



Standing Committee on Education and Employment Inquiry
Mental Health and Workforce Participation

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To the Secretary

House Standing Committee on Education and Employment

House of Representatives

PO Box 6021

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Canberra

ACT 2600

Australia

Anglicare Tasmania is pleased to provide a response to the House Standing Committee on Education and Employment Inquiry, on *Mental Health and Workforce Participation*.

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1. Executive Summary

In order to address social disadvantage and promote social justice, Anglicare has been supporting Tasmanians experiencing a range of life difficulties, including mental ill health, for almost 30 years. Anglicare has found that supporting people towards greater participation in their community, including workforce participation, is a highly practical means of achieving social inclusion for disadvantaged Tasmanians.

This submission is based on the feedback and advice of approximately thirty people with lived experience of mental ill health and workforce participation - service users or consumers of mental health services. Their recommendations offer principles to support greater workforce participation for people who live with mental ill health.

Principles for supporting people towards greater workforce participation:

1. It is useful to remember that people who experience mental illness also experience mental wellness.
2. Participation in the social and economic life of your community supports mental health.
3. Community participation helps to keep people well, taking pressure off health services, including mental health treatment facilities.
4. Workforce participation includes all opportunities that assist people to move towards greater participation in the social and economic life of their community.
5. Various social structures assist people towards greater workforce participation, including: adequate income, affordable housing, access to health services, affordable essential services (including transport), opportunities for education, training and employment, and freedom from discrimination.
6. Sustainable workforce participation requires a good match between employer needs and employee skills, the development of resilient relationships, high levels of care and safety, a good match between work ethic and recompense, and flexibility.
7. In addition to education, training and employment, people move towards greater participation in the economic life of their community through the following kinds of experiences: *Recreation* (opportunities for social connection, physical activity and enjoyment), *Enrichment* (personal care, skill development, confidence-building), *Mentor relationships* (including apprenticeships), *Health and wellbeing interventions* (including counselling, therapy, rehabilitation, and specialist treatment services), and opportunities for *Reciprocity* (making a contribution, receiving support).
8. When workplaces, training venues and educational settings are supportive of people who experience mental ill health, they are more supportive of all people.
9. People who live with mental ill health benefit greatly – and have much to offer – when they are engaged in the economic life of their community.

2. About Anglicare Tasmania

As one of Tasmania's largest community organisations, Anglicare Tasmania is committed to social justice and to supporting people in need to reach fullness of life. As part of our commitment to supporting disadvantaged Tasmanians towards greater social inclusion, we deliver a range of services that aim to connect people with the social and economic life of their community, including in areas of family support and counselling, alcohol and other drug services, disability and aged care support, mental health, accommodation support, employment services and training.

Of direct relevance to the current Inquiry, Anglicare delivers a range of services to support people living with mental ill health, and is a member organisation of the Mental Health Council of Tasmania (the state representative body for Tasmania's community mental health sector). In addition, we deliver an Australian Government funded Disability employment service, and are a member organisation of Disability Employment Australia (the national representative body for Australia's Disability Employment Network). Our organisation has previously been involved as a provider of other employment services, including Job Network, Work for the Dole, Green Corps, the Personal Support Program and Job Placement, Employment and Training. We have found that assisting people towards education, training and employment concurrently assists people's health and wellbeing, and social inclusion.

A key benefit of placing both mental health and employment services within a large non-government organisation such as Anglicare Tasmania is the ability for that service to cross-refer clients, both within and beyond its own service settings. In Anglicare's case, people can be supported within alcohol and other drug counselling programs, mental health services, disability support programs, housing and homelessness services, and family services at the same time they are seeking greater economic participation, including participation in education, training and employment. Within our organisation, staff from various service areas and programs work together to improve social inclusion for people living with mental ill health, across our suite of support services. Partnerships such as these concurrently enhance health and wellbeing aims alongside aims of workforce participation.

Our response to the current Inquiry is predominantly based on feedback from service users (consumers) with lived experience of mental ill health and workforce participation, as well as from organisational knowledge, staff observations and expertise, and research.

3. Introduction

Anglicare Tasmania welcomes this opportunity to contribute to the Standing Committee Inquiry into Mental Health and Workforce Participation in Australia.

From a long history of supporting Tasmanians experiencing a range of difficulties, Anglicare has learned a great deal about assisting people towards greater participation in the life of their community, including workforce participation. From literature evidence (research) and practice-based evidence (what we have learned works well), it is clear that theories associated with *mental health promotion and recovery*, aims of *social inclusion*, frameworks relating to *economic participation*, and basic *human rights* all have high relevance to this Inquiry investigating mental health and workforce participation. However this submission focuses on what people with lived experience of mental ill health and workforce participation have told us.

This submission is based on feedback and advice from approximately 30 people with lived experience of mental ill health and workforce participation - most of whom are engaged in Anglicare Tasmania services as consumers – and a small number of staff. Information was gained through 16 individual written responses, six one-to-one interviews, and three focus group conversations. A collation of this feedback has led to a list of principles that we believe will assist people who live with mental ill health towards greater participation in their community, including greater workforce participation.

It is clear that for some respondents, the right kind of work improves mental health. For example:

First, it means you're earning money (and poverty is a predictor of poorer mental health). You increase your self esteem and sense of purpose (again, only if you're in the right job). It forces you to get out of bed in the morning – the alternative is yet another day with the black dog at your feet. You build relationships with people at work (if you're in the right job) – the alternative is you're alone – another predictor of poor mental health. Socialisation is critical. Work stimulates the mind. It can feed positive emotions into us as we begin to achieve things. It takes our mind off ruminating and negative or self-sabotaging thoughts and ideation by providing a positive distraction. It produces a "good" tiredness so you sleep better. It gives you an opportunity to "test" yourself and see how your recovery is taking place. If you stay at home all day, you don't realise you've improved unless you "test" it. And all of this is predicated on having the right job. The ideal is one that taps your strengths and passion, which is structured to suit your temperament and stage of recovery, with an employer who can work with [mental illness] consumers and knows how to best manage them, and workmates who are agreeable.

4. Responses to the Terms of Reference

Feedback from people with lived experience of mental ill health and workforce participation is organised here according to each Term of Reference. Responses are provided in raw form, under the Term of Reference to which they relate.

It is important to note that responses suggest that workforce participation is considered just one of a range of means of achieving greater social and economic participation in the community. Whilst employment may be considered an ultimate aim for some, other people focus on aims of greater social connection, opportunities for personal development, a stronger sense of belonging, and engagement in other forms of meaningful activity. For some, these aims are equally, if not more important than employment. It is apparent that all of these forms of participation are important for maintaining and protecting mental health.

Where a respondent has referred to experiences of social or economic participation in their community but is not referring to employment, the term 'economic participation' is used in place of 'workforce participation'. From this perspective, economic participation refers to the whole spectrum of options and pathways that are connected with, and may lead to, workforce participation - but which may never lead to employment for some people.

Our definition of economic participation is relatively broad, and includes (but is not restricted to) the following kinds of experiences:

- *Education* – includes primary, secondary, tertiary, adult and specialist education
- *Training* – includes accredited training, vocational training, workplace training, etc.
- *Employment* - includes paid casual, part time, and full time work
- *Recreation* – includes social connection, physical activity, creative expression, etc.
- *Enrichment* – includes personal care, skill development, confidence-building, etc.
- *Mentor relationships* - includes apprenticeships, helping relationships, etc.
- *Health and wellbeing interventions* - includes counselling, therapy, rehabilitation, specialist treatment services, etc.
- *Reciprocity* – any other experience that includes opportunities for mutual support, including opportunities for people to make useful contributions and/or receive useful support

The following three sections provide responses from people with lived experience of mental ill health and workforce participation, based on the Inquiry Terms of Reference.

4A. Barriers to participation in education, training and employment of people with mental ill health

Symptoms of mental illness can prevent some people from feeling capable or ready to engage in economic opportunities. For example:

Since my first mental illness experience I haven't tried to gain education, training or employment, because I've been unwell.

I haven't tried to gain education, training or employment because of my lack of concentration. And lack of incentive.

Yes, I tried to gain employment. I stopped training. But couldn't keep up with that.

I set up as a contractor and took a farm labourer position also part time repairing fences. I found this difficult because of the paperwork involved, sending out invoices, reconciling the books etc. That was really difficult.

A clear continuing barrier to participation in education, training and employment is a lack of support and a lack of information about supports that are available. It is not uncommon for people who live with mental illness to have experienced a disruption in their earlier attempts to complete education or training, meaning that they may need extra support in specific areas. For example:

I needed support. Was part way through a Master degree in Arts, but couldn't keep up with that.

Lack of information about the services available to people with a disability.

I tried to complete University studies in history. I couldn't complete the course by correspondence as my computer skills weren't sufficient.

Inappropriate surroundings and learning methods were highlighted as a barrier to participation in and completion of education and training. For example:

Although student counselling support is available, mainstream education classes are quite often not suitable for people experiencing positive symptoms (e.g. paranoia, A.B.I, etc.).

The pressures of assessments (stress) can become a trigger for becoming unwell.

The evidence from service users indicated that stigma and discrimination in relation to mental illness still exist in the Tasmanian community. Respondents described experiences of feeling

misunderstood and vulnerable, worrying if their workmates would find out or if their employers would let them attend appointments, and experiences of being kept on casual staff lists rather than being offered permanent work. For example:

People treat you like you've got the plague.

There's a lack of general support for when people are experiencing difficulties in their employment or study.

No places available – I went and inquired about computing and had an interview at TAFE. Was told there were no vacancies for 8-9 years. Went to an employment agency [name removed] and was told the same thing. The same story.

Mainstream education classes are quite often not suitable for people experiencing positive symptoms (e.g. stigma, bullying).

You can't run a business from a housing commission home.

Another barrier to seeking paid employment is the risk people face of losing their Disability Support Pension – and the fear of relapsing into an episode of mental illness without any income at all. For example:

It is a deterrent for people to do 20/ 30 or more hours employment as they lose their DSP, housing rental goes up to full market rental & there is not much extra money per week for their contribution. There is a cooling off period for people to go back onto the DSP. Also, this could include the person paying full costs for medication.

Additional barriers cited by respondents relate to the physical practicalities of attempting to attend workplaces, training venues and educational settings. For example:

- *Lack of public transport*
- *Cost of transport*
- *I need ramps up things. And support to get places.*
- *Having a hearing disability has stopped me.*

4B. Ways to enhance access to and participation in education, training and employment of people with mental ill health through improved collaboration between government, health, community, education, training, employment and other services

Because people living with mental ill health are often living on low incomes and experiencing severe financial strain, access to essential goods and services can be compromised. For this

reason, an examination of mental health and workforce participation must take into account the physical, practical and financial realities of living in poverty. Clearly, the meeting of basic human needs is essential in order to support workforce participation, as the following quotes demonstrate:

- *Housing is needed!*
- *Housing and rehabilitation*
- *Transport. No cost*
- *Transport. Free cost*
- *More public transport*
- *Transport!*
- *Transport. And empathy, support and understanding*

The settings in which education, training and employment take place appear to have an effect on either assisting participation, or making participation more difficult. For example:

A computer course made available at a place I feel comfortable in – I will finish the Uni course that way.

Have a small group for the course, in a local area.

The training environment needs to be suitable for people with M.I [mental illness] to be relaxed & safe & a place where they can best take on new studies without fear. It has been common for participants to get to a certain stage in their training & then drop out due to the stresses involved – even with support; again, more suitable training & support should be available.

More correspondence courses made known and available (N.B Paranoia prevents me from attending regular courses).

Possibly NGO's setting up specific programs to assist MI [mental illness] consumers into training or employment or training existing employment agency staff or a champion in the existing agencies as to how to assist MI consumers, increase their level of knowledge and skill in dealing with MI consumers.

For some, specific training is needed. For example:

Other courses to help gain more skills. Literacy courses seem a good idea to improve written communication.

Computer training for isolated groups within the community, at all levels of learning, in a safe environment.

Specific tasks associated with seeking education, training or employment are more difficult for some people living with mental ill health. The following practical suggestions were offered in relation to supporting people towards education, training and employment. For example:

Let us know what's out there.

Better support for people when they are experiencing difficulties with their employment or study.

I think [job] applications that require great reams of selection criteria and paperwork and all the bureaucratic hoops we make people jump through have got to be reduced to something that someone with MI [mental illness] could at least attempt. Also, having someone assist with this side of things would probably be invaluable. If someone doesn't have a PC [personal computer] to do this, then it would involve them going to a library etc. and it would just do their head in. Also, advertisements and job descriptions in plain English would help. Trying to figure out what all the jargon is would certainly do someone's head in.

Asking them in the interview questions like "how can we structure your work environment so it is a good place for you to be productive?" would be good questions.

In relation to better linkages, and smoother pathways between services and agencies, the following advice was offered:

More information about the services available to people with a disability.

More places available. More vacancies in education, training and employment.

Closer links between CRS Australia and the Department of Employment and Education.

More chances of gaining employment out of doing a course.

Training – needs to be there. And transitioning. So you don't get stuck in a place that pays you nothing.

Specialist employment providers working collaboratively with participants, employers, families & support staff are required. This support needs to continue on in the work place until the participant is comfortable & also needs to be ongoing, as required.

Employment agencies need to be linked in [names of agencies have been removed].

In order to provide advice for what works, some respondents offered success stories. For example:

My fears make me unlikely to join the workforce again so novel writing is what I want as a career to support myself. I completed a creative course in novel writing and have written a novel (not published yet).

I've been successful with voluntary work, with support from a supervisor and staff – with empathy and patience. Through support workers I've been able to do that – they know about the support services [name has been removed].

I started picking tomatoes at a local greenhouse part time and really enjoyed that.

4C. Strategies to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health

In relation to support that others can provide in educational settings, training venues and workplaces, respondents provided clear advice. Some of their advice related to a need for more compassion and understanding. For example:

More encouragement.

Someone to understand you.

Teachers need to understand. People need to understand.

Empathy, understanding, patience, softness and gentleness, kindness, acceptance, no discrimination.

Knowing that lived experience is valued would help people feel comfortable and appreciated. I think for someone with MI in recovery, they definitely bring a lot to the table.

Work to what you can work at. No one pushing or yelling at you. A supportive workplace. That would help.

Support people when they are experiencing difficulties with their employment or study.

Some advice relates to specific support people can offer. For example:

Sharing of information about the services available to people with a disability.

Working on a one to one basis.

Specialist training classes could be an option, collaboration with employers, trainers, and family, mental health support staff could help identify what strengths/ skills / knowledge are required for positions then appropriate training courses developed & completed by interested participants.

Having people to talk to who know their stuff and are good at being patient and explaining things and putting people at ease is invaluable. Sometimes people who are technocrats who have no people skills who sit all day in front of a PC and phone, are hopeless and understanding and explaining.

Family members and friends can help the person with MI to do the things they need help with. Everyone is different, so instead of just getting in there and doing stuff for them, asking "what can I help you with?" or "do you need help with this stuff?" are really good questions. You can't assume or predict what any given individual will need help with. Doing it for them all the time disempowers them and doesn't give them dignity. Doing it WITH them is the key. Moral support is invaluable.

Asking questions like this also helps the person with MI unpack why they balk at certain things. The answers can be very informative to both parties.

Some advice relates to conditions, treatment and fairness. For example:

A common complaint in relation to employment is that there is a requirement to start early in the am. For jobs, people taking anti psychotics & other strong medications are not always able to get up early & the functioning capacity may be hindered by the effects of the medication.

It really is important to have mental health friendly work places/employers & for the participants to feel safe at their work place, with ongoing non clinical & clinical support available, as required.

Advocating for better pay rates.

Again, lowering the bureaucracy and red tape makes things more accessible.

Again, anything that reduces stigma and discrimination will support people living with mental ill health:

More advertising to reduce stigma and fear in the wider community (like in New Zealand and England). Reducing stigma will enable me more likely to attend courses in a local area for example [the name of a local education facility was removed].

5. Additional feedback

It is clear that for many people living with mental illness, workforce participation is seen one way of connecting with others:

I'm just wanting to be more a part of the community.

Many people articulated the benefits of education, training and employment for them.

Responses included:

You gain more confidence, learn more skills, employment helps in social ways with other people.

These things very important. Makes you feel happy. These places very good [names of community support services have been removed].

Participation is good for mental health – gives you more confidence, learn new skills, interaction with other people, getting qualifications, gives a reason to get out of bed.

Participation in education, training and employment is very good for mental health and keeping me mentally well. It improves self esteem and gives a sense of achievement and that you are part of a wider community. You can follow your own path. There's less isolation and less feelings that you are strange. Improved confidence.

Participation is very important for confidence.

I get confidence, happiness, a part of your community, content, learn new skills, qualifications, a reason to get up, a purpose.

It is very important to me to make me feel that I am offering something in return to pay back the help I have been given whilst unwell. I feel much happier then.

Participating in education, training and employment means goals are achieved and you feel better about your mental health.

One man who believes that his mental health is better when he's working, articulated the need for work to be suitable and sustainable if it is to be beneficial:

You need the right amount of the right job in the right context. It may be possible to get two out of three of these conditions met. For example, I picked tomatoes (didn't tap my skills and strengths) but it was the right context and the right amount of work. It was physical so improved my health (diet, sleeping, fitness). It was flexible, part time and the people were all pretty nice and the environment one of greenery and warmth. I was able to de-tune my overactive rumination because I didn't have to think much. I guess it was the right job for me at the time.

A number of people were able to list other forms of social and economic participation that are beneficial to them, including maintaining and protecting their mental health:

These things are also good for my mental health: social activities/groups, church, volunteering, education, art/music, sporting clubs/groups, gyms (with subsidies) and glee club.

Social clubs that understand are good for my mental health So are aunties and uncles.

As well as education, training and employment, other ways to participate are good. Social groups with others who have mental health issues are good. Would be good if each town had a group. Art groups are good – good therapy. Walking groups.

All participation is good – at the program [name removed] there's always a worker you can talk to.

Community participation is good for my mental health and keeps me mentally well. For example this place [name of support service is removed] – for socialising, having a meal, watching television, going on outings, barbeques, bus trips, outings to the cinema. We connect for social club, outings etc. etc.

Support places are good for my mental health, and things like socialising in groups, clubs, gyms, walking and exercise, church, volunteer work.

Finally, two more short success stories are provided:

Since first experiencing mental ill health, I've done a Cert I, II, III and IV in Community Services, and I've worked night filling at a supermarket. I was able to do this with support from a case worker from a recovery team.

Eventually I started looking for a job more in line with my qualifications and started looking in the paper for something that I could get excited about and saw a job in Mental Health with an organisation [name removed]. I wasn't sure how I would cope

with more intellectual work than physical labour, but it was only part time, so I thought I might be able to cope. Because I really can't handle a lot of paperwork, I wasn't interested in doing reams of work to submit an application. I figured if they could only meet me, then they would know if I was appropriate. I wrote a one page letter explaining that I had lived experience and was in recovery and attached to that a one page resume (no BS to pad it out). I was successful and have had the job for the last 18 months.

6. Conclusions

In order to address social disadvantage and promote social justice, Anglicare has been supporting Tasmanians experiencing a range of life difficulties, including mental ill health, for almost 30 years. Anglicare has found that supporting people towards greater participation in their community, including workforce participation, is a highly practical means of achieving social justice and social inclusion.

This submission was based on the feedback and advice of approximately thirty people with lived experience of mental ill health and workforce participation. All are engaged in Anglicare Tasmania services, mostly as consumers, some as staff. As well as providing detailed advice for removing barriers and increasing access to education, training and employment, their feedback has led to a list of principles that may assist the Australian Government to support people who live with mental ill health towards greater participation in their community, including workforce participation. This list of principles is provided for consideration by the Standing Committee on Education and Employment.

Principles for supporting people towards greater workforce participation:

1. It is useful to remember that people who experience mental illness also experience mental wellness
2. Participation in the social and economic life of your community supports mental health
3. Community participation helps to keep people well, which takes pressure off downstream health services, including mental health treatment facilities
4. Workforce participation includes all opportunities that assist people to move towards greater participation in the social and economic life of their community
5. Various social structures assist people towards greater workforce participation, including: adequate income, affordable housing, access to health services, affordable essential services (including transport), opportunities for education, training and employment, and freedom from discrimination

6. Sustainable workforce participation requires a good match between employer needs and employee skills, the development of resilient relationships, high levels of care and safety, a good match between work ethic and recompense, and flexibility
7. In addition to education, training and employment, people move towards greater participation in the economic life of their community via the following kinds of experiences: *Recreation* (opportunities for social connection, physical activity and enjoyment), *Enrichment* (personal care, skill development, confidence-building), *Mentor relationships* (including apprenticeships), *Health and wellbeing interventions* (includes counselling, therapy, rehabilitation, specialist treatment services), and opportunities for *Reciprocity* (making a contribution, receiving support)
8. When workplaces, training venues and educational settings are supportive of people who experience mental ill health, they are more supportive of all people
9. People who live with mental ill health benefit greatly – and have much to offer – when they are engaged in the economic life of their community

Anglicare Tasmania wishes to thank the Standing Committee on Education and Employment for this opportunity to provide input to the Inquiry into mental health and workforce participation. We are willing to provide additional information at the Hobart hearing on November 4th 2011 if considered useful.