Response to the

Inquiry into Mental Health Barriers to Education, Training and Employment Participation

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ABOUT THE NATIONAL EMPLOYMENT SERVICES ASSOCIATION

The National Employment Services Association was established in 1997 to be the voice for all providers contracted by Government to deliver employment services, following the announcement of major reform to Australia's Commonwealth employment services. The National Employment Services Association (NESA) is the peak body for Australian employment services. NESA is the only peak body which represents community, private, public and Government sector providers and delivers representation regarding the overall framework as well as the individual Commonwealth funded employment service and related programs.

NESA represents and advocates for the development and continuous improvement of the Australian contracted employment services industry. Our priority is to ensure that Australia has a vibrant and sustainable industry which delivers quality services to job seekers and employers. We are particularly concerned to ensure appropriate services are available to help disadvantaged job seekers overcome barriers and support them to increase their economic and social participation. To achieve this NESA is focused on ensuring that it facilitates strong partnerships with stakeholders and supports its members in the development and application of business excellence and better practice.

The National Employment Services Association welcomes the opportunity to provide feedback to the Inquiry into mental health barriers to education, training and employment participation.

This submission focuses on identified opportunities for improvements to strengthen the current performance of employment and related service provision for people with mental ill-health. It also highlights broad areas where Government strategies are vital to overcome barriers such as myths and misconceptions which deter the private sector from being better engaged in providing opportunities for inclusion and participation which would benefit the lives of those experiencing and supporting people with mental ill-health.

INTRODUCTION

Australia is facing a number of economic and social challenges which present imperatives to improve Australia's workforce participation. The desire to achieve improvements in opportunities to participate to build stronger communities should be the goal of all civil societies. There are many circumstances which impact on opportunities for economic and social inclusion. Disability and more particularly mental ill-health are significant barriers and impact on economic and social inclusion, often to a much greater extent than they impact on an individual's ability. As the subject of extensive local and international research it is also clear that the impact of social and economic exclusion is shared by family and community. Employment is a central element to the achievement of inclusion and it offers significant benefits beyond income that enrich individual and community well being.

In developing strategies to better support the economic and social participation of people with mental ill-health it is worth contextualising Australia's performance. From Sickness, Disability and Work: Breaking the Barriers – A Synthesis of findings across OECD Countries 2010, shows that Australian labour market participation rates for people with a disability is half that of those without a disability (40%/80% respectively).

The report also provides insight into the increased level of disadvantage faced by people with mental ill-health in comparison to others without a disability across OECD countries.

From examination of data regarding participation levels of people with various disability types across a number of OECD countries the report states that '*the large and increasing number of mild and moderate mental health problems have become one of the biggest challenges for workplaces today'.* While the comparison does not include Australian data there is no evidence to suggest that we perform any better in regards to participation of people with mental ill-health than other forms of disability.

The participation rates of people with a disability in the labour market are affected by many factors, and even in times of prosperity people with a disability are twice as likely to be unemployed. Participation rates have generally fallen across OECD countries as a result of poor economic conditions presented by the Global Financial Crisis (GFC). As a result of strategic interventions Australia has experienced less impact on economic performance from the GFC relative to other OECD countries. Despite the superior economic performance and the record period of prosperity prior to the GFC, Australia's participation rate for people with a disability is lower now than in the mid 1900's.

Australia is ranked 21 out of 27 OECD countries in a comparison of the participation rates for people with a disability and performance is below the average. The report also indicates that Australia is ranked 7 for the proportion of people with disability who work part time. While this may be seen as indicative of flexible labour market arrangements, when considered alongside comparisons of ratio of average income in which Australia ranked 27 of 27 OECD countries it demonstrates the opportunities for improvement. It also demonstrates what can be done through examples of other countries who have achieved both superior participation rates along with higher quality of labour market attachment.

In developing strategies to improve workforce participation for people with mental ill-health we should not overlook those Australians who are working poor with limited and/or tenuous attachment to the labour market and who are able and want to work more. Education is a major determinant of income however we note that the OECD report also indicates that the disparity in income for Australians with a disability is highly apparent even in those with tertiary qualifications to a much greater extent than in most other OECD countries. It also indicates that Australia is ranked 2 in regards to the comparative risk of people with a disability living in or near poverty.

The employment services industry has a pivotal role in assisting the Australian Government to achieve its economic and social inclusion agenda for the nation. Improving opportunities for employment participation is central to Australia's objectives in workforce participation and productivity as well as to building a more inclusive society.

Australia's welfare system provides a necessary safety net for citizens who find themselves in need. However we also recognise that in addition to greater financial independence and better quality of life that can be provided by employment, participation in the workforce also contributes to social inclusion and community cohesion. We need to do more to assist those people who can more actively participate in the labour market to realise their individual potential and aspirations while also contributing to the nation's wellbeing. This will require a diversity of strategies that support individuals, employers and the wider community to address barriers to participation and inclusion.

Breaking down isolation from the labour market, building opportunities and encouraging people with mental ill-health into, or to re-enter, the workforce is a key challenge which can only be achieved by a whole of Government and partnership approach.

It is essential in order to break the cycles of disadvantage and exclusion that we adopt preventative and early intervention strategies as well as tertiary responses.

In this regard we particularly note the research undertaken by Dr. Peter Butterworth, Centre for Mental Health Research, Australian National University, *'Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings 2003'*. The report highlights the prevalence of mental ill-health amongst income support recipients and notes that 'whereas less than 20 per cent of the Australian working age population receive income support payments, around 28 per cent of those with some form of mental disorder (anxiety, depression or substance use) rely on pensions or allowances'.

The report indicated that in overall national survey results and other studies that approximately 18 per cent of Australian adults had an anxiety, affective or substance use disorder in the past year. However in contrast, "30.4 per cent of those receiving income support payments were identified with symptoms indicative of a clinically diagnosable mental disorder. The association between receipt of income support and mental illness was significant". The paper reflects on the extensive body of research investigating the relationship between mental health and socio-economic factors such as unemployment, poverty, education, deprivation and social exclusion. It also goes on to discuss the debate about causality and whether mental ill-health is a negative psychological consequence of welfare.

From the experiences of employment services we would argue that the experience of unemployment and its associated circumstances has a negative impact on the well being of individuals including their mental health. We also suggest that the impact of long term unemployment contribute to the transition of people receiving unemployment benefits to the Disability Support Pension. We agree with Peter Butterworth's report which concludes that *'Irrespective of any debate of causality, it is important to understand the characteristics of welfare or income support recipients to enable a better policy and service delivery response'.* There is little doubt that mental ill-health may contribute to becoming and remaining unemployed as well as occurring in response to coping with the experience. We also note the breadth of research which indicates the positive impact of employment on the well being of those experiencing mental ill-health. NESA strongly believes that such data indicating the increased prevalence of mental ill-health amongst income support recipients underscores a need for health promotion/prevention and early intervention strategies to be considered in the design of services connected to income support management such as employment services.

Removal of the real and perceived barriers and disincentives for workforce participation need to be addressed. In addition appropriate incentives need to be put in place to ensure participation is rewarded and work contributes to improved living standards. Strategies which ensure that policy, processes and incentives are aligned and support workforce participation are required across a range of areas including employment, education, taxation, social security, health, housing and child care.

There is no question that people with mental ill-health face considerable barriers to social and economic participation and local and international research note that this impact is shared by family and community. We also note that evidence demonstrates that returns both socially and economically from improving participation and inclusion of people with mental ill-health are greater than the investment. To illustrate we refer to the Mental Health Council of Australia's fact sheet Mental Health and Employment which states that:

- Preliminary research shows that Australian businesses lose over $6.5 billion a year by failure to provide early intervention/treatment for employees with mental illness.
- A 2006 report for the Victorian Government estimated that mental illness led to about 4.7 million absentee days a year, of which 80% was due to mental illnesses such as depression and anxiety. This equated to about a $660 million yearly loss to the Victorian economy. This roughly equates to over 18 million absentee days Australia wide.

- Three quarters of people with depression who receive effective treatment are in employment six months later, compared with half of those who do not receive treatment.

There is no doubt that while the employment services framework has been strengthened to improve participation for people with a disability including those with mental ill-health there is much more that can and should be done. Much of the reforms undertaken in recent years by the Government have been designed to allocate greater resources to those most disadvantaged and long term unemployed.

To achieve the best possible outcomes social policy mechanisms should support development of more effective early identification and intervention strategies. The barriers faced by people with mental ill-health span Government portfolios which must be reflected in the development of social policy responses. Development of service and program frameworks which support holistic and integrated approaches that enable a range of integrated and collaborative interventions to improve participation and inclusion of people with mental ill-health across areas such as health, employment, education, housing and family services are required.

PATHWAYS TO ENGAGEMENT

A significant issue in considering the social and economic participation of people with mental ill-health is the lack of access and linkages to services and support appropriate for people who suffer from mental ill-health to overcome what are often complex and diverse barriers to participation and inclusion.

In order to achieve improved participation and employment outcomes for people with mental ill-health it is imperative to have a stronger framework for the identification of ill-health and pathways to early intervention. Strategies to improve access to services for people with mental illness should start from a thorough analysis of the common points of engagement and pathways to services generally undertaken by a person with mental ill-health, and/or their family or carers.

From experiences in Australian employment services it is clear that for many Australians affected by mental ill-health pathways to inclusion and participation do not begin in health services. Often it is the challenges in employment, education, housing, financial and/or legal arenas which highlight mental ill-health as a significant issue for the individual. As such it is important that consideration is given for creating opportunities for early identification and intervention across social policy areas.

We note from experience that often a silo approach to mental ill-health can exacerbate exclusion through the development and compounding impact of a broader range of barriers. Such approaches which may result in delays in engagement into interventions and participation in services such as employment assistance reduce the opportunities for early intervention and harm minimisation.

Many would concur that an overemphasis on inability and assumed poor vocational prospects, contributes significantly to exclusion and disengagement, despite the good intent of those caring professionally or personally for those affected by mental ill-health. We note the success of projects which incorporate partnerships between mental health and employment services that have achieved significant results for clients being discharged from acute psychiatric care. Many of these clients would have previously been considered unemployable and would typically remain disengaged and/or exempt from participation in employment services post discharge adding to their exclusion and diminishing prospects of workforce participation.

The OECD paper, From Inactivity to Work: The Role of Active Labour Market Policies (Carcillo and Grubb 2006) found that early intervention may often be the best way of preventing long-term benefit dependency. The report recommends the immediate trigger of an individually-tailored intervention process as soon as the disability is recognised.

In NESA's Response to 'The National Mental Health and Disability Employment Services Strategy Discussion Paper' 2008 we recommended that access to appropriate services requires a model where there is a concentration of resources at the initial points of contact and review to ensure accurate, comprehensive assessment to support appropriate classification and service provision suitable to individual circumstances.

BARRIERS TO SERVICE PARTICIPATION

Many people experiencing mental ill-health are not required to participate in employment assistance but services are available if they volunteer to participate. Ensuring that the front end engagement processes with the social security system encourage and incentivise participation in work is an important step in improving inclusion outcomes for people with mental ill-health and other disabilities.

While complex, it is worth noting that current arrangements in regard to applications for income support, particularly for the Disability Support Pension focus on inability and require people to prove incapacity to work, rather than encourage engagement. We note that for many individuals mental ill-health is identified as a secondary barrier rather than the primary basis of their claim for the Disability Support Pension, however in practice it is often the most difficult barrier to overcome in regards to achieving workforce participation and inclusion outcomes. Similarly, people transitioning from the Workcover into the Social Security framework have often had a prolonged focus on proving inability in order to assure appropriate compensation arrangements. Such a focus on inability often impacts negatively on the confidence of the individual regarding their prospects of achieving sustainable workforce participation and contributes to or worsens their condition.

A Disability Support Pension Pilot project was undertaken by NESA members who were Job Network Disability Specialists. This project was designed to test whether improving access to mainstream services given the cap that was then in place for Disability Employment Network would improve voluntary participation. The pilot was also about testing the nature of adjustments to mainstream services required to achieve positive employment outcomes. The project was highly successful with many of the participants securing educational and employment outcomes. The pilot also highlighted a range of factors which deterred people from volunteering in employment assistance. One such factor was concern for ongoing cost of medical care (current and potential) exceeding the benefits of employment with the loss of access to a health care card.

Social security arrangements that provide incentives and rewards for people to volunteer to participate and ensures that there is financial benefit from employment participation should be pursued. We believe from our experience that policy settings which reassure income support recipients, particularly those on non activity tested payments, to risk exploration of labour market opportunities will provide a basis for improved participation. Ensuring that recipients are supported by a safety net and a guarantee that they will not be worse off if their efforts to find sustainable employment fail is essential. The DSP Pilot demonstrated such strategies as being very influential in supporting and encouraging participation. DSP recipients feared that if they were unsuccessful in making a transition to sustainable employment they would have to face the daunting task of reapplying for DSP.

The risk of not being eligible for DSP under changed arrangements was not generally high but seen as a major risk and deterrent to participation which was often fed by headlines about the Government getting tough on welfare.

We also note that current arrangements link capacity to work with job search requirements including participation in employment services. When individuals experience temporary incapacity to work they are immediately suspended from employment assistance. While some job seekers choose to participate in employment assistance voluntarily and continue their preparation for work, many do not. While for some continuation of services may not be appropriate, we consider that for many even though their circumstances dictate that is not timely to look for work, they could benefit and would be able to continue in their preparation for work.

There is a strong belief that maintaining engagement with the job seeker is critical to progressing their opportunities and inclusion. Service disruption affects progression and contributes to the length of unemployment which further reduces opportunities. While capacity for individuals to voluntarily participate exists it requires additional processes to initiate. The automatic suspension process also means that employment service providers are unable to discuss appropriate activities that could be accommodated during the period. More fundamentally, there is concern that the message given to job seekers with the automatic suspension of service assistance undermines the broader goals of engagement and encouragement of participation. Too frequently when job seekers are asked by employment services if they wish to participate during a suspension period, they report that they were 'told by Centrelink that they shouldn't participate until their suspension period ends'.

EMPLOYMENT SERVICES ENTRY POINT

The reforms implemented in employment services, particularly in Job Services Australia and Disability Employment Services, over recent times have strengthened the service framework. However, there is still substantial room for improvement to better support the needs of people who are disadvantaged including those with or at high risk of mental ill-health.

Fundamental to the effectiveness of employment services is the assessment and classification model.
A long term issue for employment services has been the classification and assessment models used at Centrelink, the employment services gateway, and during service delivery to ensure job seekers are able to access services appropriate to their needs.

The tool used to allocate clients to services is the Job Seeker Classification Instrument (JSCI) which has been designed to classify and allocate job seekers to appropriate service levels based on comparative disadvantage in the labour market. The JSCI contains a system of scores for a range of barriers which may impact on employment participation and which indicate a risk of long term unemployment. The scoring system is calibrated according to budgetary measures and projected flow of referrals into, and resulting expenditure on employment services.

The JSCI relies heavily on job seekers insight into their circumstance as well as their willingness to disclose. The initial implementation of the Job Seeker Classification Instrument (JSCI) with job seekers is conducted on first contact with Centrelink and most often is conducted by phone interview. The industry has long contended that development of sufficient rapport and trust to elicit disclosure is best achieved in a face to face situation.

While we are advised that quality monitoring indicates that there is efficacy in conducting the JSCI in phone interviews, there is no transparency in how this has been assessed including the mode of administering the assessment tool with highly disadvantaged job seekers including those affected by mental ill-health.

The JSCI is not an assessment tool as such however when applied to job seekers in regard to circumstances such as the presence of a disability or homelessness it may trigger the need for a further assessment/Job Capacity Assessment which is conducted by a Job Capacity Assessor. Job Capacity Assessments are focused on assessing evidence of barriers such as medical reports rather than assessment of the individual in a diagnostic capacity conducted by Allied Health Professionals. The Job Capacity Assessment provides additional information regarding additional barriers and/or the impact of those already identified. This information is recorded and largely through an automated system the JSCI score is updated if any changes are identified. The JSCI score will determine if a job seeker should be referred to streams 1-3 in Job Services Australia, whereas the Job Capacity Assessment will identify those who should access stream 4 or specialist Disability Employment Services. The JSCI also informs the calculation of funding level for Disability Employment Services clients in the higher service level of this program. It is important to note that the scoring system within the JSCI is preset and as such the relative impact experienced by an individual may not be adequately reflected in their score.

The current classification arrangements function to support financially motivated rationing of services. Importantly, the current classification framework is grossly inadequate to respond appropriately to people with low insight of their mental ill-health as it relies on self report and/or proof of diagnosis and impact to influence service classification. Furthermore, the scoring system which is fixed provides a low contribution for disability including mental ill-health. For a person with multiple disabilities a maximum contribution to the score is 3 points. For a person who reports mental ill-health as the only disability there is a maximum contribution of 1 point.

Please refer to attachment 1 for actual examples of job seekers experiencing mental ill-health and other barriers referred into Job Services Australia Streams 1 and 2.

To effectively and positively improve the level of workforce participation and inclusion of people with mental ill-health we need to develop a more holistic assessment framework at the front end of the social security and employment services system. There is a need for the design of a framework which accommodates the servicing needs of clients who have undiagnosed and/or undisclosed mental ill-health issues as well as those with diagnosed conditions. Such an assessment framework should be to prioritise the presence and impact of mental ill-health on long term unemployment, workforce participation and inclusion regardless of whether it is considered to be a primary or secondary presenting disability.

Stronger upfront assessment as well as appropriate mechanisms to adjust classification in accordance with conditions/barriers developed or identified post commencement into employment services are essential to better assist people with mental ill-health.

The current mechanisms for reviewing classification post commencement are not sufficiently supporting appropriate services for people with mental ill-health. Providers of employment services have been able to review the JSCI as a change of circumstance as identified or newly disclosed and trigger a Job Capacity Assessment where required. It should be noted that employment services providers are not able to update all elements of the JSCI with some factors providing a nil score until a high, medium or low impact is applied by a Job Capacity Assessor. This process of updating job seeker circumstance has been under stress of increasing demand and not operating as intended.

We note that a high percentage of change of circumstances assessments had not led to the anticipated adjustment to service classification. The industry believes there are a range of issues at play affecting the efficacy of this mechanism. We note, for example that if the employment service provider initiates crisis support prior to the Job Capacity Assessment the guidelines state that the job seeker needs are being met and therefore their service classification should not change. However it is often the case that the employment services provider has gone beyond the service requirements and resources to ensure the immediate wellbeing of the job seeker. As a result a job seeker with significant issues can remain in a service classification which by no measure will result in sufficient resource allocation to provide the level of support required to achieve employment participation or inclusion outcomes.

While this system has not operated at an optimum level for some time the situation has now worsened with the unanticipated demand for Job Capacity Assessments generating a significant budget overrun resulting in provider authority to trigger assessments being recently withdrawn.

While the industry accepts that there is scope for providers to improve practice including a thorough understanding of the guidelines, we also note that there are providers who have had a 300% increase in requests for Job Capacity Assessments over the life of the contract with 90% of those resulting in improved service classification. This would appear to indicate that in some circumstances there are significant issues with the initial classification at the gateway and there is a need to maintain an effective mechanism for reclassification. We also note that provider participation in the Local Connection to Work pilots report that in contrast to normal arrangements the assessment interviews jointly conducted by themselves and Centrelink in a face to face interview were highly effective at identifying a range of circumstance including mental ill-health. These interviews were comprehensive and effective and worth the investment of resources with interviews often taking an hour and a half in duration.

Development of a holistic assessment framework at the gateway to effectively link people with mental ill-health to appropriate employment assistance in the first instance should be pursued.

Holistic assessment models should reflect the varied circumstances and their impact on the individuals' opportunity for employment participation in addition to consideration around issues specifically related to mental ill-health such as management of episodic conditions. This could include for example consideration for the availability and need for support (work or home), skills, education aspiration, transport accessibility, and local labour market opportunity which can make a significant difference to the impact of condition related barriers to employment participation.

Referral services need to be more comprehensive and supported to ensure clients get connected to, not just directed to, the right service. A reduction in the number of clients who are bounced between agencies/programs as a result of passive referral and eligibility rules should be sought.

Furthermore those issues which cannot be considered for income support purposes, particularly undiagnosed, untreated and/or un-stabilised conditions are very relevant to informing the appropriate service provision and intervention strategies.

SERVICE DESIGN

There has been increased acknowledgement in the design of the current employment services framework that a one size fits all approach does not work and particularly in regard to assisting with the complex needs of people with a disability. Job Services Australia and Disability Employment Services have key features that have strengthened services for people with mental ill-health however further refinement of both programs could achieve improved outcomes for people with mental illness.

As indicated earlier the adequacy of current arrangements is impacted by the classification and streaming mechanisms. The prevalence of job seekers experiencing mental ill-health in Streams 1 or 2 of Job Services Australia is of concern. In particular we are concerned with the proportion of job seekers entering Stream 1, which is designed for more work ready job seekers and is an inadequate level of support for someone with mental ill-health even where that condition has 'low impact'. It should be noted that this functionality issue does not reflect on provider capacity but rather impacts of business practice and ultimately the level of service available to all job seekers through resource allocation.

An evidence based practice approach to the development of services and strategies is required to ensure a solid foundation of continual and sustainable improvement. Evidence based practice and innovation strategies allow us to test not only what works but to stretch the boundaries of what is possible. Ensuring that we have a mechanism to develop and disseminate better practices should be better incorporated in strategies. Once again, such dissemination of better practices should incorporate various portfolios to encourage and support participation and inclusion objectives.

There is an increasing evidence base to support the benefits of future holistic service models incorporating health care services, rehabilitation services and employment services either with strong service linkages or co-locating. Connection to a range of services is fundamental to identifying the factors and resources needed to support initial and on-going participation of people with mental ill-health.

We consider from experience in employment services that improved employment participation and inclusion outcomes will be achieved through integrated service models which incorporate medical, social and employment interventions to assist people with mental ill-health. The design of the employment services framework and individual labour market program design should support such holistic approaches.

Contract arrangements, policy settings and guidelines, key performance indicators, financial and performance assessment models, outcome definitions, duration of contract periods are all factors in the design of employment services which have a significant influence on the nature of services provided and should be considered in reforms to better assist people with mental ill-health.

A UK study exploring better practice Realizing Ambitions: Better employment support for people with a mental health condition' (DWP - Perkins, Farmer and Litchfield 2009) states 'For those who require more intensive, specialized support than can be offered within current structures, we recommend that Government should implement an innovative radical vision of 'more support' in line with the now extensive evidence base in the area of Individual Placement and Support (IPS)'. This model of more intensive services available to people with mental ill-health is being trialled by a number of Australian employment service providers and initial feedback suggests results are positive. However, despite the promise, opportunities to expand trails or utilise this modality within the current arrangements are not possible given the resource limitations.

We note as outlined in the Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009 - 2014 under Priority Area 1: Social inclusion and recovery, that the following outcomes should be sought, People with mental health problems and mental illness have improved outcomes in relation to housing, employment, income and overall health and are valued and supported by their communities and that service delivery is organised to provide more coordinated care across health and social domains. Under the documented actions for this outcome is, to coordinate the health, education and employment sectors to expand supported education, employment and vocational programs which are linked to mental health programs.

Furthermore under Priority Area 3: Service access, coordination and continuity of care states that Governments and service providers will need to work together to establish organisational arrangements that promote the most effective and efficient use of services, minimise duplication and streamline access and that services be better targeted to services to address service gaps through cooperative and innovative service models for the delivery of primary mental health care.

Better mechanisms to provide ongoing support for people with mental illness once in employment will enhance outcomes in this area. Recurring episodic conditions can and do result in life changing events and too frequently we hear of lost opportunities due to lack of formal support mechanisms and the responsiveness of current frameworks. Additionally time limited assistance impacts on people with disabilities in their capacity to achieve outcomes and to sustain employment over longer periods

ACHIEVING IMPROVED EDUCATION OUTCOMES

NESA understands that there is a diverse range of life circumstances that can and do influence people's opportunities, choices and success in, and results from participation in vocational education and training (VET). There is a strong need to reform education and training to build responsiveness to the needs of disadvantaged learners including those experiencing mental ill-health.

To be effective strategies for improving educational outcomes for people experiencing mental ill-health must reflect the range of other barriers they face. A review of the characteristics of job seekers receiving assistance from Job Services Australia indicate that the majority are low skilled with limited or no vocational qualifications and have poor educational attainment (year 10 or less). We note that the incidence of young people with early onset conditions disengaging from education without high school completion is particularly high. Policies which exclude young people with a history of behavioural issues from secondary schools often prevent re-entry when circumstances have stabilised. Many job seekers have work experience in industries in decline such as manufacturing which offer poor future employment prospects. As indicated by the ABS Adult Literacy and Life Skills Survey (2008, 2006 reissue) approximately 7 million working age Australians (46%) had literacy below that needed to function fully in life or work. Furthermore, 7.9 million (49.8%) have low numeracy levels.

Whilst we consider it is important not to define people by disadvantage, it is important that strategies adopted to strengthen the VET framework for disadvantaged people are monitored and measured to ensure continuous improvements and accountability for achievement of objectives. Improved engagement and completion rates should be central to these measures.

We consider that such diversity must be taken into account in the design of each aspect of VET including funding policy, deployment of resources to support disadvantaged learners, workforce development strategies, better alignment with employment service frameworks and ongoing development of the education framework.

The current systems of funding allocation to subsidise training often provides more opportunity for those job seekers who need to upgrade qualifications rather than those without qualifications. Unskilled and low skilled workers are also generally less likely to receive training once in work compared to their more skilled counterparts.

EMPLOYER & COMMUNITY EDUCATION

It is the goal of employment services to assist the individual to prepare for and find sustainable employment. Providers of employment assistance use a variety of mechanisms to engage employers and access work opportunities for their clients. In seeking opportunities for clients experiencing disadvantage such as disability and mental ill-health reverse marketing has been a resource intensive but effective strategy. It is imperative that employment opportunities are identified which properly accommodate the individual's circumstance in order to achieve sustainable outcomes. From the perspective of employment service providers' experience much of their work engaging employers to offer opportunities are focused on debunking myths and stereotypes associated with disability and particularly mental ill-health.

Promotion of the benefits of developing an inclusive workforce together with public education and information to allow the general public to better understand mental illness will achieve ongoing results. Public information campaigns have demonstrated success in changing behaviours by improving knowledge and reducing inaccurate prejudices. Reluctance to disclose mental ill-health is prevalent due to the concern about potential reactions particularly exclusion. Given that 1 in 5 people suffer from a mental illness at some stage of their life there is a huge foundation for social support if we can bring this issue out of the shadows into the community spotlight.

These misconceptions and stereotypes are consistent with those shared by the broader community and fuel added concerns regarding organisational risk in relation to issues such as Workcover, workplace disputes, disruption and discrimination. In a recruitment or human resource context such concerns are most often 'expediently' dealt with by excluding the individual with a disability or mental ill-health from consideration or finding cause to discontinue employment. We also know, however, that where employers have overcome their fears and invested efforts in workplace diversity strategies positive results are achieved not only for those individuals seeking work, but for the organisation and their broader workforce.

We again refer to the detail in the Mental Health Council of Australia's fact sheet Mental Health and Employment which illustrates the cost associated with inadequate response of the business community and Australian workplaces to better support workers mental health. For example, depression alone accounts for six million full work days lost per year. The positive impact on productivity that could be achieved from improved workforce diversity and inclusion are immeasurable.

Greater recognition is required regarding the value of employment participation for all members of the community and our economy. People with mental ill-health should be able to expect equity of opportunity to participate in employment to achieve their potential and aspirations. Improved awareness about mental ill-health needs to be promoted to address and overcome misconceptions and stereotypes held by

employers and the wider community which reduce access to employment participation and inclusion opportunities.

A focus on the positive returns of employing a diverse workforce including people with mental health conditions and other disabilities with an emphasis on better utilisation of ability and debunking myths and fears about the risks and issues should be key elements of strategies to improve employment and inclusion outcomes. Improved understanding combined with targeted support for employers has the potential to create cultural and attitudinal change in workplaces, communities and services. The Government should role model such employment practice in the development and management of the public service workforce.

EMPLOYER INCENTIVES

Assisting employers to increase opportunities in the labour market for people with mental ill-health is important to supporting the development of more inclusive workplaces. Our experience is when managed effectively such assistance can provide the employer with sufficient evidence of the benefits of workplace diversity and reassurance around perceived risks and misconceptions to encourage their further investment.

Net gains to increased participation for people with mental illness need to include a broad range of social and economic factors and incentives should reflect the objectives. Increased incentives to employers beyond the largely one-off support payments which expire at 13 or 26 weeks of employment should be considered. Examples of other international initiatives include:

- tax concessions to employers who employ people with mental illnesses,
- co-funding or totally funding the superannuation and/or Workcover cost payments,
- Opportunities for employers in medium to large organizations to apply for funding to support improved workforce diversity management and strategies to facilitate successful recruitment practice for people with mental illness/disability and cultural change in the workplace.

CAPACITY BUILDING

Capacity building should be at the forefront of any framework for mental health and this should involve a review of contracting arrangements to ensure they reflect realistic expectations for people with mental health issues and enable providers to structure flexible and innovative approaches to individual needs.

Instrumental to capacity building is the development of an innovative approach to improve practitioner knowledge and capacity to work with job seekers with complex and diverse circumstances. NESA's comprehensive professional development programme which includes an extensive conference programme is designed to equip industry practitioners with the skills required to assist people with mental health issues and other barriers to employment to obtain and retain employment. For examples of the scope of professional development offered by NESA to its members please refer to attachment 2.

NESA's conference programme incorporates annual practitioner and leadership conferences as well as a bi-annual international congress. The professional development programme is underpinned by an accreditation framework for industry practitioners, the Employment Services Professional Recognition Framework (ESPRF).

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Adult Literacy and Lifeskills Survey, 2006, 2008 reissue, Australian Bureau of Statistics

ATTACHMENT 1: EXAMPLES DISPLAYING LEVEL OF SERVICE ELIGIBILITY

The following examples demonstrate instances where job seekers with mental health issues are referred to low stream service levels in Job Services Australia under current arrangements and are unable to be referred for further assessment. These cases illustrate the complexity of issues including mental health to be addressed, which should be considered in context of the service resources allocated to the service level and guidelines for service delivery, particularly in relation to flexibility of service requirements and use of the Employment Pathway fund which is used to access additional services to assist job seekers overcome such barriers.

Stream	Job seeker characteristics/conditions/ personal factors
Stream 1	**Conditions and personal factors documented in the JSCI:** • Risk of Homelessness • Severe stress • Insomnia • Anger issues • Alcohol dependency • Anxiety • Depression • Self Esteem **Additional barriers identified in a Job Capacity Assessment (completed in January 2011)** Job Capacity Assessment completed in January 2011 prior to commencement in Stream Service included and documented above barriers to employment.
Stream 1	**Conditions and personal factors documented in the JSCI:** • Anger issues/temper/violence • Dental issues • Domestic violence • Drug treatment program (eg methadone) • Family grief/trauma • Numeracy issues • Relationship breakdown • Risk of homelessness • Self esteem/motivational/presentation issues • Sleep problems /Insomnia Gambling addiction **Additional barriers/comments identified post commencement in Job Services Australia** Job seeker requires high intensity of support with significant personal non vocational barriers
Stream 1	**Conditions and personal factors documented in the JSCI:** • Anger issues/temper/violence • Domestic violence • Family grief/trauma • Relationship breakdown • Self esteem/motivation/presentation issues • Severe stress • Sleep problems/insomnia **Additional barriers/comments identified post commencement in Job Services Australia** This job seeker presented at initial appointment with JSA Provider disclosing self harm and domestic violence. The Provider has been servicing this job seeker according to need including as per requirements where a job seeker discloses domestic violence made contact with Centrelink Social Work however processes at the time unresponsive.

Stream 2 **Conditions and personal factors documented in the JSCI:**

- Sensory disability - Deafness
- Depression
- Minimal work history
- Indigenous
- Single parent

Additional barriers/comments identified post commencement in Job Services Australia

Provider identified Sensory Disability and Indigenous status that had not been included on job seekers initial JSCI at gateway services

Stream 2 **Conditions and personal factors documented in the JSCI:**

- Anxiety
- Depression
- Drug Dependence
- Other Psychological / Psychiatric Disorder
- Paranoid
- Psychotic
- Anger issues / temper /violence
- Severe stress
- Sleep problems / insomnia

Additional barriers/comments identified post commencement in Job Services Australia

Additional factors identified after gateway service appointment - CATT team intervention week prior to referral. Job seeker was immediately referred to psychologist/psychiatrist for mental health assessment/treatment. EPF allocation has been used.

Stream 2 **Conditions and personal factors documented in the JSCI:**

- ADHD
- Anxiety
- Asthma
- Domestic violence
- Skin Disorder
- Risk of homelessness
- Severe stress

Additional barriers/comments identified post commencement in Job Services Australia

This Youth Job Seeker currently experiencing significant transitional issues following domestic violence and forced relocation all impacting heavily on job seekers mental stability.

Stream 2 Conditions and personal factors documented in the JSCI:

- Anger issues / temper / violence
- Risk of Homelessness
-
- Self esteem/motivation /presentation issues
- Severe stress
- Sleep problems/ insomnia
- Relationship breakdown

Additional barriers/comments identified post commencement in Job Services Australia

Job seeker currently couch surfing with no permanent accommodation prospects. Accommodation services in the region are limited due to high demand and the providers scope for assistance they can provide is limited due to EPF rules around accommodation assistance for Stream 2.

ATTACHMENT 2: EXAMPLES OF NESA'S PROFESSIONAL DEVELOPMENT PROGRAMMES

- Working with Clients Who Have Alcohol & Drugs Issues
- The Disability Services: Quality Practice = Quality Outcomes Workshop
- Managing Challenging Client Behaviour
- Supporting Job Seekers with Mental Health Difficulties
- Managing Complex Case Loads
- Motivational Interviewing
- Managing a Dual Diagnosis with Job Seekers
- Suicide Prevention
- Demystifying Mental Health Issues
- Understanding Mental Illness and the Long Term Unemployed
- PosAbility – A Positive Approach to Disabilities
- Disability Pre-Employment Instrument and Disability Maintenance Instrument
- Issues pertinent to the health and wellbeing of families
- Suicide is Everybody's Business
- New Procedures, New Opportunities, working with clients with alcohol and other drug issues
- Understanding Vocational Rehabilitation – Understanding Ongoing Support
- The Future of Disability Employment Services
- Social Inclusion Strategies for Disadvantaged Groups
- Understanding and Managing Borderline Personality Disorder
- Disability Employment – Preparing for an Ongoing Support Assessment
- Mental Health First Aid Certificate
- Working with Clients with Acquired Brain Injury
- Identifying and Managing Clients with Foetal Alcohol Syndrome