance, learn effective coping mechanisms and manage their illness well. Interpersonal contact at work can have restorative effects for people with a lived experience of mental illness.

Myth: Employment settings are limited in their ability to handle people who are perceived as too 'different'.

⁷ Fourth National Mental Health Plan. An agenda for collaborative government action in mental health 2009-2014, p13

⁸ Mountain Climbing. A resource for tertiary graduates with lived experience of mental illness making transition to employment, 2011, www.ndcotas.com.au

Myth Busted: Employment settings are becoming more and more flexible in their treatment of people with a range of health and behaviour issues. Tolerance and respect for difference are now common features of the workplace.

Myth: A person with a mental illness always needs specialised disability resources to get a job.

Myth Busted: Most people with a mental illness get jobs on their own or with standard job search assistance.

Myth: The stress of working is likely to cause relapses for someone with a severe mental illness.

Myth Busted: Stress is an issue for people with a mental illness but it can be managed through techniques like mindfulness, meditation, exercise, medication and therapy.⁹

Another barrier which people with a lived experience of mental illness encounter stems from legislative settings and the practical interpretation and enactment of legislation in the workplace. In line with other jurisdictions, Tasmania does not currently have a Charter of Human Rights. In 2010 Lara Giddings MP, the then Attorney-General, put forward a Human Rights Charter Legislative Project Directions Paper. The purpose of the paper was to promote discussion in the community about a proposed model for a legislated human rights charter for Tasmania; and to seek the views and obtain written submissions from interested persons or organisations.

The aim of the charter is to clearly list human rights, freedoms and responsibilities in one place so they can be easily found and understood, providing Tasmanians with protection from infringements of those rights and freedoms by Government and its agencies and companies, and to provide effective ways for people to challenge any perceived violation of those rights.

The proposed model for Tasmania includes freedom from discrimination, which aligns with the Victorian Charter and the ACT Human Rights Act. Additional rights proposed for the Tasmanian Charter are:⁻¹⁰

The right to have equal access to health services to assist the person in achieving a reasonable standard of physical and mental health.

The right to education, including equal access to higher education based on ability.

The right of a person living with a disability to respect for their physical and mental integrity on an equal basis with others

Members of the MHCT have also asked us to highlight the significant challenges facing the survivors of torture and trauma in Tasmania in the pursuit of employment. Most Job Services Australia (JSA) providers in Tasmania have very little knowledge of the backgrounds and challenges facing some of this cohort and therefore the resultant support strategies for employment participation are poorly developed.

The perpetual cycle of employment rejection faced by some individuals can perpetuate trauma cycles pre and post settlement in Australia. This concern was recently highlighted by the Settlement Council of Australia (SCoA) submission "regarding recommendations on employment service improvements within JSA and the Disability Employment Service (DES) for recent humanitarian entrant arrivals to Australia". SCoA's member agencies found that Culturally and Linguistically Diverse (CaLD) clients, generally, face a multitude of barriers to employment or to good-quality employment. These include limited proficiency in written and spoken English; restricted access to affordable housing that is close to transport and/or viable employment options; racism,

⁹ www.sane.org and www.jobaccess.gov.au

¹⁰ A charter of human rights & responsibilities for Tasmania, Department of Justice, 2010, www.justice.tas.gov.au

discrimination and related forms of stigmatisation in the workforce; failure of employers, professional bodies and education institutions to recognise prior learning and qualifications gained outside of Australia, and/or a limited range of Australian-based work experience.

SCoA's submission also highlights the extent of support required by skilled migrants and refugees to achieve employment in their occupation, varies based on their early access to recognition support services. Some achieve a sustainable employment outcome in their field quickly and with minimal support. Others, however, require more intensive support from personnel with specialist knowledge and skills to provide quality services in these areas.

The MHCT would like to recommend to the Standing Committee that a focus on early intervention and prevention strategies would enhance access to participation in education, training and employment of people with a lived experience of mental illness. The MHCT draws the Committee's attention to the Tasmanian Government's focus on Promotion, Prevention and Early Intervention (PPEI). This focus was formalised in October, 2009 when State-wide and Mental Health Services released its PPEI framework, *Building the Foundations for Mental Health and Wellbeing*.¹¹ The set of actions listed under five priority areas in the framework provides a very real opportunity for the government to make considerable inroads into preventing and reducing the prevalence of serious mental illness, and thus reducing the burden on the health system and the state's finances.

The five priority areas are:

1. Promote mental health and wellbeing across whole of government and whole of community
2. Build capacity across sectors and in the community to implement programs and initiatives that support mental health and wellbeing
3. Invest in the early years and families
4. Consolidate and further strengthen reorientation of Mental Health Services and Community Sector Organisations to support mental health and wellbeing
5. Reduce mental health inequalities

The MHCT is convinced that employment is a fundamental component of a meaningful and productive life primarily because it provides a sense of purpose, connection and a clear role in the community. It also helps financially and increases access to positive influences and opportunities. One way in which the MHCT addresses this is through co-facilitating Mental Health (MH) In Touch forums with the National Disability Co ordination Officer Program (NDCO). MH In Touch is a network that meets periodically to discuss how to best assist people living with a mental illness to access education, training or employment. MH In Touch aims to link mental health service providers with education and training providers and employment agencies. It provides a chance to share what is happening, hear about new initiatives and network. This is a successful model that we would like to see throughout Australia.

For people living with a mental illness, employment can be the single most effective way to improve overall health and wellbeing. Conversely, unemployment can often trigger instances of low self-esteem, depression and even psychotic episodes.

The MHCT would like to draw to the Standing Committee's attention the number of positive Social Enterprise activities which employ people living with a mental illness. An example of this activity is the "Fresh Start" program run by Colony 47 in southern Tasmania. Here, people with a lived experience of a mental illness, are engaged in mainstream employment, receive professional support and award wages. It allows people living with a mental illness to positively contribute to the community and receive recognition for the work they do.

¹¹ The series of policy papers and frameworks for Statewide and Mental Health Services PPEI strategy are available at: www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents

Tasmania is currently confronted by a range of entrenched socio-economic problems: we have the oldest population in Australia; we rely too heavily on Australian Government income support; our population growth is the slowest in the country; we have lower household incomes and wealth than citizens of the other states; and our State public sector seems unnecessarily large. Given this, the MHCT believes that Australia's and particularly Tasmania's future economic prosperity depends heavily on the productivity of our workforce and increasing the number of citizens participating in employment, including those in our community living with a mental illness.

To conclude, the MHCT would like to thank Senator the Hon. Chris Evans and the Standing Committee on Education and Employment for inviting us to contribute to the Inquiry into Mental Health and Workforce Participation. Our final recommendation is that the Standing Committee considers the following strategies to improve the capacity of individuals, families, employers and the community given the difficult demographic and economic situation: a situation that both the private and public sectors here are yet to fully come to terms with.

- Support and fund a program in the community sector to establish partnerships with employers and industry groups to encourage, train and support employers to employ people with a severe mental illness
- Develop specialist programs to support mental health consumers in supported accommodation, recovery and rehabilitation programs in accessing mainstream education and training opportunities, including TAFE.
- Continue to invest in mental health research, such as that being done by Dr Geoff Waghman and his staff at the Queensland Centre for Mental Health.¹²The aim of the team's research is to increase the social inclusion of people with severe and persistent mental illness (SPMI). Their current project is to create and sustain partnerships linking mental health services to effective vocational rehabilitation services. The MHCT is pleased to inform the Standing Committee this project was trialled at an adult community mental health services site in Southern Tasmania during 2010. Evaluation results showed people who participated in the project obtained and sustained part time and full time employment. State-wide and Mental Health Services are now looking at rolling this program out across Tasmania.
- Provide Cross Cultural Awareness Training for JSA providers, with emphasis on the backgrounds of the survivors of torture and trauma.
- Establish specialist support services provided either by JSA providers or specialist providers with a CaLD focus
- Increase funding to the Department of Education, Employment and Workplace Relations through Innovations funding to create special support programs to connect pathways to employment

¹² www.qcsr.uq.edu.au/Social%20Inclusion%20Translational%20Research.htm