The Royal Australian & New Zealand College of Psychiatrists

Mental health barriers to education, training and employment participation

Submission to the House of Representatives Standing Committee on Education and Employment, May 2011

working with the community

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Executive Summary

The symptoms and issues brought about by mental illness can affect how the individual functions in daily life, in their inter-personal relationships, employment or study situation. Approximately 1 in 5 people will suffer from mental illness in any one year in Australia [1].

Mental illness can impact negatively on education and training, due to the effects of medication or an episode causing a loss of attendance or inability to complete coursework [2]. The incapacitated individual's ability to access and retain work can be similarly impaired. Employment is shown to have benefits for our physical and mental health; it can provide vital social contact, a support network and an interest for people [3]. Most people dealing with mental illness do want to work but face barriers to engaging in worthwhile, productive employment [4]. Measures need to be taken to support those with a mental disability to access education and training opportunities and to continue in work placement.

Society needs to be aware of the impact mental illness can have on people's education and work capacity; government and businesses must put strategies in place to facilitate and manage illness. This submission will discuss issues that impact mental illness has on a person's ability to access education, training, and unemployment. These include the need for targeted support and education training programs and tools for those with mental illness, the need to destigmatise mental illness, and to improve the living conditions for homeless mental health patients thus increasing their social inclusion.

There are several reasons why psychiatry should be concerned about social exclusion, but the central concern is the fact that exclusion and its indicators (e.g. unemployment, homelessness, poverty) are all associated with mental and physical ill health [5]. Mental ill health is both a cause and consequence of exclusion and there are complex and multidimensional relationships between disadvantage and mental illness.

Various issues feed into social exclusion for mental illness sufferers. Stigmatisation of their condition, along with discrimination within the health care sector, can impede an individual's return to full health [6]. By destigmatising mental illness, through increasing public understanding and acceptance of conditions such as bipolar disorder, depression and anxiety, individuals can be better supported in education and workplace success.

In this submission the RANZCP highlights the key mental health barriers to education, training and employment participation and makes suggestions to address these.

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Table of Contents

1. About the RANZCP

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and has responsibility for the training, examining and awarding of the qualification of Fellowship to medical practitioners. There are approximately 2700 fellows of the RANZCP who account for approximately eighty-five per cent of all practicing psychiatrists in Australia and over fifty per cent of psychiatrists in New Zealand. There are branches of the RANZCP in each state of Australia, the ACT and New Zealand.

The RANZCP is a leader amongst Australasian medical colleges in developing partnerships with consumers and family and other carers in respect to excellence of service provision. The Board of Practice and Partnerships includes consumer and carer representatives from a variety of backgrounds who contribute extensively to the development and management of RANZCP programs and activities, and works together with the community to promote mental health, reduce the impact of mental illness on families, improve care options and supports, and ensures that the rights of people with mental health concerns are heard by mental health professionals. The expertise of the RANZCP Community Collaboration Committee, which includes a range of consumers and carers, has been used in the development of this submission.

2. Background

This submission focuses on factors that act as barriers for the mentally ill to accessing education, training and employment opportunities. Education in this report refers to tertiary or further education or training at university, TAFE and other post-secondary education providers.

The College is pleased to have the opportunity to contribute to a reform process that will reduce the barriers to accessing education, training and employment. The mentally ill face a number of barriers to wellness; from a lack of adequate housing, joblessness and poverty. Mental health issues increase the likelihood of an individual's social exclusion with a cycle of disadvantage and a lack of opportunities to improve their situation [7]. While these factors can contribute to mental illness, likewise mental illness can lead to social exclusion.

3. Mental health barriers to education training and employment

Approximately one quarter of adult Australians suffer from a mental illness at any one time, meaning that a significant percentage of the workforce may be restricted by their condition from working. One of the difficulties arising from mental illness is that it is episodic in nature, with stable and unstable periods even with treatment or medication [2]. The fluctuating nature of mental illness makes it difficult to deal with episodes; meaning organisations like Centrelink are unable to adjust their program requirements to allow for this [2]. Government and employers need to be supportive and work with staff to overcome the difficulties a psychiatric disorder may present.

Having work positively impacts on an individual's physical and mental health; being able to participate in employment can support recovery from a mental health condition [8]. The inability to secure and retain work can have a negative impact on mental health [8]. People suffering from mental illness often find it difficult to access education, training and employment. As a result their ability to gain and maintain work is restricted. This is compounded by the effect the stress caused by their illness places on their capacity to hold down a job.

People with a mental illness are more likely to be unemployed with various factors feeding into their inability to hold down a job. It can be difficult for these individuals to complete study or training courses to enable them to gain employment. The same factors that see mental illness impact on the ability to perform adequately at work can be detrimental on coursework or training being undertaken [1].

Homelessness is another factor in the social exclusion of those with a mental illness [5]. Rates of homelessness are much higher in this population than the general population [1]. Homelessness can be caused by the effects of their condition, where a medication issue or relapse episode can impact on their ability to maintain steady work [8].

4. Addressing mental health barriers to education, training and employment

This section of the submission highlights five key areas that must be addressed to improve outcomes for those suffering mental illness in respect of education, training and employment.

4.1 Improved mental health services and funding

To promote improve mental health, and recovery from mental illness, there is an urgent need for improved mental health services generally. Improved mental health services will lead to improve outcomes for those affected by mental illness and therefore improve opportunities for education, employment and training.

Successful mental health services require a whole of sector and community approach. Diagnosis, treatment and community support services should be seamless for patients, their carers, and mental health professionals. With the current labyrinth of confusing, over-lapping, and under-funded federal and state programs trying to meet the needs of people with mental illness, this is simply not the case.

An improved system requires improved health service availability, accessibility and navigability for those who require mental health support, and provision of a range of services across all age groups including hospital, secure and community-based services. These should all offer a range of options for treatment and support.

This requires broad mental health reform delivered by an adequately funded comprehensive, simpler, and evidence-based mental health system that includes close collaboration with drug and alcohol services. Improved linkage between the public and private sectors is also necessary to ensure integrated care and strengthen system effectiveness.

Care for people suffering mental illness should be a genuinely socially inclusive system whereby mental health services work in collaboration with rehabilitation, training, housing, employment, education, disability, and other services so that people with a mental illness are valued and can contribute to the community. This requires close engagement between the government's health reform and social inclusion agendas.

As a priority, the RANZCP urges the Australian government to urgently consider further funding for mental health as part of its overall health system reform. Current funding for mental health is inadequate. Funding for mental health should be reflective of the burden of disease attributable to mental health. At least 14% of all health care funding should be directed towards mental health care, rather than the inadequate 6.5% it currently receives. This is essential to make improvements to mental health.

Whilst funding was allocated for specific programs and initiatives in regard to mental health care as part of the 2010 budget (e.g. for the Headspace initiative), the overall funding allocated to mental health is woefully inadequate when compared to funding allocated to health as a whole. Over five years, the additional funding allocated to mental health last year amounted to $120 million, compared to $7.3billion for health in generally; equating to just two percent of the total funding package. Quality and integrated mental health services cannot be achieved through such a piecemeal approach to funding. These funding differentials will only serve to widen the gap further between mental health and other health services. The National Health and Hospitals Network (NHHN) Agreement fails to take account of the massive shortfall in funding for mental health services.

It is also necessary to note that there is an inherent unmet need within the population that must be considered; approximately 60% of those with mental disorders receive no specific mental health care [9]. Concurrent to this projections suggest that mental health related disease burden will grow markedly as a proportion of overall disease burden [10], and community expectation of mental health care is increasing as specific campaigns raise awareness and expectation of treatment.

Recommendations:

1. All governments in Australia commit to equivalent access to care for people with mental health needs that is consistent with that of physical health needs by 2020.

2. Mental health funding must reflect the burden of disease, with at least 14% of the health budget.

4.2 Destigmatisation

One of the key issues for mental illness is the stigma people feel because of their illness [11]. This stigma is due to a lack of understanding and compassion in society for individuals needing support to get well and improve their life outcomes. Government and business organisations need to encourage leadership roles and active participation by staff with mental illness. In 2010 prominent Australian political figure Andrew Robb spoke openly about his mental illness giving fellow sufferers a positive role model[1].

The successful New Zealand 'Like Minds, Like Mine' campaign has used a combination of well known personalities and everyday people to remove the social taboo associated with mental illness. Individuals talk on camera about their illness, discussing the condition and the support they have received from their

[1] Andrew Robb, an Australian Liberal Member of the Australian Federal Parliament, spoke to the Sunday Age in April 2010.

employer, friends and family [6]. Likewise, family and friends discuss how their understanding of mental illness and compassion for the individual has grown since the diagnosis.

Several programs in Australia also attempt to increase awareness and understanding of mental illness. SANE and Beyondblue both run television and print advertisements for anxiety, depression and bipolar disorder. Beyondblue also has public figures acting as ambassadors for mental illness. Future campaigns need to build on existing Australian initiatives to destigmatise mental illness in the community. Destigmatisation of mental illness is key to supporting sufferers in achieving study and work goals.

Indigenous peoples tend to suffer from both stigmatism and racial discrimination when dealing with a mental illness. New Zealand Māori have a higher prevalence of mental illness than Pakeha (European) New Zealanders with three in every five expected to suffer in their lifetime. Te Pae Mahutonga is a Māori health promotional model that aims to incorporate Māori culture and understanding into mental health care directed towards Māori. By recognising the specific mental health care needs of Maori, the program is more inclusive. It is important for any support strategy to address the particular issues for ethnic minorities and Indigenous groups [6].

Recommendation

3. Investment in a national three year anti-stigma campaign, learning from the New Zealand campaign.

4.3 Addressing homelessness

Homelessness is defined variously in three levels, primary, secondary and tertiary. The primary level sees an individual without a roof over their head while secondary features itinerant accommodation; tertiary homelessness involves people residing in insecure boarding house establishments without use of their own bathroom or kitchen. Any of these levels of homelessness reduce the individual's social inclusion as the lack of a stable and secure home means they can have reduced social support and their safety can be compromised [1].

Mental illness can play a key part in homelessness, either through the loss of employment from the effects of a disorder like anxiety or depression; homelessness can also lead to mental illness. It is key to note that homelessness is not static, the number of homeless does not remain constant nor do the same people remain in this category [5]. A major factor in the increasing numbers of homeless people with mental illness is the failure of the mental health system to provide adequate treatment and support to people suffering chronic and severe illness.

Those with a mental illness need to be supported in their return to wellness through appropriate accommodation that focuses on their recovery. Changes in mental health policy have seen institutions closed and a focus on community based care. Services have become more fragmented while lacking intensive rehabilitative programs.

Recommendation

4. Facilitate those with a mental illness who are homeless into appropriate accommodation that focuses on their recovery and a return to wellness.

4.4 Education and Training support

Some people with a psychiatric disorder are able to commence or complete studies or training courses due to the compounding issues their condition brings. For sufferers of a mental illness the extra stress placed on them having to cope with study can have negative consequences [1].

In Australia the 'Mental Illness - Mi Life - My Future' project allows enables people with mental illness to enhance their qualifications and/or employment future by building useful skills. Run at Technical and Further Education (TAFE) level, the program allows individuals to develop work skills in a supportive environment. Programs like these are crucial to enable people impacted by mental illness to succeed in work [12].

Programs that find a work placement then train the employee 'on the job' have been found most effective in supporting people with a mental illness back into employment [8]. The Individual Placement and Support (IPS) program uses the 'place and train' model, where employment is found then the individual is supported in their role [8]. The IPS program is used by National Health Service (NHS) providers in the United Kingdom, to help people find work in their chosen field. Once a role is found that utilises their skills and interests, a team of employment specialists, mental health clinicians, family and friends work with them to facilitate their continued success. Generic services (job networks etc) are usually not very helpful for people with mental illness. By including employment consultants as an integral part of a mental health team, good outcomes can be achieved. This is model is being implemented successfully in NSW.

Recent research in Melbourne, Australia found that a six month IPS program increased the employment outcomes for chronic schizophrenia patients [13]. Patients between the ages of 15 and 25 who were willing to or actively seeking employment were recruited. Half (n=21) were allocated to the IPS program plus given their standard schizophrenia treatment with a control group (n=21) given only their standard schizophrenia treatment. The IPS group on average had increased work hours per week and longer employment duration, with increased earnings meaning significantly less reliance on welfare benefits [13]. These results mirror a European study that found IPS was more successful than vocational training in facilitating the return to at least part time work. Burns et al. [14] followed 156 subjects in six countries over an 18 month period; 55% of the IPS subjects found work compared to 28% of vocational trainees.

In New Zealand the Like Minds organisation, in partnership with Auckland Regional Consumer Network and Te Pou, are developing an IPS program directed at tertiary students impaired by mental illness [15]. The Sentinel project is still being developed but it is hoped that peer led recovery learning (support provided by others who have come through mental illness) plus service user leaders will be identified and trained to support students. The aim would be to put in place work plans, study schedules and mentors within tertiary education organisations.

Recommendation

5. Include employment consultants as part of the community mental health team to facilitate training and return to work for those with mental illness through the use of Individual Placement and Support tools.

6. Education and training programs need to incorporate support measures for students with a

psychiatric disorder. The use of trained peer support and strategies to overcome the stress and difficulties their condition may place on study should be encouraged in tertiary education.

4.5 Initiatives for on-going support in the workplace

When an organisation has an acceptance and understanding of mentally illness, barriers can be removed. Vero Insurance has a flexible working structure to allow for later start times or time off during work hours for staff needing to deal with medication effects or counselling sessions [6]. If the employer offers understanding and flexible work conditions there are more beneficial outcomes for the employee:

> It basically allows me to do my job, but also allows me to look after my health, and while I'm looking after my health I can actually do my job much, much better so, for me, coming in at 11 o'clock, because I'm still quite drowsy in the morning, and finishing maybe 6, 7 o'clock is actually better for me.
> *(I haven't told them, Mental Health Foundation of New Zealand, 2007, p.40)*

Vero lets prospective staff discuss their mental health condition and any needs they have. All information is confidential, the prospective employee's manager is not told specifics about diagnosis or medication [6]. Any disclosure should be up to the employee as they may not wish to be given special treatment or 'labelled' as having a mental illness due to the perceived negative stereotype this can bring:

> … I was on this [supported employment] programme… and there was one point when I think it was [the supported employment worker] or my supervisor who had suggested maybe to tell the rest of the floor… but I, I felt uncomfortable with that, with everyone sort of knowing I guess. *(I haven't told them, Mental Health Foundation of New Zealand, 2007, p.25)*

RANZCP offers all staff mental health first aid training as part of on-going training; incorporating this material in any introductory training would increase staff mental health literacy, enabling them to better identify and understand various conditions. The Victorian Government's Department of Transport (DoT) incorporates a mental health awareness module for managers in their induction, and also offers mental health first aid training to staff. DoT includes three full time equivalent roles for disabled people (including mental illness) in their Government Career Start program [16].

Other Victorian Government initiatives include the Department of Innovation, Industry and Regional Development's (DIIRD) disability awareness and support strategy included measures to enhance employees understanding of the issues for staff with a mental illness [12]. Likewise, the Department of Premier and Cabinet held an employee forum focusing on mental health in 2010 run by Beyondblue. More programs like these are needed in both the public and private sector to help break down the barriers brought about by mental illness. When the needs of employees with mental health needs are understood and supported, they are better able to function productively:

> In 7 years I have moved from rehabilitation activity to volunteer work, then supported employment, and finally to my current job, a competitive employment position collecting data for psychiatric disability research. The development of routine, contact with supportive and encouraging people, a sense of progress in my skills and ability, and the knowledge that work can be deferred if illness emerges, have improved my situation enormously, both

spiritually and financially. This was possible because of people with enlightened attitudes and experience with schizophrenia and employment issues, and my own determination and struggle. *(Let's get to work, Mental Health Council of Australia, 2007, p. 49)*

Recommendations

7. Investment in a national mental health literacy campaign with a specific focus towards employers and colleagues to help them better understand and support mental illness sufferers.
8. Support mechanisms in place to aid vulnerable employees and educate co-workers to understand and support them in their recovery and progress.
9. Government and business organisations need to implement strategies to encourage understanding of mental illness, reduce the stigma surrounding it and to support staff with a psychiatric disorder.

5. Recommendations

Certain measures are required to help individuals with mental illness overcome the barriers to successful integration into education and employment:

1. All governments in Australia commit to equivalent access to care for people with mental health needs that is consistent with that of physical health needs by 2020.
2. Mental health funding must reflect the burden of disease, with at least 14% of the health budget.
3. Investment in a national three year anti-stigma campaign, learning from the New Zealand campaign.
4. Facilitate those with a mental illness who are homeless into appropriate accommodation that focuses on their recovery and a return to wellness.
5. Include employment consultants as part of the community mental health team to facilitate training and return to work for those with mental illness through the use of Individual Placement and Support tools.
6. Education and training programs need to incorporate support measures for students with a psychiatric disorder. The use of trained peer support and strategies to overcome the stress and difficulties their condition may place on study should be encouraged in tertiary education.
7. Investment in a national mental health literacy campaign with a specific focus towards employers and colleagues to help them better understand and support mental illness sufferers.
8. Support mechanisms in place to aid vulnerable employees and educate co-workers to understand and support them in their recovery and progress.
9. Government and business organisations need to implement strategies to encourage understanding of mental illness, reduce the stigma surrounding it and to support staff with a psychiatric disorder.

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