



MENTAL ILLNESS FELLOWSHIP of Australia Inc

MENTAL ILLNESS AND EMPLOYMENT – challenges for the future

Paper 4 in a Series of 5 Position Papers to raise awareness of the needs of people with a mental illness in Australia

For more information and a summary of all 5 papers, (40,000 people missing out on mental health services) visit the MIFA website www.mifa.org.au

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The Members of MIFA are the:

- *Schizophrenia Fellowship of New South Wales*
- *Mental Illness Fellowship of North Queensland*
- *Mental Illness Fellowship of Queensland*
- *Mental Illness Fellowship Victoria*
- *Mental Health Carers Northern Territory*
- *Mental Illness Fellowship of South Australia*
- *Mental Illness Fellowship of Western Australia*
- *ARAFMI Tasmania*

Combined, these organisations have fifteen thousand members, many of which are family or corporate members and therefore represent many more people than the membership number.

From the President

The Mental Illness Fellowship of Australia (MIFA) is a not-for-profit coalition of mental health organisations that supports people with serious mental illnesses, their families and friends. Such illnesses include schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorders and anxiety disorders. MIFA is committed to maximising opportunities for recovery through hope, choice and improved capacity for decision making for all people affected by serious mental illness.

MIFA is the largest grass-roots organisation in mental health in Australia with in excess of 15,000 members within its eight member organisations. The majority of members are consumers and carers with approximately 20% of membership being organisations, mental health services, health professionals and others.

The role of community based service providers is to work with and support people with mental illness to self manage their illness and to be active in their own recovery, acknowledging that each person's journey of recovery is a personal process.

In 2007, MIFA undertook the "Australians Talk Mental Illness" survey. We received more than 2,000 responses from people with mental illness, family members and carers, other members of the State and Territory organisations and medical professionals.

The responses presented a compelling snapshot of the experiences, opinions and feelings that a variety of Australians have towards mental health issues. The key Federal issues identified included:

- **Appropriate housing and support;**
- **Consumer and carer education and support;**
- **Social security impacts on consumers and carers;**
- **Employment opportunities; and**
- **Research to develop evidence based service models delivered in the community.**

In 2010 MIFA has commissioned research to provide an update of the issues identified in the survey of 2007. The result is a series of 5 position papers which are available on the MIFA website.

The papers also seek to identify progress in these priority areas since the last federal election and those matters that require urgent action, some outstanding for many years.

We need fundamental reforms and increased investment across all sectors involved in supporting people with mental illness if we are to better meet the needs of Australians with a mental illness, their family members, friends and carers.

The Governments own estimates are that more than 50,000 Australians with severe and persistent mental illness urgently require support from community mental health services.

In the last three years, new funds obtained through the COAG initiatives appear to have reached 10,000 people, 40,000 Australians are still waiting.



ROB KNOWLES
CHAIRPERSON MIFA

The Facts

1. 60.1% of respondents to the MIFA “Australians Talk Mental Illness” survey identified employment and employment support as a key issue for people with mental illness. This was second only to housing and housing support (70.1%).
2. In Australia, it is estimated that of the 16 million people aged 16–85 years, approximately half (7.3m people) will experience a mental disorder in their lifetime and one in five Australians (20% or 3.2m people) had a mental health disorder in the last 12 months.¹
3. Most of the disease burden for a person with cancer or cardiovascular disease is due to premature death. However, for people with a mental illness it is the result of living for years with disability resulting directly from their mental illness, and associated physical disabilities, particularly those arising from lack of physical activity, poor diet and tobacco use.
4. People with mental illness are among the most socially and economically marginalized members of the community².
5. The workforce participation rate for people with mental illness in Australia in 2003 was 28.2% and the unemployment rate was 19.5%. This compares to 48.4% and 7.7% respectively for those with physical disabilities³ and 63.4% and 5.9% respectively for the general population.⁴
6. Australia is ranked among the lowest of all OECD countries for rate of workforce participation by people with disability, including those with mental illness.⁵
7. 63% of people with psychological disability had no post school qualifications as their highest level of educational attainment. This compares to just over half of people with physical disabilities.⁶
8. Unemployed Australians have high rates of mental disorder, a prevalence rate of 26% for unemployed men and 34% for women.⁷
9. Mental illness often combines with a range of other issues such as limited education, substance abuse, criminal records, physical health, and homelessness which further impedes movement into competitive employment.⁸
10. People with mental illness are the largest disability group accessing disability employment services and have the poorest outcomes for gaining and maintaining employment.⁹
11. People with mental illness report that they want work, see employment as feasible, important to their recovery, and often as an unmet need.^{10 11}
12. Estimates of the annual costs of the productivity losses attributable to unemployed people with a mental illness range from \$10 to \$15 billion.¹²
13. In 2002 the costs to Australia of schizophrenia alone was \$1.8 billion per year or 3% of Gross Domestic Product.¹³

EMPLOYMENT AND EMPLOYMENT SUPPORT

Overview of issues

Employment is a central mechanism by which people are integrated into society and the productive activity by which we are defined and through which we also define ourselves. It is also the primary means by which financial income is generated to purchase essential goods and services. A lack of employment can therefore lead to social exclusion, poverty, poor mental and physical health, and homelessness.¹⁴

People with mental illness experience higher rates of unemployment and lower rates of labour force participation than any other disability group. As a result, people with mental illness are among the most socially and economically marginalised members of the community.²

We know from a range of research that people with a mental illness want work, see employment as feasible, important to their recovery, and often as an unmet need.^{9 10 11} Despite the desire to participate in the labour market, a large proportion of people with mental illness are failing to secure competitive employment or sustain it once there.

This represents a substantial waste of the nation's economic potential. Estimates of the annual costs of the productivity losses attributable to joblessness among people with a mental illness range from \$10 to \$15 billion.¹² The figure reinforces the need for governments to invest in services and measures to improve economic outcomes for people with mental illness.

Increasing workforce participation among people with mental illness will not only improve the social and economic standing of this population group, but will have the additional advantages of potentially reducing government expenditure on social assistance, increasing tax revenues and increasing the supply of labour offsetting some of the impacts of population ageing.

There are two major factors that contribute to the employment outcomes for people with a mental illness. They are *access to appropriate assistance and support to obtain employment and access to assistance to maintain employment*.

This Position Paper outlines a range of challenges for the future. The top three priorities are:

- **A Commitment from all parties in Government to maintain a National Mental Health Employment Strategy**
- **A commitment from governments to maintain and increase investment in specialised employment services for people with mental illness that are based on evidenced best practice.**
- **A collaborative linked system across programs and agencies that provide employment, housing, social and mental health services to people with mental illness.**

A NATIONAL MENTAL HEALTH AND DISABILITY EMPLOYMENT STRATEGY

Despite the COAG National Action Plan on Mental Health 2006-11, a comprehensive national strategy to address the social and economic marginalisation of people with mental illness has been slow to eventuate. This is despite numerous recommendations from academics, advocacy groups and even the Human Rights Equal Opportunity Commission to do so.¹⁵

However in September 2009, for the first time in Australia's history, the Australian Government released a *National Mental Health and Disability Employment Strategy*.

The *National Mental Health and Disability Employment Strategy* identified that people with a mental illness are a large group amongst the unemployed and face significant barriers to employment. Furthermore 'it recognizes the importance of education and training as a pathway to sustainable employment, and the role of employers in increasing employment opportunities for people with disability'.¹⁶

MIFA welcomes and supports the *National Mental Health and Disability Employment Strategy*. It sets out six areas for action aimed to assist Australians with disabilities, including mental illness, into work. These are: engaging people with disability, improving disability employment services, providing better access to education and training, supporting and encouraging employers, improving public sector employment of people with disabilities, and pursuing innovation strategies

While the *National Mental Health and Disability Employment Strategy* is demonstrating a number of very promising early outcomes, it is too early to determine the effectiveness of the strategy against its stated objectives.

MIFA endorses positive steps to improving employment outcomes for people with mental illness, but only as an initial starting point for ongoing provision of employment support to people with mental illness, their carers and their employers.

MIFA is willing to work with government to ensure that the implementation of these programs is grounded in evidence-based best practice, and that there is the capacity to further enhance employment programs and services for people with mental illness.

Despite the increased focus on education and employment and the acknowledgement by governments of the social and economic marginalisation of people with experience of mental illness, there are no targets contained in *Mental Health and Disability Employment Strategy* to measure improved education and employment outcomes for people with a mental illness.

Furthermore, the Fourth National Mental Health Plan also identifies employment outcomes as a significant issue but as yet has set no targets to measure improved employment outcomes for people with mental illness.¹²

WHAT AUSTRALIA NEEDS

- **A Commitment from all parties in Government to maintain a National Mental Health Employment Strategy.**
- **A commitment from all parties in Government to increase the participation rates of people with a mental illness from 28.2% to 50% by 2020.**
- **A concurrent commitment to the regular collection of data that accurately monitors the employment status of people with mental illness.**

SPECIALISED EMPLOYMENT SERVICES

People with mental illness are the largest disability group accessing disability employment services and have the poorest outcomes in terms of both securing and retaining employment.^{9 10} This suggests that despite the availability of assistance in Australia, the majority of people with mental illness are effectively excluded from many employment opportunities.

Evidence from a range of research makes it clear that people with mental illness want work, see employment as feasible, important to their recovery, and often as an unmet need.^{10 11 13}

We also know that employment makes a significant difference to the wellbeing of people with a mental illness by increasing their self-esteem, lowering levels of symptoms, contributing to them feeling less isolated, enhancing social skills and providing structure and purpose to everyday living.⁸

Unfortunately there are numerous barriers to sustainable employment for people with a mental illness. These include community and workplace stigma, the impact of mental illness and associated treatment, low expectations from health professionals, and personal barriers such as physical health problems, drug and alcohol issues, family breakdown, homelessness and social isolation.

To counter these disadvantages, more effective assistance is critical to increase prospects for social and economic participation for people with mental illness.

International research has identified that specialised supported employment that integrates employment services is most effective in assisting people with mental health to gain employment.

It has been found that 40-60% of participants in specialised supported employment programs achieved employment outcomes.¹¹

An evaluation of programs based on this model has identified key elements that contribute to successful employment outcomes for people with mental illness:

- Eligibility based on consumer choice (no one is excluded)
- Integration of vocational rehabilitation with mental health care
- A goal of competitive employment
- Rapid commencement of job search activities
- Services based on consumer preferences
- Continuing support to retain employment
- Advice about changes in income support entitlements¹⁰

Assistance aimed at restoring access to educational opportunities is also part of a good practice approach to employment for people with severe mental illness. There is emerging evidence that supported education programs with comparable features to the supported employment model contribute to improved employment outcomes for people with mental illness.¹⁰

It is important to highlight that some people with mental illness may not want to obtain competitive employment because either they do not feel able to cope with the demands of work, or have other preferred roles such as parenting, studying or volunteering. Alternative opportunities such as sheltered workshops, transitional employment/clubhouse models, volunteer work and social enterprises should be made available to support the development of social skills and confidence.

MIFA welcomes and supports the \$1.2 billion investments in new disability employment services. It is supportive of those key elements incorporated in the services that are evidenced to be best practice in assisting people with mental illness into competitive employment. These include:

- A goal of competitive employment
- Demand driven
- Uncapped places
- Provision of flexible on-going support in the workplace.

However the efficacy of Australian employment assistance services for people with mental illness remains largely unknown due to multiple disconnected programs and fragmented data collection. Currently in Australia evaluation of specialised employment assistance is ad hoc and it is difficult to identify the effective programs, or the effective elements of programs that can lead to improved service development.

More work needs to be done, and a greater investment is needed to ensure that people with a mental illness have access to appropriate and specialised employment assistance and the individual ongoing support that they need to maintain their employment.

WHAT AUSTRALIA NEEDS

- **A commitment from governments to maintain and increase investment in specialised employment services for people with mental illness that are based on evidence-based best practice.**
- **An extension of the best practice principles that improve employment outcomes for people with mental illness to the broader Job Services Australia programs, particularly the provision of flexible on-going support once in employment.**
- **A commitment from governments for the ongoing independent evaluation of specialised employment services for people with mental illness in terms of effectiveness and cost-effectiveness to ensure the extension of evidence of best practice.**
- **The incorporation of mental health measures in the evaluation of all employment assistance programs.**
- **Increased funding to supported employment options and alternative employment activities.**

EFFECT OF SERVICE DELIVERY SILOS

People with mental illness may experience a number of other issues in addition to unemployment that further impede movement into competitive employment. These include limited education, substance misuse, criminal records, physical health problems, inadequate transport, poverty and homelessness.¹⁷

Assisting people with mental illness into employment mandates a well-coordinated and tailored response from multiple agencies providing services in the areas of employment, education, housing, housing support, mental health services and drug and alcohol services. Effective linking of different types of services and support is essential.

MIFA is encouraged by the renewed commitment for inter-sectoral collaborations in the National Mental Health and Disability Employment strategy, the National Disability Strategy, The Fourth National Mental Health Plan and the National Mental Health Policy. These strategies recognise the importance of cross system and sector collaboration for achieving better outcomes for people with mental illness. However, the inter-sectoral collaborations called for by the strategies have not been adequately evaluated¹⁰ and, for the most part, appear to not have eventuated¹³

For example, mental health services continue to be isolated from vocational rehabilitation services⁹ and evidence suggests that among mental health service professionals there is failure to recognize the significance of work, a tendency to focus on impairments and a lack of awareness of labour market opportunities and vocational assistance.¹³

There is currently an opportunity to improve employment outcomes for Australians with mental illness by enhancing the integration of vocational assistance with other social, health and welfare services and by increasing awareness among mental health professionals and other service providers of the importance of work and the value of vocational rehabilitation for people with mental illness.

WHAT AUSTRALIA NEEDS

- **A collaborative linked system across programs and agencies that provide employment, housing, social and mental health services to people with mental illness.**
- **A commitment to increase training of staff delivering health, housing, education services to people with mental illness about the importance of work and the vocational rehabilitation assistance available to people with mental illness.**
- **A concurrent commitment to increase training of all employment service providers about the importance of health, housing and education for people with mental illness and the variety of assistance available.**

SUPPORTING CARERS OF PEOPLE WITH MENTAL ILLNESS

Caring for a person with a mental illness can have major impacts on the carer's employment opportunities and outcomes. On average, carers contribute over 100 hours per week caring for those with mental illness.⁹ Therefore, having care obligations significantly affects whether or not a person can undertake paid work. Carers record employment participation rates nearly 12 percent below that of non carers (56.1% compared to 67.9%).¹⁸

The disruption to employment in the lives of carers contributes to the total cost burden of mental illness (personal and socio-economic).⁹

Decreased labour force participation is not the only cost of care. Research has found that carers and families of people with disability, including mental illness, experience high rates of mental health problems, poor physical health and relationship breakdown.¹⁹

Caring may also incur a significant financial penalty. One third of primary carers live in households whose equivalent incomes place them in the poorest one-fifth nationally²⁰. Almost 40% of carers and 55% of primary carers have government pensions as their main source of income¹⁸.

There is no body of knowledge about, or integrated approach to, supporting carers to address their education and employment needs. Nor is there any provision for supporting employers of carers of people with mental illness.

Currently carers and their employers are excluded from accessing employment assistance such as the New Employment Fund and wage subsidy scheme. Extending provision of these suits of assistance to carer and their employers could aid the funding of additional care leave or support to attend counselling.

WHAT AUSTRALIA NEEDS

- **There is a need to recognise and appropriately respond to the impacts of caring for a person with mental illness on the capacity for economic and social inclusion of carers.**
- **Extending the suite of employment assistance to the carers of people with mental illness and their employers.**

INCREASED SUPPORT TO EMPLOYERS

Increasing the employment outcomes for people with mental illness also requires an increased commitment to support and encourage employers to recruit and retain people with mental illness.

Evidence reveals that a significant number of employers and HR managers are highly reluctant to recruit people with mental illness, even in the face of existing labour shortages.¹⁵
²¹ Employers commonly believe that people with mental illness are a significant risk to the organisation due to the potential for loss productivity due to periods of leave, and disruptive behaviour.²¹

It has been estimated that the average cost to employers is more than \$9,000 per annum for every worker not seeking treatment for depression or anxiety.² Being able to accurately identify and provide support to these workers about the assistance available to them would therefore result in substantial saving to employers.

There are also significant benefits to employers in supporting employees with mental illness. Supporting the retention of workers with mental illness would have the benefit of avoiding the costs associated with hiring new employees and training them to the same level of productivity as the experienced worker.

Moreover, impending labour shortages resulting from population ageing makes it imperative to build more inclusive work environments and to increase the number and range of opportunities for people with mental illness to engage in meaningful employment.

While MIFA supports the current available suites of information and resources designed to assist employers and HR managers attract, retain and support employees with disabilities, including mental illness,, it has been found that employers do not generally associate mental illness with disability.²¹ Current resources such as JobAccess that do not differentiate between disability and mental illness appear unlikely to be considered by employers as a source of information about the employment of people with mental illness.

This suggests that employers need further education on the assistance available to them to support workplace inclusion of people with mental illness.

WHAT AUSTRALIA NEEDS

- **A more proactive approach to the education of employers to better understand mental illness to assist in bring about the attitudinal change necessary to ensure the effective inclusion of people with mental illness.**
- **A clear differentiation between mental illness and disability in current resources available to employers and HR managers (such as JobAccess).**

REFERENCES

- ¹ ABS (2007) cat no. 4326. 2007 National Survey of Mental Health and Wellbeing, Summary of Results.
- ² Mental Health Fact Sheet: Mental Health and Employment, Mental Health Council of Australia.
- ³ ABS (2003) cat no. 4430.0.55.002 Disability, Ageing and Carers, Australia: Disability and Long Term Health Conditions Table 17: Disability Groups By Labour Force Status and Industry Sector.
- ⁴ ABS (2010) cat no. 6202.0.55.001 Labour Force, Australia, Spreadsheets Table 01. Labour force status by Sex – Trend. Figures taken at August 2003.
- ⁵ Disability Investment Group (2009) *The Way Forward -A New Disability Policy Framework for Australia*.
- ⁶ ABS (2003) cat no. 4430.0.55.002 Disability, Ageing and Carers, Australia: Disability and Long Term Health Conditions Table 16: Disability Groups - By Social and Economic Characteristics.
- ⁷ ABS (2007) cat no. 4326. 2007 National Survey of Mental Health and Wellbeing, Summary of Results.
- ⁸ Perkins, D. (2006) Improving employment participation for welfare recipients facing personal barriers, paper presented at the Social Policy Association Conference, University of Birmingham, July 18-20.
- ⁹ VICSERV (2008) Economic Participation, Psychiatric Disability Services of Victoria.
- ¹⁰ Waghorn, G & Lloyd, C. (2005) *The Employment of People with Mental Illness*, A discussion paper prepared for the Mental Illness Federation of Australia.
- ¹¹ Bond, G R (2004) 'Supported Employment: Evidence for an evidenced based practice', in *Psychiatric Rehabilitation Journal*, Vol. 39. no. 13-14, pp. 2239-2260
- ¹² Fourth National Mental Health Plan — An agenda for collaborative government action in mental health 2009–2014 (2009), Commonwealth of Australia.
- ¹³ MHCA (2007) Let's Work Together: A National Mental Health Employment Strategy for Australia, Mental Health Council of Australia.
- ¹⁴ Moskos, M. (2007a) *Workforce participation in South Australia: Barriers and Opportunities*, report to the Department of Further Education, Employment, Science and Technology.
- ¹⁵ HREOC (2005) *WORKability II: Solutions, People with Disabilities in the Open Workplace*, Final Report to the National Inquiry into Employment and Disability, Human Rights and Equal Opportunity Commission.
- ¹⁶ National Mental Health and Disability Employment Strategy, Commonwealth of Australia, 2009.
- ¹⁷ Perkins, D. (2006) Improving employment participation for welfare recipients facing personal barriers, paper presented at the Social Policy Association Conference, University of Birmingham, July 18-20.
- ¹⁸ ABS cat no. 4430.0 Disability, Ageing and Carers: Summary of Findings, Australia, 2003.
- ¹⁹ Australian Institute of Family Studies (AIFS) 2008, *The nature and impact of caring for family members with a disability in Australia*, research report no. 16, AIFS, Melbourne.
- ²⁰ NATSEM, *The cost of Caring in Australia 2002-2005*, AMP income and wealth report issue 13, 2006
- ²¹ DEEWR (2008) *Employer Attitudes to Employing People With Mental Illness*, Commonwealth of Australia.