



NSW Consumer Advisory Group – Mental Health Inc.

*My Job, My Mental Health*

Submission to the House of Representatives Inquiry into  
Barriers to Participation for people with a mental illness

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## **NSW Consumer Advisory Group-Mental Health Inc.**

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, statewide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to be able to participate meaningfully in society and to experience fair access to quality and recovery focused services which reflect their needs.

NSW CAG exists to ensure that policy makers hear the perspectives of mental health consumers across NSW. NSW CAG believes that the participation of mental health consumers in systemic advocacy leads to the development of more effective public policy in the area of mental health. Participation is also fundamental human right as enshrined in Article 25 of the *International Covenant on Civil and Political Rights* (ICCPR).

### **Executive Summary**

This submission is made by the NSW Consumer Advisory Group- Mental Health Inc to the Housing of Representatives Standing Committee on Education and Employment's Inquiry into mental health and workplace participation (the Standing Committee). The submission is informed by regular NSW CAG consultations with people with a lived experience of mental illness, ongoing feedback from NSW CAG Network NSW membership and the coordination of the Consumer Workers Forum Project. NSW CAG also held a series of targeted face-to-face consultations and online forums specifically addressing the Terms of Reference to this inquiry, consulting with over 85 consumers about the current barriers to participation they experience and their ideas on how these could be overcome. For more information on these consultations, please see Appendix A. All comments made by people with a mental illness through NSW CAG's face-to-face and online consultations are located in Appendix B.

On the basis of NSW CAG's consultations and project work, NSW CAG identified a number of barriers that people with a mental illness may experience in accessing employment, education and training. These barriers include stigma, multi-dimension disadvantage and the failure of employment services to provide appropriate levels of support. NSW CAG has made a number of recommendations on strategies to overcome these barriers and to enhance access and participation.

### **Barriers to Participation in Employment, Education and Training**

*'Working means the world to me. It gives me something to do look forward to when I go to sleep and it makes me wake up in the morning with a smile'. (Mental Health Consumer, 2011).*

There is increasing recognition of the considerable benefits of participation in employment,

education and training for people with a mental illness.<sup>1</sup> Participation in education and training is also a fundamental human right.<sup>2</sup> People with an experience of mental illness reported that participation is important on a number of levels. For example, participation can play an important role in one's recovery journey and quality of life. Meaningful participation can be a protective factor in maintaining wellbeing.

While there is clear evidence emerging from both consumers and research about the importance participation in employment for people with a mental illness, a considerable number of people with a mental illness are excluded workplace. It estimated that approximately 75-78% of people with a mental illness are unable to find secure and stable employment<sup>3</sup> and that people with a diagnosable mental disorder make up around 33% of people receiving income assistance from Centrelink.<sup>4</sup> It is also important to note, that people with a mental illness tend to fare worse than other disability categories in obtaining and maintaining employment.<sup>5</sup>

NSW CAG has identified the following barriers to full participation.

## Barrier One: Stigma

***'I don't want to be treated any differently to anyone else and I don't want all the pressure to be on me to disclose things that are difficult for me to talk about with anyone else. I just want employers to have some understanding that many of their employees are going to be in the same boat regarding having a mental illness.'* (Mental Health Consumer, 2011).**

People with mental illness have described experiences of discrimination which stem from the stigma and misunderstanding that surrounds mental illness. Discrimination has impacted their ability to obtain and maintain employment. The role of stigma and misunderstanding in preventing individuals from accessing employment and education opportunities have been well noted in research<sup>6</sup> and was one of the most consistent themes of NSW CAG's recent consultations. It

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<sup>1</sup> For example, see the Council of Australian Government's (**COAG**) *National Action Plan on Mental Health 2006 – 2011* and the Department of Education, Employment and Workplace Relations' *Literature review—employment assistance for people with mental illness*.

<sup>2</sup> The right to work is enshrined in Article 6 of the *International Covenant on Economic, Social and Cultural Rights* (ICESR). The Right to Education is also protected under 13 and 14 of the ICESR.

<sup>3</sup> Geoff Waghorn, David Chant and Harvey Whitford, 'Clinical and non-clinical predictors of vocational recovery for Australians with psychotic disorders' (2002). 68(4) *Journal of Rehabilitation*, 40–52.

<sup>4</sup> Peter Butterworth, 'The prevalence of mental disorders among income support recipients: an important issue for welfare reform' (2003) 27(4) *Australian and New Zealand Journal of Public Health*, 441–8.

<sup>5</sup> Geoff Waghorn and Chris Lloyd, *The Employment of People with Mental Illness: a discussion document prepared for the Mental Illness Fellowship of Australia* (2005).

<sup>6</sup> Geoff Waghorn and Chris Lloyd (2005) 'The Employment of People with Mental Illness: A Discussion document prepared for the Mental Illness Fellowship of Australia' <<http://www.atypon-link.com/EMP/doi/abs/10.5172/jamh.4.2.129>> at 14 April 2011

should also be noted that the stigma around mental illness have been identified as the biggest barriers to recovery for those with mental illness.<sup>7</sup>

While there is no legal obligation for workers to disclose their condition to current or potential employers, disclosure of a mental illness may provide the possibility of increased support and understanding.<sup>8</sup> However, consumers told NSW CAG that disclosure and stigma affected their ability to sustain employment in a number of ways. Firstly, many spoke of the experience of disclosure to employers being so damaging they were unable to continue in the workplace. One person told NSW 'I have disclosed my mental illness to an employer before and they asked me if I was aware of all of my actions all the time.' Another reported being treated as 'out of control weirdo so much so that made it intolerable to remain at work'. Another person told the following story;

When I disclosed my mental illness to an employer, they initially suggested medical retirement. This caused a massive set back...to think after two break downs and medication problems they wanted to move me on. I remain appalled at their reaction and still feel stigma because of it.

(Mental Health Consumer, 2011).

Many consumers also spoke of not having their confidentiality respected and the devastating impact this had on their ability to remain in the workplace.

A considerable number of other people were so concerned about the impacts of disclosing having a mental illness to their employer that they chose to hide it. For many, leaving a workplace was preferable to disclosing a mental illness and seeking assistance from an employer. One person told NSW CAG 'When you have a mental illness employers think of you as a liability – some of them think that you are likely to be an axe murderer or something.' Another consumer told NSW CAG;

I was really scared about disclosing my mental illness to my employer because I was really worried about the way they would respond. I did sit down with my employer to tell them that I needed some support and their response was that I could take a sick day to get over it but that everyone gets stressed so that I should suck it up. They made it seem like it was my fault or that I was doing something wrong or not dealing with things properly. I am still with the same company but have not told them anymore about my experiences at home or my mental illness because I know that they would not be supportive. I just take sick days and days without pay when I need to. People need to know that everyone can have a mental illness and that it, unlike employers, does not discriminate.

(Mental Health Consumer, 2011).

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<sup>7</sup> Queensland Alliance, *From Discrimination to Social Inclusion: A review of the literature on anti-stigma initiatives in mental health* (2010).

<sup>8</sup> Mental Health Coordinating Council, *Disclosure of psychiatric disability in the workplace*, April 2006, <<http://www.mhcc.org.au/images/uploaded/Disclosure%20of%20Psychiatric%20Disability%20in%20the%20Workplace.pdf>> 11 May 2011

## **Strategies for addressing stigma**

In order to address the enduring impacts of stigma NSW CAG recommends that the Standing Committee examine the current approaches of providing information to employers about the concept of *reasonable adjustment*. While NSW CAG is aware of previous guides<sup>9</sup> that have been produced, they appear not to have been distributed widely to or be well understood by employers. NSW CAG also suggests the Standing Committee recommend the development of resources that provide information to people with mental illness about disclosure to employers and their rights under the *Disability Discrimination Act 1992*.

In addition, it is important to recognise that the discrimination that individuals face in the workplace cannot be separated from wider community attitudes towards mental illness. NSW CAG recommends that the Committee consider supporting an anti-stigma campaign and endorses the best practice recommendations contained in the Queensland Alliance's report *From Discrimination to Social Inclusion*.

## **Barrier Two: Multi-dimensional Disadvantage**

In examining the barriers that people with mental illness face it is important to recognise that individuals have diverse experiences and may face multiple barriers and levels of disadvantage. This was a significant theme that emerged in NSW CAG's consultations. Research shows that the issues of mental health and other forms of disadvantage such as encounters with the justice system, socio-economic disadvantage, cultural disadvantage and experiences of homelessness overlap and are intertwined. From NSW CAG's consultations the two most significant barriers in accessing education and training were homelessness and criminal records.

### **Homelessness**

***'If you've got no fixed address, how are you going to look for work? Employers don't take you seriously. They ask are you staying with friends and then you have to say that you're cardboard on concrete. I explained that to one caseworker and she could not see the point of it.'* (Mental Health Consumer, 2011).**

NSW CAG's work with consumers illustrates that the relationship between mental health and homelessness is, as shown in research 'intertwined in terms of cause and effect'.<sup>10</sup>

Those experiencing homelessness face considerable barriers in obtaining employment. The 2008 White Paper on Homelessness, *The Road Home* identifies participation in employment as a key factor in the prevention and reduction of homelessness.<sup>11</sup>

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<sup>9</sup> For example see the Australian Human Rights Commissions' *Workers with a mental illness: A practical guide for managers*

<sup>10</sup> St Vincent's Mental Health Service (Melbourne) & Crazy lateral Solutions Bungendore NSW, *Homelessness and Mental Health Linkages: Review of National and International Literature*, 2005.

<sup>11</sup> Commonwealth of Australia, *The Road Home, A National Approach to Reducing*

NSW CAG's consultations with people with mental illness show that some face barriers in accessing employment and education as they do not have a secure home. As one person currently experiencing homelessness told NSW CAG, work would mean being able to '*...afford to stay in accommodation a few extra nights a week...but it is hard to be ready for job interviews et cetera when you are living on the street.*' A single mother at risk of homelessness also spoke of not having the mental space to find employment as she struggles to maintain accommodation and support her five children. Data from the 2008 SAAP National Data Collection confirms the difficulties homeless people have in participating in employment and education, with only 11 per cent of people who leave specialist homelessness services having a job to go to.<sup>12</sup>

Despite the obvious and considerable barriers people at risk of or those currently experiencing homelessness have in accessing employment and education programs, there are few services directed specifically for this client group. Rather, homeless people are placed in a mainstream system that provides little support while severely punishing failures to adhere to rigid and impractical requirements. A 2002 study conducted by Hanover Welfare Services revealed the failure of the *Job Capacity Assessment (JCA)* process to consider homelessness as a relevant factor in determining employment capacity. As a result over 78% of the homeless people involved in the study had received at least one breach by Centrelink for failing to adhere to participation requirements. While some inroads have occurred since the development of the 'vulnerability to homelessness flag' within Centrelink's system, data recently released by the Federal Government has revealed that between July 1, 2009, and August 31 2010, among job-seekers identified as homeless, 52 received an eight-week non-payment period and 244 received one or more No Show, No Pay penalties.<sup>13</sup> NSW CAG recommends that flexible participation rules needs should be considered by the Standing Committee as a way of addressing the considerable number of people experiencing mental illness and homelessness that are long term unemployed. One such approach has recently been developed by the Australian Council on Homelessness that enables employment agencies to be sensitive to the particular accommodation, support and counselling needs of homeless job seekers.<sup>14</sup>

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*Homelessness* (2009) 14.

<sup>12</sup> Australian Institute of Health and Welfare (AIHW) *Homeless people in SAAP: SAAP National Data Collection annual report*, SAAP NDCA report series 12, cat. no. HOU 185, Canberra, 2008.

<sup>13</sup> Patricia Karvelas, 'Mentally ill, homeless being kicked off dole', *The Australian* (Sydney), 25 January 2011. <<http://www.theaustralian.com.au/news/nation/mentally-ill-homeless-being-kicked-off-dole/story-e6frg6nf-1225993888578>> 14 April 2011.

<sup>14</sup> See Patricia Karvelas, 'Call to give homeless special job help', *The Australian* (Sydney), 11 April 2011 < <http://www.theaustralian.com.au/news/nation/call-to-give-homeless-special-job-help/story-e6frg6nf-122603687160>> 16 April 2011

## **Strategies for addressing barriers for mental health consumers experiencing homelessness**

NSW CAG recommends that in enhancing education and training participation, it is necessary to consider the housing situation of individuals as mental health consumers at risk of homelessness face additional barriers to participating in employment or training.

NSW CAG also recommends that the Australian Government investigate and establish alternative employment and education participation programs for those at risk/experiencing homelessness.

### **Criminal records**

***'With a criminal record you know straight off the bat that your application is going to be shredded. 95% of the applications ask that. You can't lie' (Mental Health Consumer, 2011).***

Mental health consumers consistently tell NSW CAG that having a prior criminal record can be a barrier in accessing employment opportunities during our most recent consultations. During our most recent consultations a large number of people spoke of the frustration of repeatedly being unsuccessful in obtaining employment due to prior criminal convictions. Some of those consulted had been told directly by employers that this was a reason for the inability to obtain a particular job, while for others the sheer number of rejections to job applications pointed towards it being the problem. The considerable impact of discrimination on this basis was revealed by one respondent who claimed:

It is really not fair that someone is trying to get their life back on track when they get another kick in the guts. It is all related as well. It is so hard to get housing if you don't have a job, but it is so hard to get a job if you have a record. No matter how minor. It is fair that people with serious convictions like murder or sex offenses may find it difficult to get a job. But if your record is for shoplifting when you are younger.

(Mental Health Consumer, 2011).

At the Federal level, discrimination on the basis of a prior criminal record is prohibited under the *Australian Human Rights Commission Act 1986* (Cth) (AHRC Act)<sup>15</sup> except for circumstances where it is an inherent requirement of the position that an employee does not have a criminal record.<sup>16</sup> However, the powers under the AHRC Act to deal with instances of discrimination on the basis of criminal record are exceedingly limited.

At present, there are no protections in place against discrimination on the basis of criminal record in New South Wales under the *Anti-Discrimination Act 1977*. The only limited protection to individuals who have criminal records in NSW is the spent convictions regime under the *Criminal Records Act 1991*, which allows convictions over 10 years old to be 'spent', meaning they no longer have to be disclosed. However, not only does the *Criminal Records Act 1991* prescribe a

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<sup>15</sup> *Australian Human Rights Commission Act 1986* (Cth) s 3(1) and *Australian Human Rights Commission Regulations 1989* (Cth) reg 4(a) (iii).

<sup>16</sup> *Human Rights and Equal Opportunity Commission Act 1986* (Cth) s 3(1)(c).

significant length of time before convictions do not have to be disclosed but it also excludes convictions that resulted in a prison sentence longer than six months from becoming spent.<sup>17</sup>

### ***Strategies for addressing barriers for mental health consumers with criminal records***

NSW CAG notes that having a criminal record is a significant barrier to accessing education and employment for mental health consumers.

NSW CAG recommends that the Committee consider specific measures including that the Australian Human Rights Commission Act be amended to enable the AHRC to compel employers to abide by its decision and to provide compensation for people who have suffered discrimination on the basis of prior criminal record.

NSW CAG also recommends that the Committee should review anti-discrimination laws in Australia and ensure they are harmonised to prohibit discrimination on the basis of prior criminal record.

## **Barrier Three: Impacts of Childhood Experiences**

Research shows that exposure to adverse childhood experiences can impact outcomes for individuals later in life.<sup>18</sup> In speaking with mental health consumers about participation in education, training and employment many attributed levels of participation or lack of participation to experiences in their early years. These experiences included early childhood trauma, abuse, witnessing domestic violence, and experiencing bullying at school. These experiences impacted how attached an individual was to the school environment, levels of academic confidence and consequent educational and career aspirations. For others, career and educational experiences were disrupted as they left home and school at an early age to escape violence and trauma.

### **Bullying**

***'At school it was hard because I was bullied. People can tell by looking at you [that you have a mental illness]. Peoples' attitudes can make you feel welcome or not.'* (Mental Health Consumer, 2011).**

***'I was picked on at school and now I don't give a shit. I am alone'* (Mental Health Consumer, 2011).**

Feeling isolated and persecuted because of mental illness was a strong theme among consumers of all ages. A number of participants noted that they had been bullied for being 'different' or slow. Other participants attributed their mental illness to being bullied as young

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<sup>17</sup> *Criminal Records Act 1991*(NSW) s 7.

<sup>18</sup> Valerie J Edwards, George W Holden, Vincent J Felitti, Robert F Anda, 'Relationship Between Multiple Forms of Childhood Maltreatment and Adult Mental Health in Community Respondents: Results from the Adverse Childhood Experiences Study,' (August 2003) 160 (8) *American Journal Psychiatry*, 1453-1460.



students. These experiences are supported by research that shows bullying is prevalent in Australian schools and that students who are bullied experience poor mental health.<sup>19</sup> Bullying is shown to be linked to loss of self-esteem, increased isolation, depression, and absenteeism.<sup>20</sup>

### ***Strategies to enhance participation for people who have experienced bullying***

NSW CAG recognises that in recent times the Australian Government has invested in several anti-bullying strategies including the *National Safe Schools Framework* and *Bullying No Way*.

NSW CAG endorses these strategies as childhood bullying is linked to mental wellbeing and impacts future education and employment prospects.

### **Trauma**

***'I came from a fairly f@cked up background. My dad is an alcoholic and he used to beat my mother in front of me which is what has really led me to the situation that I am in. So now I do not even have a Year 10 certificate.'* (Mental Health Consumer, 2011).**

Another theme that emerged through consultations with mental health consumers as significant barriers to education and employment were experiences of trauma. Trauma refers to the personal experience of a single or a series of distressing events that overwhelms a person's ability to cope.<sup>21</sup>

Such events may be violent or life threatening in nature, and can include the experience as well as the witnessing of physical violence, sexual abuse, severe neglect, loss and major disasters. It can also include other situations in which a person felt very helpless or fearful for his or her life<sup>22</sup>.

Trauma can have varying impact on individuals; some recover quickly while others may develop serious and persistent mental health problems such as Post-Traumatic Stress Disorder (PTSD) and Complex Trauma. The level and frequency of trauma exposure can also bear significant impact on the person's mental wellbeing.<sup>23</sup>

A considerable number of people consulted by NSW CAG have disclosed experiencing abuse in their childhoods and articulated how health and education systems were unable to recognise symptoms and provide appropriate support and care. One young woman, who eventually left

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<sup>19</sup> Roberto Forero, Lyndall McLellan, Chris Rissel, Adrian Bauman, (7 August 1999) 'Bullying behaviour and psychosocial health among school students in New South Wales, Australia: cross sectional survey' 319 *BMJ* 347, 344-348.

<sup>20</sup> Commonwealth of Australia *Bullying among young children: A guide for teachers and carers* (December 2003), Australian Government Attorney-General's Department.

<sup>21</sup> Elizabeth Hopper, Ellen Bassuk and Jeffery Olivet, 'Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings', *The Open Health Services and Policy Journal*, Vol 3, 2010, p80.

<sup>22</sup> National Institute for Clinical Excellence, *Post-traumatic Stress Disorder (PTSD): the treatment of PTSD in adults and children*, March 2005, viewed on 20 April 2011, <<http://www.traumaclinic.org.uk/info.html>>.

<sup>23</sup> Elizabeth Hopper et al, 'Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings' pp97-98.

home at the age of 13 to escape a paedophile (to live in a domestic violence shelter), said that prior to leaving home:

I experienced depression and was angry and violent. Nobody asked me why my behaviour changed. They just put me on medication. They didn't offer me counselling. I felt numb...they wrote off everything as behavioural. Nothing was done. I was cutting [myself] and nobody was concerned. I had been perfect at school and I had a massive brain snap. If I'd shown up without shoes DoCs [Community Services] would have been called but as it was nobody did anything.'

(Mental Health Consumer, 2011).

Other participants identified that their trauma presented as anger or as behavioural issues which was responded to within the education system through expulsion rather than compassion. One young person experiencing a mental illness told NSW CAG, *I had a lot of difficulty with school; I was expelled at a really young age. It would have been better if I had someone to go to, like a school counsellor that looked at why I was angry.*' Another young person stated, *'I was expelled from school when I was 14 and my parents were nowhere to be found so I just left.'*

Participants believed that their childhood trauma had considerable impacts on their ability function well into adulthood including the ability to participate in employment. These experiences are consist with research that has highlighted the failure of service responses to grasp that childhood trauma is not a 'childhood' issue, but factor that, if unaddressed, has enduring mental health impacts well into adulthood.<sup>24</sup>

In order to recognise the role of trauma in reducing employment and education participation among people with a mental illness; employment services and potential employers need to have an understanding of *trauma informed care*.

Trauma informed care is a fundamental shift in service provision that takes for granted the considerable experiences of trauma among disadvantaged groups and focuses on 'understanding, anticipating and responding to the issues, expectations and special needs that a person who has been victimized may have in a particular setting or service'.<sup>25</sup> It is important to distinguish trauma-informed care from trauma specific services. Trauma specific services directly address the impact of trauma with the goals of decreasing symptoms and facilitating recovery.<sup>26</sup> Trauma informed services are informed about and sensitive to trauma related issues in survivors.

It is also important to note that leaving school at an early age and experiencing mental health issues makes a young person even more vulnerable to homelessness and other issues. Family breakdown is shown to be linked to youth homelessness and the longer that young people experience homelessness they are at greater risk of becoming chronically homeless.<sup>27</sup> As discussed previously, being homeless is an additional barrier to participating in education and training.

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<sup>24</sup> Robinson Catherine, *Rough Living: surviving violence & homelessness*, UTS Press, NSW, 2010, p 18.

<sup>25</sup> Herman Judith, 'Complex PTSD: A syndrome in survivors of prolonged and repeated trauma', *Journal of Traumatic Stress*, vol. 5, no. 3, 1992, pp377-378.

<sup>26</sup> Herman, p 377

<sup>27</sup> Guy Johnson and Chris Chamberlain (Summer 2008) 'From Youth to Adult Homelessness' 43 *Australian Journal of Social Issues* 563-582.

## ***Strategies to enhance participation for people experiencing trauma***

NSW CAG recommends that there is a need to promote an understanding of trauma and trauma informed care for service providers working with vulnerable people, including employment and education providers.

NSW CAG recognises that the Australian Government is currently implementing the *National Plan to Reduce Violence against Women and their children* and that this plan has an emphasis on prevention including the funding of programs such as Respectful Relationships, which NSW CAG endorses.

NSW CAG supports and recommends that there be continued support for young people who are in volatile home environments through youth specific or family programs; these programs are important in preventing youth homelessness and supporting young people to participate in education and training.

## **Barrier Four: Lack of support during transitions**

Young people who were consulted had specific concerns about participation in education and training. In line with the widely documented frustrations of their peer group, some indicated that the most common barrier to employment and training experienced by young people with a mental illness is lack of experience.<sup>28</sup> Young people noted that the difficulty in getting experience when they had none was compounded by their mental illness. One said, '*I want to get a job but it's hard...I don't have any experience. They judge me about my mental illness. You're supposed to have confidence.*' Research shows that the onset of mental illness (typically in between ages of 10 and 30) can impact career development by disrupting vocational and educational development<sup>29</sup> and 'flatten career trajectories'.<sup>30</sup>

NSW CAG asserts that experiences of those young people consulted as well as research into the needs of this group highlights the need for supported education and employment models to be targeted specifically for young people. NSW CAG is aware of the *Vocational Education, Training and Employment (VETE) Pilot Project* currently being operated in New South Wales. NSW CAG supports the model's direct targeting of supports to young people experiencing a mental illness that are also seeking employment.<sup>31</sup>

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<sup>28</sup> Jo Bassett, Chris Lloyd and Hazel Bassett, 'Work Issues for Young People with Psychosis: Barriers to Employment' (2001) *British Journal of Occupational Therapy* 64

<sup>29</sup> Joanne Sherring, Emma Robson, Adrienne Morris, Barry Frost and Srinivasan Tiupati, 'A working reality: Evaluating enhanced intersectoral links in supported employment for people with psychiatric disabilities' (2010) 57 *Australian Occupational Therapy Journal*, 261, 261-267.

<sup>30</sup> Emma Robson, Geoff Wahorn, Joanne Sherring and Adrienne Morris, 'Preliminary outcomes from an individualised supported education programme delivered by a community mental health service' (2010) 73 *British Journal of Occupational Therapy* 481, 481-486.

<sup>31</sup> For further information on the VETE Pilot Project, please see the VETE Pilot Project Report [http://www.health.nsw.gov.au/pubs/2008/pdf/080289\\_vete\\_report.pdf](http://www.health.nsw.gov.au/pubs/2008/pdf/080289_vete_report.pdf)

Lack of experience and confidence was also identified as a considerable barrier to participation in employment, education and training by older people with a mental illness. One older consumer told NSW CAG, *'I haven't had a job since 2006. It has affected my confidence. Right now I'm volunteering so I can get some referees. It's a slow process.'* Lack of confidence and experience is a barrier to employment participation, has previously been identified by research with mental health consumers.<sup>32</sup> NSW CAG also recommends the adoption of supported employment and education models that specifically account for experiences of long term unemployment.

### ***Strategies to ease transitions for young people with mental illness***

NSW CAG recommends that increased supports be made available to young people with mental illness when they are experiencing difficulties. These could include support for young people in articulating goals and discussing employment and education options.

NSW CAG recommends that young people experiencing a mental illness be linked to supported education and employment models such as those provided by the VETE program (operated by the Hunter New England Area Health Network, NSW Health).

## **Barrier Five: Employment Services**

Mental health consumers using Government employment services noted that many aspects of the system, that were ostensibly designed to be helpful, could present significant barriers to obtaining and sustaining appropriate employment. Many mental health consumers reported that they became frustrated with the system and that they did not want to engage with employment support services any longer. Barriers ranged from assessments, to the process of looking for work through *Job Services Australia*.

### **Centrelink: Inappropriate Job Capacity Assessments**

***'One day I asked my worker at the job network provider "I am an alcoholic and I have a criminal record...would you employ me?" She shook her head "no", but yet we still go through the charade of looking for work'. (Mental Health Consumer, 2011).***

NSW CAG has found that one barrier to employment and education participation was that many people with a mental illness are not being provided with accurate assessments of work capacity under the *Job Capacity Assessment* process. At present, determinations on the most appropriate Centrelink payment for an individual and their capacity to undertake employment is made through the *Job Seeker Classification Instrument* (JSCI) and the *Job Capacity Assessment* process (JCA). Whilst the process is designed to adequately direct individuals into the most appropriate payment and participation schemes, individuals who were unwell were not qualifying for the Disability Support Pension, often due to inaccurate assessments. People in the above category indicated to NSW CAG they were not capable of adhering to the stringent requirements under the

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<sup>32</sup> Anne Honey, 'The impact of mental illness on employment: Consumers' perspectives' (2003) 20 *Work* 268, 267-276.

*NewStart* allowance and as a result had received a number of participation failures and experienced 'no payment periods' from Centrelink (of eight weeks).

One example of this apparent failure to provide accurate assessments is a mental health consumer who also experienced long-term alcohol addiction which caused significant organ damage. Under Table 7, Schedule 1B of the *Social Security Act 1991* (Cth), an individual with above mentioned condition would qualify for the receipt of a Disability Support Pension, yet he has remained upon *NewStart* allowance. As his impairment had impacted his ability to attend appointments with his *Job Services Australia* provider, he had recently received a participation failure and warned that he was in danger of incurring an eight week no payment period. This consumer told NSW CAG of his frustrations:

I don't see the point of the entire system. If I get breached for eight weeks, I can't afford to pay my rent and then I will become homeless. If I am made homeless, I am going to be less likely to get a job than I already am. Plus while you a breached *Job Services* gives you no assistance to look for work! (Mental Health Consumer, 2011).

NSW CAG notes the concerns raised by the 2008 Commonwealth Ombudsman's report, *Implementation of job capacity assessments for the purposes of Welfare to Work initiatives* (the Ombudsman's Report) that the qualifications of job capacity assessors are often not compatible with the medical conditions they assess and the discretion afforded to assessors can result in an assessor inappropriately disregarding medical evidence supplied by a person's treating doctor.<sup>33</sup>

NSW CAG is concerned that the current assessment processes used by Centrelink do not adequately support vulnerable people and that many people are on inappropriate payments.

NSW CAG recommends that the House of Representatives revisit the recommendations for reform to the JCA process contained in the Ombudsman's report.

### ***Strategies to address barriers to participation JCA process***

NSW CAG recommends that the Australian Government implement the 2008 Commonwealth Ombudsman's report into Centrelink's Job Capacity Assessment Process, including the requirement that assessors have qualifications that align with the medical conditions they are assessing.

### **Job Services Australia**

From speaking to mental health consumers, NSW CAG is concerned about placement processes through *Job Services Australia*. As was detailed above, it is vital that people with a mental illness are placed in meaningful, high psychosocial quality employment. However, NSW CAG's consultations found that a significant number of people are being directed by *Job Services*

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<sup>33</sup> Commonwealth Ombudsman, *Implementation of job capacity assessments for the purpose of Welfare to Work initiatives*, Examination of administration of current work capacity assessment mechanisms, June 2008

Australia services to accept positions of low psychosocial quality that are well outside the range of employment. For example, on person said;

I was sent to a driving job in X. It took two hours to get there from X on the bus. I had to go because if I don't comply with Job Network, I get a participation failure. With a participation failure I'm back on the streets because I can't pay rent. Anyways, I showed up there and the guy looked me up and down and said: "how old are you?" I said 51. He said, "are you fit?" I'm not. They had asked for a young, fit driver. Lots of people are being sent to unsuitable jobs. They get frustrated because they may be not qualified or overqualified. Frustration is high. (Mental Health Consumer, 2011).

Another person said that job services forced him to undertake training in the Responsible Service of Alcohol, when he had expressed previously to the agency that he was not interested in obtaining bar work especially as he is recovering from alcohol addiction. His perception was that his Job Services Australia provider was '*all about the stats and getting people employed regardless of whether the job was suitable or beneficial to me. There's no personality or feeling*'. The experience of being pressured by Job Services to take any job, regardless of suitability, is documented elsewhere. As Lisa Fowkes writes,

If [Job Services] is judged on the extent to which people have been assisted to find a permanent foothold in the job market at a sustainable level, then it appears to be wanting...One of the consequences of the way the program is funded and its contracts are set up is that most providers will operate in similar ways most of the time. The focus will tend to be short term, and in most cases, one size is made to fit all.<sup>34</sup>

### ***Addressing Barriers to participation through Job Services Australia***

NSW CAG recommends that the current procedures of Job Services Australia are reviewed to ensure that individuals are being directed towards appropriate employment opportunities.

## **Conclusion**

While the importance of participation in employment, education and training for people with a mental illness is receiving increasing attention, there are currently few mechanisms to provide individuals with the on-going support many people require. This lack of appropriate support and other barriers identified above, means that many people with a mental illness are denied access to opportunities that are vital components in their recovery journey as well as being important human rights.

NSW CAG commends this submission and recommendations contained within and looks forward to further communication with the Standing Committee.

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<sup>34</sup> Lisa Fowkes 'Rethinking Australia's Employment Services' (March 2011) No. 6 Perspectives Series, Whitlam Institute at the University of Western Sydney. 11, 1-24.

## Appendix A: Consultation Background

NSW CAG believes that it is essential that perspectives be heard from across the spectrum of people experiencing a mental illness. As such, in preparation for this submission, NSW CAG has specifically sought the input of many groups known to have high incidence of mental illness, including young people, people experiencing homelessness, people from culturally and linguistically diverse backgrounds as well as Indigenous Australians.

In order to ensure the participation of people across the mental health spectrum, NSW CAG conducted series of face to face consultations in the Newcastle/Hunter Region in services that provide assistance to the above targeted groups.

The table below indicates the location and number of participants at each of NSW CAG's targeted consultations. Individuals who participated in face to face consultations undertook semi-structured interviews individually or in small groups.

<b>Agency</b>	<b>Agency Description</b>	<b>Number of participants</b>
Heal for Life	Provide support and assistance for people experience complex trauma and recovering from child abuse	3
Soul Café	Drop in service for people experiencing homelessness	13
Newcastle Accommodation Services Limited	Accommodation and support service for young people experiencing homelessness.	16
Richmond Fellowship	Provide supported accommodation service for people with a mental illness.	1
Psychiatric Rehabilitation Australia	Assist people with a mental illness in supported employment	8
<b>Total</b>		<b>40</b>

In addition to these events, NSW CAG developed an online consultation process that hosted on the NSW CAG website. 45 people experiencing a mental illness participated in this online consultation process.

# Appendix B: Consultation Comments

## Importance of Work Place and Education Participation

1. 'Working means the world to me. It gives me something to do look forward to when I go to sleep and it makes me up in the morning with a smile.'
2. 'Having a job is awesome. Not having a job made me feel like shit.'
3. 'I would really like to have a job, something to call my own. I have never had a job. I am hoping that I can do some part time work here.'
4. 'I just sit here and watch TV all day. That is not what having a job means to me. I would very much like to have a job, something that would help me feel like I belong again.'
5. 'I am currently working at PRA and running some of the small groups. I have been here for around seven years and I have really enjoyed my time.'
6. 'Criminal record is an issue, 'I have now been out of prison for eight years. I want to be a productive member of society. I don't want to be a victim anymore. I want to help. I'm trying to change my life around.'
7. 'Having a job means purpose and meaning. It is important for confidence and meaning. I'd like to be involved [in the community]. The reality is that I'm not.'
8. 'Having a job makes me feel special and that I can give back to the community. I am so grateful for the help PRA have given to me.'
9. 'I like working. It keeps me busy and I enjoy getting out of the hostel. In the past, I've just been shut up in the hostel. All the services come to the hostel, I haven't had a reason to leave.'
10. 'Working makes me feel more connected to the community.'
11. 'Having a job would mean satisfaction and independence but when I get depressed, I have a hard time seeing the point of it.'
12. 'Having training is important, you can get a job and then you get money.'
13. 'Not having a job and secure income is stressful. It leads to acute anxiety and depression most of the time.'
14. 'Having a job would mean independence. It would mean that I would not be living from week to week. It would be everything.'
15. 'Job link have been pretty shit in looking at my situation. They don't really look at why you are in the situation in the first place. I left home at 14 because of the shit that was going on but job link does not give a shit about all of that stuff. If I do go to the job link office when they tell me to go, I get my payment suspended.'



16. 'Having a job would mean independence. It would mean not having to have my arse wiped by the system. It would remove the feeling of never quite having things sorted.'
17. 'I like working, it keeps me busy and occupied...As long as I get me work I'm not complaining. I like to support myself'
18. 'I work 7.5 hours per week at PRA. This is the first time that I've had a job. I take orders in the café and sweep the floors. The hours are right and it is good to earn a bit of money.'
19. 'It is hard to cope with a lot of the things going on inside for me at the moment, but knowing that I am able to do things alone gives me strengths. I am alone fighting this.'
20. 'Having a job is getting out there. It's a big part of being a teenager. School is education, jobs are for skills later on in life, skills you need.'
21. 'I want a job first and foremost for my kids, but also not having a job means that I have too much time to think and then my thinking becomes uncontrolled and unproductive.'
22. 'Work for me is about keeping control of my own mind. It gives me a reason to feel good about myself when at times I feel like everything is falling apart.'
23. 'Study is helping keep me out of trouble and keeping focussed on the future. Not having a job is stressful and makes symptoms (anxiety) worse.'
24. 'I have a mental illness but it no longer controls who I am because I can work just like everyone else.'
25. 'It means normality-what everyone else is doing.'
26. 'Some degree of routine and normality, despite the work being challenging to my mental health I am far better off working than at home.'
27. 'Having work provides a distraction for me. When things are shit and things are falling in around me, having work lets me keep it together.'
28. 'I am currently studying at uni and it really helps me keep things all together. It is hard at times with assessments etc but on the whole it's really beneficial for my health.'
30. 'Work means having the same opportunities as everyone else. I have worked very hard at school and at work to juggle having a mental illness and remain functional and successful.'
31. 'Work gives me the structure to deal with life. At times it has been difficult for me to get out of bed and I really have not felt able to go to work. But I've held down a job for several years now and it has given me stability.'
32. 'A job means more financial security, social contact, something to do. Training and education mean the path to better employment, more financial security.'

33. 'Having a job is very important for me for giving me some dignity and financial help. What is needed is more supported training and disability employment places to support people with mental illness seeking employment and training.'
34. 'I work part-time and study full-time. My part-time job is in a professional role, it provides income, experience in my field and collegiality with coworkers.'
35. 'Having a bad job can cause immense stress and impact on the other aspects of your life (being something that takes up more time than anything else). Not having a job causes stress from not knowing whether rent / bills can be paid.'
36. 'ATM. My employment is therapy. I actually dread holidays.'
37. 'When I did not have a job my world fell apart.'
38. 'Having a job is instrumental in helping to alleviate some of the symptoms of mental illness and it gives me a profound sense of achievement. I know that despite having a mental illness I can compete with and outdo others in my work place.'
39. 'Having a job can cause stress but it can also lead to job satisfaction, positive relationships with others and less social stigma.'
40. 'Loss of structure in my life and socialising and lack of finances which when living on the DSP alone can lead to another bout of symptoms of my illness and a full blown psychotic episode BPO.'
41. 'Work can provide as many stressors and precipitators of illness as unemployment. For me voluntary governance in the non-government sector is the greatest precipitator of mental illness episodes.'
42. 'Depression, feelings that because I have a Mental Health Disorder, I'm not worth as much as anyone who is supposed to be "normal".'
43. 'I'm only 47, I guess I wanna get some super. With the pension you can't...once you pay rent, groceries you only have \$60 in your pocket. I wanna get some savings'
44. 'I wanna be productive in society'
45. 'More self esteem, confidence & social ability I currently lack in many ways.'

#### **Education – what's worked or not**

1. 'I am studying at TAFE and business administration. I've found the support services offered by TAFE to be good. Tutoring is helpful, I go 1 hour per week. Counselling is available too but I don't go to that on a regular basis.'

2. 'What would have been really helpful for me was if there could have been some proper transition from school to training, I was always going to work rather than study, so more programs that focused on practical training etc during year 10 would have been good.'
3. 'One thing that I would like to say is that there needs to be more of a focus on realistic life skills at school and for there to be a better work experience program in place. It would be helpful to have a gradual transgression from school to the workplace, perhaps one afternoon a week for people that are not interested in going onto year 12. It would also be really good to have career advisors in place for regional schools – my school did not have one!'
4. 'TAFE had some really good counseling and the teachers were really supportive but it was just not the right time for me.'
5. 'I'm Interested in continuing education through TAFE/OTEN, I had good experiences with ALESCO.'
6. 'The flexibility and counselling at TAFE is helpful.'
7. 'I tried TAFE and it wasn't my kind of thing. I want to get to uni. I also want a job but it is hard when you don't have experience. Just because you don't have experience doesn't mean you're not a fast learner.'
8. 'I haven't disclosed to my employer in order to avoid discrimination. The school knows and they offer personal counselling. The school principal has offered personal support. I left during Year 8 and was unemployed I didn't return to study until 2010. I felt intimidated about getting back into education. There's a need for more targeted support services.'
9. 'The transition was very difficult. At school I had support networks in place (like a guidance counsellor, school nurse and I was seeing a youth mental health worker as well). Then when I finished school, all those support networks were cut off which made it very difficult. At university there are measures in place for students who are mentally ill but in reality, in my opinion it wasn't very supportive. So I struggled a lot to the point where I had to drop out of university.'
10. 'I was offered very little support and understanding. My mental illness developed because I was bullied a lot at my high school and the teachers etc did not thing to stop it happening. There were no counselors at my high school, apart from a careers advisor.'
11. 'I have been thinking of going back into Tafe after having kids at a young age. I am not sure what supports are out there.'
12. 'No. I was picked on at school and now I doent give a shit. I am alone.'
13. 'Friends are helpful. Getting involved at uni was also really helpful - Clubs and societies got me involved and helped me avoid the isolation (you could very possible go through your degree without actually making a friend). A friend actually physically dragged me to sign up for a club - I would not have otherwise, but it changed my life and I made lifelong friends.'

14. 'None, except some family support.'
15. 'The uni counsellor was supportive to an extent but there is a limit of 6 sessions and then they refer you on, so in regards to assisting with uni procedures etc. it's not very good and doesn't last too long.'
16. 'Extra support from the university, most definitely.'
17. 'Help at school.'
18. 'Clear idea about tertiary options.'
19. 'More support at university - perhaps people (that you didn't know) that you could speak to about your course / uni. There was a counselling service but it was always so busy and not faculty specific. I wish I had been more educated about saving money. When it came to buy a property, it became really obvious that if I had started saving money earlier (which I could have), we could have bought a nice place in a nice suburb, but because I didn't, we had to settle for what we could afford (small, old apartment in a questionable suburb).'
20. 'Apart from having counselling and some understanding, it really would have been helpful for the careers advisor to have informed me of some of the supports that could have been on offer at TAFE. Because I did not know about them I just thought I could not cope with full-time study and a mental illness, even though this is something I really wanted to do.'
21. 'TAFE has been great. They have counsellors and supports that are very helpful.'
22. 'I didn't do much, lack of motivation. Mum and stepdad were the main support system. They are positive and encouraging. Main thing I needed during transition was money. Also needed one person to understand and get me.'
23. 'The key thing that would have eased transition: financial support, needed money support upfront expenses. Instead I had support from partner at that time. I needed more upfront financial psychological support to encourage participation.'

### **Maintaining a Job/Education**

1. 'But I have found that I am only able to keep a job for a couple of months before losing it.'
2. 'At other times I have had to quit or walk away from jobs to self manage my mental health. What happens is that anxiety and stress is internalized for me and then I feel the need to withdraw and to exclude myself from society. I find it hard to let my feelings out and so they just stay inside.'
3. 'Courses have been too hard to complete. There's services but it is up to me to manage it myself.'

4. 'I have held a couple of jobs in my life but have never really been able to stay in regular employment.'
5. 'I have not because I don't think they will understand. Because of some of the things I've went through I find it tough to focus and don't cope under pressure. How can the uni help when this is exactly the things they test for?'
6. 'I lost five jobs, one after the other. It was pretty tough. I wasn't well enough to keep a job'

### **Support Services – Employment and Other**

1. 'I also think that it is important to remember that you need to be able to walk before you can crawl. If you have been out of the job market for a long time like many people have been who have been homeless or who have a mental illness you need a fair bit of support to get back into things.'
2. 'I work at X so the people here have been very nice to me. - I really like the staff here and they are very supportive. If I can't work all I have to do is to let them know and they do all they can to help me out. I think if other people had this kind of support, things would be easier.'
3. 'It took me a long time to realise that I had a problem. My manager had no idea of what to do. I still see a psychologist and psychiatrist. That's saved my life, seeing these people. It took me 45 years to realise that I have [mental illness]. I have to look after it. It's been a long journey to recovery.'
4. 'I haven't ever worked before. I did call the agency the other day. The woman said that she was excited to help me. Usually though they don't want to listen, they'd rather judge than listen.'
5. 'The disability services people forced me to take jobs. It was too much pressure. They weren't supportive.'
6. 'There's services out there, but you want to do things on your own. I think sometimes I've waited too long to get help because I wanted to do things on my own.'
7. 'X day programs are helpful.'
8. 'It has been difficult to find a counsellor. X and the X Services have both been useful.'
9. 'X are trying to get me into training for the first ever time. It means so much to me that someone has taken an interest in my life- it has never happened before.'
10. 'Having a job makes me feel special and that I can give back to the community. I am so grateful for the help X have given to me.'
11. 'I was diagnosed as having a mental illness many years ago and I always thought that I would never ever get a job but because of the people here I have had the training and the support that I need.'

12. 'The other difficulty is that I get categorized. In order to meet the standards for certain programs you need to have a certain condition- like schizophrenia. If you say you have PTSD you are treated like a leper and it is almost as if you don't have a right to these services. Now I have been diagnosed as having bi-polar a few more doors seem to be opening.'
13. 'Staff at these job services aren't skilled enough. They help me find a job but don't know anything else.'
14. 'Practicalities like transport to and from places is an issue.'
15. 'They send on you on archaic jobs...like for four hours work in Castle Hill.'
16. 'A lot of us email our resumes or applications out and we never get a reply.'
17. 'I was sent to a driving job in X. It took two hours to get there from X on the bus. I had to go because if I don't comply with Job Network, I get a participation failure. With a participation failure I'm back on the streets because I can't pay rent. Anyways, I showed up there and the guy looked me up and down and said: "how old are you?" I said 51. He said, "are you fit?" I'm not. They had asked for a young, fit driver. Lots of people are being sent to unsuitable jobs. They get frustrated because they may be not qualified or overqualified. Frustration is high.'
18. 'I had three separate case managers since going to Mission Australia and fair bit of friction with some of them.'
19. 'Go and interview 1000 Job Network customers and see if 60% of your customers don't say that you're the biggest pack of assholes.'
20. 'If you have a conflict with your case manager its fairly hard to change case managers.'
21. 'When Centrelink ran it, it was better. I hear that Job Networks is all about how many ticks per month. It is all about the stats. There's no personality or feeling'
22. 'There's pressure to take courses you're not interested in like Senior First Aid and the RSA. I told them I didn't want to do the RSA because I had an alcohol addiction.'
23. 'I had a problem with caseworker at Job Network, went to management and asked to change caseworkers. First question the new caseworker asked was: what happened with you and X. Sense that there's no confidentiality.'
24. 'I wonder if Job Network gets a kickback from Centrelink for reporting participation breaches?'
25. 'I had a participation breach from Centrelink even though I was unwell and had a doctors certificate.'