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The Secretary

House Standing Committee on Education and Employment  
House of Representatives  
PO Box 6021, Parliament House  
Canberra ACT 2600

29 April 2011

Inquiry into mental health and workforce participation

Dear Secretary

Please find attached a submission to the Committee on behalf of Workskills Incorporated. At Workskills Employment Solutions we deliver Job Services Australia generalist employment services to some 3000 job seekers in the Hobart Employment Services Area.

Frontline staff indicated to our General Manager, Mrs Janet Saunders, that the Committee should "hear" of our experience and concerns in assisting people with mental ill health and mental disorders.

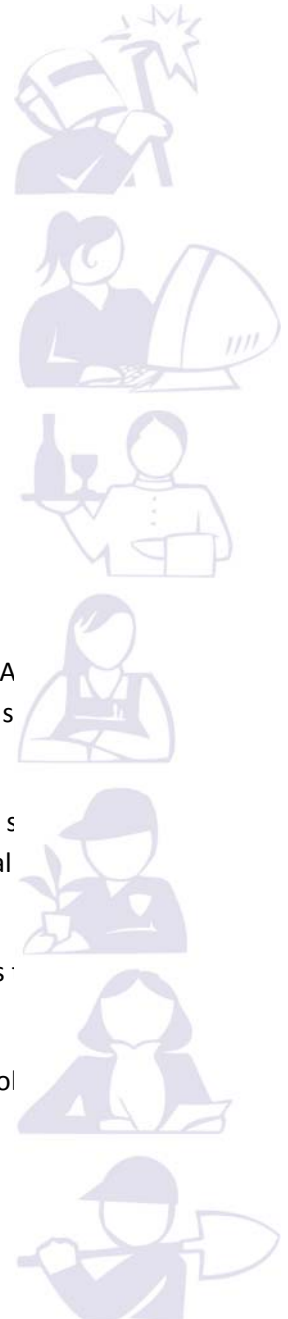
Mrs Saunders then asked me to consult with staff and to prepare this paper. It summarises the views of frontline staff (Case Managers and Administration Staff) working at our five JSA sites.

The focus of this submission is on service delivery issues around the mental health of our job seekers and not on employment assistance delivered.

Yours faithfully

Maud Beattie

Per authorisation by General Manager, Mrs Janet Saunders



## Background

Workskills Employment Solutions is a Job Services Australia provider under the Employment Services Deed 2009-2012 (ESD4) and has delivered employment services for DEEWR since 1998.

“There are four Service Streams for job seekers; these indicate the type and level of service to which a job seeker is entitled. In most cases, an initial interview with Centrelink will determine which of the four Streams is most suitable for a job seeker. Job seekers who are most work ready will be referred to Stream 1; job seekers with relatively moderate barriers to employment will be referred to Stream 2; job seekers with relatively significant barriers to employment will be referred to Stream 3; job seekers with severe barriers to employment will be referred to Stream 4.”(DEEWR)

With 29% market share in the Hobart Employment Services Area, we assist some 3000 job seekers, 47% of whom have significant or severe barriers (Stream 3 and Stream 4 job seekers). We are located in Hobart, Glenorchy (suburban), Bridgewater (outer urban/rural), New Norfolk (rural) and Oatlands (rural).

Our Key Performance Indicators are specified in ESD4:

KPI1: Efficiency (time to placement, achievement of outcomes),

KPI2: Effectiveness (maximise placements and outcomes),

KPI3: Quality (performance including compliance with Service Guarantees and Code of Practice).

## The purpose of this submission

This submission is to present the views and experience of frontline staff at all our locations in relation to working with and assisting job seekers with mental health concerns. In our discussion we took a broad approach to include both mental illness or mental disorder and mental health problem (National Mental Health Strategy, What is mental illness?).

## Our perception of mental ill health experienced by our job seekers

Our offices variously estimate that between 25% and 50% job seekers on our caseload have a mental illness or mental health disorder, including in response to very long term unemployment and the impacts of drug/alcohol abuse. All sites cited anxiety and depression as the most usual problems raised, 4/5 cited drug & alcohol abuse & impacts (including induced psychosis), 2/5 cited anger & managing moods (often documented through court mandated anger management plans) and one cited gambling addiction. All sites observed that mental health problems are often associated with

homelessness, breakdowns in family and community relationships and an inability to sustain work or training activities.

We usually identify mental ill health through job seeker self-disclosure and/or presentation of appropriate documentation, through agreed (voluntary) referral to assessment, through the Job Seeker Classification Instrument (JSCI) as administered by Centrelink or subsequently by JSA Change of Circumstances Reassessment (Streams 1,2,3) or through a Job Capacity Assessment (JCA).

Our Hobart site observed that refugees' and humanitarian entrants' circumstances are not easy to document well through existing systems, e.g., experience of torture and trauma is not an available choice in JSCI questions (though PTSD is); job seekers in these groups often distrust (perceived) government agencies; we, and they, put a lot of trust in interpreters.

Our frontline sites all observed that between 10% and "the vast majority" of mental ill health in our job seekers are unidentified, undiagnosed and/or unacknowledged.

They may be indicated by:

- homelessness, imprisonment or involvement with the police, family or relationship breakdown
- having social interaction problems within the community
- job, education or training placements repeatedly falling over
- high levels of disengagement from services
- apathy, lack of motivation, poor reasoning
- difficult and objecting behaviour, inappropriate attention seeking
- anger or aggression
- lack of inhibition
- verbalisation and beliefs observably outside social/business norms
- ongoing misunderstanding of expectations
- destructive behaviour
- refusal to use public transport, travel to near locations, leave one's residence and so on
- fear and discomfort in attending services
- body language, such as lack of eye contact, other than would normally be expected.

We appreciate that any of these may be indicative of a range of issues or barriers, e.g., learning difficulties or brain injury; they may also be related to physical or neurological ill health or be personal styles.

Staff also commented that mental ill health as a barrier depends on where you sit. One site noted the ability of people with mental health ill health or disorders to secure employment and observed that anxiety and depression can be less of an issue for some people who get work. Success may depend on whether we focus on ability and possibilities or disability.

All four sites indicated that observable risk of suicide is rare. Workskills has developed a suicide risk response advice for all staff and staff report being confident to act as necessary and appropriate.

Staff report that it is harder assisting job seekers with undiagnosed or unacknowledged issues than those with diagnosed issues.

- A starting point can be hard to find and it can take a substantial period of time to build sufficient trust with a job seeker to raise concerns and then to discuss the benefits of diagnosis/recognition and assistance.
- Moving in on concerns too quickly can provoke aggression or withdrawal, both counterproductive
- DEEWR KPIs which focus on time to placement in employment and sustained outcomes in employment or education do not support an extensive process of mutual discovery.
- While some staff commented that it is unreasonable to “force” a job seeker with a mental health issue to sign an Employment Pathway Plan (EPP), others suggested that the EPP could be an excellent tool to engage and promote some job seekers to reflect on personal issues.
- There were also differing views as to the merit of job seekers time in assistance being “suspended” (temporarily exempted from participation/compliance requirements) with some believing that exemption from mandatory participation was a lost opportunity for continued engagement and progress.

### Assisting job seekers and linking to appropriate support

Where possible issues are identified, staff are confident to assist with and support external referral, and have an expectation that job seekers acknowledging mental health disorders will, with support, seek to manage them. Staff commented that:

- ESD4 presupposes that services are readily available and they are not
- Mental Health Plans developed on referral or self-referral to a GP can be highly effective
  - GP clinics can have long waiting lists; community needs are not met in some areas
  - Some clinics are not taking new patients, therefore the vulnerable are obliged to access clinics outside their community area, causing additional stress and expense
  - Some GP clinics have part time psychology and/or psychiatry services; again, waiting lists can be long
  - Some GP clinics (one cited) do not have an interest in assisting our job seekers and any resultant Mental Health Plans are not useful
  - Many jobseekers do not have a GP; they use Royal Hobart Hospital Emergency Department for any health problems
- Department of Health & Human Services Mental Health Services (Tasmanian Government) can be hard to access – this was observed by staff in rural, outer urban and urban sites.
  - A high rotation of personnel leads to difficulties forming relationships
  - Job seekers in rural and outer urban areas can resist attending services in Glenorchy or Hobart; it can be an EVENT, even if supported with cab vouchers to attend
  - Job seekers dependent on public transport can resist due to anxiety or family commitments (children in school)
  - There are stigma attached to attending mental health services
  - There are no, or limited, outreach services
  - When services are inconsistent or unavailable, JSA is the fall back for job seekers; we are not equipped or qualified to deliver mental health services

- In relation to community support services including drug and alcohol, accommodation and mental health support, staff report that they often find that they're "hunting" for the right service
  - This can be very time consuming – phone calls, call backs, forms
  - Job seekers may well have used up eligibility or goodwill with services, burned their bridges or been excluded
  - Accommodation services, for single men in particular, are very limited
  - There is a trap that job seekers will expect that staff become mental health counsellors due to lack of accessible services; in a lot of cases, JSA is the only "authority" with which job seekers develop a relationship
  
- As to their needs in working with job seekers with mental ill health, staff expressed the view that our work focus on employment outcomes is not appropriate to people with substantial mental health or drug & alcohol concerns. All staff work from the premise that our job is to focus on employment but as a gateway to mental health services if needed. However we actively work with community agencies to demystify JSA services so that their clients may benefit when ready.
  - Staff tend towards caution in challenging job seeker behaviours if they believe these may be associated with mental health issues; judgement is critical re risk of harm, a sink or swim approach may produce a positive result or chaos
  - Meeting needs or neediness is time consuming in an outcomes driven environment
  - There is a tension between "productivity" and promotion of people with mental ill health into employment; staff commented that with tight business costs and the national productivity focus, employers are more likely to engage short term unemployed or currently employed candidates, rely on skills being well established and current and are less likely to be tolerant of absences
  - Staff at one site commented on job seeker anxiety in response to press articles ("error/terror" messages) re productivity expectations, e.g., that job seekers will be required to undertake unsuitable work such as FIFO mining

- Casual and labour hire employment, a recognised entrée to employment in our labour market, tends to be low skill with little training; continued employment hinges on availability, there is always someone to take your place if health issues impact on attendance
- Training programs with inbuilt flexibility re content and attendance are very useful, e.g., Skills Tasmania Equity Support Programs, however funding is limited and costs high to support high needs job seekers
- Training programs with expected employment outcomes, e.g., PPP, can be fraught, setting up both job seeker and program to fail if outcomes are not achieved
- “Place based” programs support participation by anxious and socially isolated job seekers; there is a risk that some will be unable to move forward from these but become dependent
- How we respond to needs is a balancing act. Training is important as a base of knowledge about how to respond to mental ill health rather than actively try to resolve issues.
  - Mental Health First Aid training, undertaken by Workskills staff is sufficient to meet the needs of many job seekers
  - Some staff would benefit from further training, e.g., more information on diagnosed illnesses or disorders – capabilities, effects of medication, potential workplace impacts
  - Some staff find Workskills’ Professional Supervision very helpful in debriefing, developing strategies or gaining insight
  - “Too much” knowledge may put staff at risk of moving away from an employment brief, too little can be a barrier in itself to responding to job seeker needs

#### Working within systems

- Utilising systems (Employment Services System) to record/reflect job seeker needs can be frustrating. “The Job Seeker Classification Instrument (JSCI) is used to determine a Fully Eligible Participant’s potential level of disadvantage in the labour market. The JSCI also indicates whether a job seeker has multiple or complex barriers to employment that may require further Assessment. Job seekers who require further Assessment of their

employment barriers are referred for a Job Capacity Assessment (JCA).” (DEEWR 15/3/11). In the main, Centrelink first administers the JSCI to job seekers. JSA always has opportunities for review, a Change of Circumstances reassessment.

- Staff at all sites reported that the JSCI administered by Centrelink at the time a job seeker is claiming or in receipt of an allowance is frequently inaccurate. Staff surmise that job seekers are cautious about disclosing issues to a voice on the phone in the belief that this may impact on an allowance claim and that Centrelink phone administration of the JSCI is not conducive to any observation of behaviour or presentation that indicates issues. Staff suggest that the JSCI either should not be administered by Centrelink but by JSA, face to face as is required by DEEWR of JSA, at the JSA Initial Appointment or, if by Centrelink, face to face and at a dedicated appointment separate from allowance claims.
- From 21 February 2011, JSA providers are unable to refer Stream 1,2 or 3 job seekers whose Change of Circumstances Reassessment indicates that a JCA is required, direct to a JCA provider. Centrelink may do so as part of normal customer service arrangements.
- Staff report that Centrelink does not always respond to the above reassessments and a JCA is not necessarily initiated. This means that job seekers with mental ill health may not be getting appropriate service from JSA or other services to meet their needs.
- There is a risk that job seekers who, with JCA assessment would be “upgraded” to Stream 4 and able to focus on managing or resolving mental health barriers, remain in Stream 1,2 or 3 where compliance with job search or skills training requirements is unreasonable.
- Previously, JSA staff initiating a JCA referral were able to prepare a job seeker for this process and assist the job seeker to present appropriate medical evidence for this Assessment. This is now of questionable value. JSA are instructed not to attempt to intercede for job seekers apparently requiring a JCA and not to “coach” job seekers to independently request a JCA referral from Centrelink.
- JCA outcomes are dependent on verifiable conditions, some job seekers cannot organise evidence or if referred to a JCA by Centrelink from a Comprehensive



Compliance Assessment may still deny or not acknowledge mental health issues; hence be excluded from more appropriate support

- Job seekers with mental ill health report that negotiating Centrelink can be difficult. Staff expressed a belief that Centrelink services are underfunded.
  - Job seekers report that appointments with Social Workers can be difficult to access (they may be directed to a phone to talk to a Social Worker at any location in Australia)
  - Standing in a queue to report deleterious circumstances can provoke anxiety, unacceptable behaviour, cynicism or giving up; stepping forward out of a queue at invitation of staff is stigmatising or provokes attention, job seekers report stepping out of the queue and out of the door
  - Some job seekers report being unable to make needs known in a manner that will promote assistance, e.g., through inappropriate communication style or lack of confidence or a history of difficulty dealing with Centrelink offices
  - Job seekers report inability to build trusting relationships with Centrelink staff; the payments focus, staff workloads and queuing systems may contribute to this
  - Job seekers often report a belief that they are not heard by Centrelink when trying to articulate their needs or ask for help
  - As mentioned above, JSA are instructed not to coach job seekers in expressing their needs as to mental health issues

What we would like to see:

- Adequate funding of mental health services so that job seekers with mental ill health can access these in a timely manner and at a suitable location to manage or resolve issues that are barriers to labour market engagement
- Adequate funding of Assessment services such as the JCA so that all job seekers presenting with severe barriers are assured of the correct employment or support services, including the correct allowance and so that JSA caseloads are realistically reflected

- All JSCI be administered face to face at an appointment not concerned with allowance eligibility, no matter which organisation is responsible
- Adequate funding of training and employment preparation and equity programs, acknowledging that there is a cost to supporting people with mental health barriers to progress towards work and to benefit from skills/productivity related training
- Ideally, a dedicated funding program to promote job seekers into training for occupations with strong future demand, starting at a suitable preparatory level if necessary and then articulating to training or education for these occupations, at any level, to attain skills that employers will be unable to resist.
- Adequate funding of Centrelink services and community support services so that job seekers can build stable and positive relationships with the people best placed to assist them
- Acknowledgement, by DEEWR, of the financial risk to JSA providers in assisting job seekers with severe barriers v. outcomes focussed KPIs and compensation for this; better “Star Ratings” recognition of progress achieved by JSA and job seekers with severe barriers
- Care in disseminating the “productivity” argument so that job seekers and employers are not terrorised out of seeking employment or seeking to employ
- Education of employers and business peak bodies, focussing on positives, citing successes of people with mental ill health in a broad range of industries and occupations, offering support, reminding of anti-discrimination legislation
- Wider education for job seekers re the possibilities and benefits of work, training and education and exposure to the world of work where appropriate
- Further community education programs aimed at removing stigma of mental ill health; for safe disclosure to employers and colleagues and to remove barriers to seeking professional help.