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Submission to Inquiry into mental health and workforce participation by the House of Representatives Standing Committee on Education and Employment

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1. Purpose, scope and structure of this submission

This submission will provide a summary of some potential policy implications of the latest clinical research evidence as it relates to the following two foci of the Inquiry:

1. Barriers to participation in education, training and employment of people with mental ill health
2. 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

The basis for this submission is the work that Orygen Youth Health Research Centre has done in the area of vocational rehabilitation for young people with psychosis and other mental illnesses. Therefore this submission will principally address the foci of the Inquiry as they relate to young Australians. However, many of the observations and recommendations would also be valid for older age groups.

This submission will consider employment outcomes and education outcomes separately, provide an overview of the current research context and then conclude with an overall set of policy recommendations. A selection of publications we have produced on this topic is appended to this submission.

2. Principal Recommendation

Mental health care and vocational support for young Australians with mental illnesses should be integrated and co-located in appropriately resourced youth platforms headspace and EPPIC.

3. Barriers to and enablers of better employment outcomes for young people with mental illnesses

3.1 Overview & Context

Rates of unemployment for young people at the onset of mental illness average around 50%[1]. This rate is significantly higher than same aged peers. As the illness progresses, the unemployment rate rises to 75-95%[2]. Figures of this magnitude are found in Australia and in other similar societies.

These high rates of unemployment persist even though people with mental illness rate returning to employment as their number one goal[3, 4] and that specialist government funded employment agencies for people with disabilities have been part of the employment network in Australia for well over a decade.

The existing way of working of these agencies has done little to reduce the proportion of people with a mental illness in receipt of a disability support pension (DSP). Minister for Mental Health Mark Butler was recently reported as noting that "mental illness is the largest primary condition for the disability support pension and it's growing faster than any other as well." People with mental illnesses also do more poorly in terms of employment outcomes than other disability groups.

Significant change in the supports available to people with mental illnesses is necessary if better outcomes are to be achieved. However, evidence-based interventions for people with mental illnesses that achieve significantly better employment outcomes for young people with mental illnesses currently exist and should therefore be implemented more widely.

3.2 Barriers to better employment outcomes for young Australians with mental illnesses

Barriers to young Australians with mental illnesses returning to employment include:

- Late intervention
- Different systems to negotiate
- Stigma & poor mental health literacy
- Structure of welfare entitlements

3.2.1 Late intervention

Mental illnesses tend to first emerge in youth and therefore often completely derail a young person from attaining critical educational and career benchmarks that are so crucial to the rest of their lives. For this reason, mental illness is the number one threat to a young person's opportunities for success with work and study. A young person who

has experienced psychosis is almost three times less likely to have completed secondary school than their peers and ten to twenty times more likely to be unemployed[5].

However, providing evidence based early intervention to young people with emerging mental illness is amongst the best possible strategies to prevent people progressing to a DSP in the first place.

Research in Melbourne[5] (by Orygen Youth Health Research Centre) and in the USA demonstrates that 85% of this group of young people can return to work or education if provided with an intervention that integrates in one service platform both timely, evidence based clinical care and intensive employment support. Orygen Youth Health has developed service platforms – headspace for moderate to mild mental ill-health and EPPIC for serious mental illness - that can provide this type of integrated clinical and employment support to young Australians. Currently these service platforms are not readily available to most young Australians who could benefit from them.

3.2.2 Different systems to negotiate

People with mental illness, who are clients of a mental health service and who wish to seek employment, automatically have to negotiate two bureaucratic administrations – the mental health and the employment systems. The difficulty of negotiation is not limited to actually understanding the requirements of each, but may be as simple as overcoming the geographic differences between agencies – i.e. just figuring out where the employment office is and how to get there.

This difficulty is compounded by poor to non-existent co-ordination between mental health and employment systems. The two different systems have two sets of priorities which are not always in alignment and not always well communicated. Co-ordination is made more difficult if there is no clear sense of which agency is in overall control.

A vignette from one of our studies[5] illustrates some of the barriers young people with mental illnesses encounter when attempting to negotiate the employment system. In a group of young people who were receiving treatment for serious mental illness but not receiving a specialist employment intervention we know that all 21 were referred to employment agencies. Only 10 of that group had an appointment. Of that 10, only 1 person had a job interview. That young person did not get a job.

Clients of Orygen Youth Health Clinical Program who present to employment agencies have also expressed frustration at the long period of assessment they must undergo before initiating job-seeking. This assessment period can be up to 2 months in which time no job searching is done. We have come to call this period ‘the de-motivation’ period.

Employment agencies have told us that this delay is required in order for the agency to meet DEEWR requirements. We believe that this period must be substantially reduced to provide optimum support and encouragement to young people with mental illnesses in their job seeking. People who are in the public mental health system often have easy access to medical certificates that will excuse them from job searching. In order to make this recourse less attractive, everything possible must be done to make the job searching process easy to access and quick to produce results.

We have also found that, consistent with the general community, there is a low level of mental health literacy among the staff of employment agencies. Furthermore, the marketing of employment services for people with mental ill health as "disability employment services" may actually miss the intended target audience. Most of our clients do not identify as having a disability and are consequently unlikely to follow-up an ad that asks "Do you have a disability and want to find work? " (the wording used in one disability employment service that was advertised in our waiting room).

3.2.3 Stigma and poor mental health literacy

There are two key areas of stigma about mental illness that need to be addressed to help achieve better employment outcomes for Australians with mental illnesses.

The first is what might be called societal stigma. This is the general stigma about mental illness that exists in the community. It manifests in the way that all stakeholders interact with someone who they know to have mental illness. It requires education and experience with people with mental illness to address.

Self-stigma is the stigma that people with mental illness direct at themselves. It results as a function of their having grown up in the same society, absorbing the same messages about mental illness as the rest of the population. It manifests in thoughts the individual may have about their capacity to work or the influence work may have on their mental state. It too needs to be addressed through treatment, but also through other stakeholders such as employment workers being empathetic to and addressing this.

Fear of stigma and discrimination discourages young people from disclosing their mental illnesses to potential employers. 95% of clients of Orygen Youth Health Clinical Program choose not to disclose that they have a mental illness to potential employers. In the main, they are concerned that pre-employment disclosure will lead to less likelihood of employment. Post-employment, a considerable proportion of these young people does disclose or has illness become apparent to employers and colleagues. In this situation, the support of the employment consultant can be important in ensuring that the job is maintained.

Lack of public understanding about mental illness has also resulted in a persistent myth that employment will be too stressful for people with mental ill-health and that it will consequently exacerbate illness, lead to relapse and possibly a sense of failure or embarrassment for the person with mental ill health.

This well intentioned but false view - prevalent amongst clinicians in the mental health services, people with mental illness and their carers - leads to influential people not encouraging people with mental ill health to take advantage of the employment or further education opportunities that may be available to them. This belief ignores the reality that unemployment and poverty are greater sources of stress than most jobs. The type and amount of work a person undertakes should of course be appropriate for their state of health. But most people experiencing a mental illness will do better with the right sort of work than with no work at all.

3.2.4 Structure of welfare entitlements

One of the key predictors of people with mental illnesses not returning to work is being in receipt of a DSP[6]. A benefit that preserves the dignity of people who cannot work remains important – but aspects of the DSP may present barriers to employment for people who could be able to return to work. In particular, there is anxiety amongst those receiving the DSP that they could be "penalised" for returning to work by the loss of future eligibility to their DSP benefits if they become unwell and unable to work again.

Consideration should be given to easing return to the DSP over a period of time after employment is commenced – that is, increasing the safety net effect. Further, we would suggest that consideration be given to preserving some of the benefits of the DSP such as concessions on transport and utility bills for a period after employment commences to ease the transition to employment.

3.3 Interventions to achieve better employment outcomes for young Australians with mental illnesses

There is a range of potential employment interventions for young people with mental illnesses. Many of these interventions are described in the appended paper - Killackey et al. 2006. These interventions include:

- *Social firms* - businesses that exist in order to provide an employment option for those usually marginalised from mainstream employment. While they do provide an employment option, they are not part of the open labour market, which is where most experts agree the most sustainable jobs exist.
- *Clubhouses* - defined by pre-vocational training. There is little evidence that this leads to obtaining employment in the open labour market.

- *Supported employment* - a group of interventions that are defined by getting people into employment and supporting them there.

Of these three methods the overwhelming evidence is in favour of supported employment and in particular the Individual Placement and Support (IPS) method of supported employment. IPS is the most defined form of supported employment and works according to the following seven principles:

  - Competitive employment
  - Open to anyone, no work readiness assessment
  - Immediate job searching
  - Integrated within a mental health program
  - Jobs based on consumer preference
  - Time unlimited support
  - Personalised benefits planning

The evidence for IPS includes:

  - 9 Radomized Control Trials (RCTs) in chronic schizophrenia where the average rate of return to work was 61% (compared to 23% in control conditions)
  - 2 RCTs in first episode psychosis with 85% (Melbourne) and 83% (UCLA) rate of return to work or education
  - 5 studies in total in first episode psychosis with 69% rate of return to school or work (compared to 35% in control group)

In comparison to IPS, approaches that engage in pre-vocational work skills type training have an average success rate of only 18%.

4. Education

4.1 Overview and context

The onset of mental illness often occurs at the same time that secondary education, or post-secondary education and training is being undertaken. This has the effect of, at best destabilising, and at worst, derailing this process. Consequently, many people with mental illness lack the educational qualifications to compete for all but the more menial and poorly paid occupations.

Education is an important contributor to employment outcomes. Data from both the general community and in the population of people with mental illness shows that completing high school is a strong predictor of future vocational success. In addition, each additional post secondary educational or training qualification is associated with higher earnings and lower unemployment.

Therefore supporting young Australians with mental illnesses to achieve appropriate education goals needs to be a recognised component of reform measures to help this group of young people to establish a career. It is important to differentiate this from pre-vocational work skills training which is often about things like understanding who to ask for leave, how a workplace works and the responsibilities one might have to an employer and vice versa.

4.2 Barriers to better education outcomes for young Australians with mental illnesses

Barriers to young Australians with mental illnesses completing education include:

- Onset of mental illness disrupting education and training
- Lack of educational outcomes for Job Services Australia (JSA) agencies
- No research on effective interventions

4.2.1 Onset of mental illness disrupting education and training

As mentioned above, the onset of mental illness can be extremely detrimental to the educational process, which for most people is what ultimately determines their success in the employment market. The key age for the onset of mental illness is 15-25, with over 75% of cases of mental illness having their onset by the age of 27 years. The onset of mental illness in this phase of life leads people to not achieve their educational potential, or to drop out of education and training altogether.

As the employment market requires greater degrees of qualification and training, not finishing high school or its equivalent, or not finishing post secondary training places the individual with a mental illness at a competitive disadvantage in the employment market. It condemns them to only being able to fill low paid jobs. Where the wages and social status of such jobs are on a par with the benefits and pensions that people with a mental illness may be otherwise qualified for and able to access, there will be little incentive to pursue employment.

4.2.2 Lack of educational outcomes for JSA agencies

In the course of our work we have met a number of people who were only a short distance away from completing various qualifications before they became unwell. When they engaged with JSA agencies they did not receive encouragement to return to and complete these courses. Instead they were placed in jobs that required no qualifications and encouraged to remain there until at least the period that corresponds with outcome payments was achieved.

We believe very strongly that there needs to be incentives to encourage agencies to take a long-term view for the individual – to aim towards vocational recovery rather than job

placement. We recognise that this may not be possible in the current structure and would suggest that if this were the case it is an argument in favour of placing vocational recovery much more closely with mental health services.

4.2.3 Lack of research on educational interventions for people with mental illness
There is next to no research done on stand-alone educational interventions for people with a mental illness. There is certainly no research anywhere in the world that we are aware of that has trialled an intervention for education in the same way that there has been for employment.

4.3 Interventions to achieve better education outcomes for young Australians with mental illnesses
There is some evidence that where education is included in an IPS approach that people make a transition from their education to work. This evidence is the result of work of Miles Rinaldi and colleagues in London, UK. In their naturalistic IPS study they followed people for over two years and showed that over that time, those initially in education completed their courses and made a transition to the open labour market. In our own setting we have conducted a pilot study with 19 young people. We found that with a similar approach to IPS we were able to help 18 of them achieve successful educational outcomes. There is a clear need for more research in this area.

5. The research context
The research carried out at Orygen Youth Health Research Centre is the main intervention research to be conducted in this area in Australia. However, this research has been cobbled together with bits and pieces of philanthropic and private funding, and was only supported by the Commonwealth through the ARC as a linkage grant and even then only after the internationally influential pilot study was completed.

Employment and education of people with mental illness is an important area, impacting on both welfare and health. Failure thus far to address these issues has led to large amounts of expense. More and better research can help us to understand how best to address these problems in the Australian context. To that end it would be positive to see some dedicated research funding to develop our knowledge and to refine what we know works so that it can be made to work even better. Additionally, it would be important to understand how we ensure the faithful implementation of effective interventions. There is a litany of good, evidence based interventions which fail in their widespread implementation through failure to adhere to the model on which they are based.

6. Conclusions

- The current separation of the employment system from the mental health system has failed Australians with mental ill health
- There is a need to think very differently about how these services are provided
- Interventions aimed at addressing education, training and employment support need to be co-ordinated with mental health symptom based care
- For young Australians with mental ill-health, the optimal platforms to achieve an evidence based way of delivering employment services to Australians engaged with the mental health system are headspace and EPPIC
- Currently most Australian young people with mental ill-health do not have effective access to headspace and EPPIC
- Other service models need to be supported to do one of two things:
    - Employ employment consultants directly in the mental health system (which has been done to a limited degree in NSW)
    - Forge collaborations between mental health and employment agencies (this approach can founder on administrative details and requires a different way of thinking on behalf of both agencies)

7. Recommendations

The core recommendation of this submission is:

1. **Integrated and co-locate mental health care and vocational support for young Australians with mental illnesses through significantly expanding access to appropriately resourced youth platforms headspace and EPPIC.**

Supporting this recommendation, we further recommend:

2. Integrate mental health and employment agencies so that:
    a. For Australians with mental ill health engaged with mental health services, vocational recovery becomes a required outcome linked to mental health service funding
    b. Appropriate school and post secondary education outcomes become equally valued for Australians with mental ill health
    c. Vocational services are provided in the same place as the mental health service
    d. The services would be called Vocational Recovery or Vocational Rehabilitation services. There would be no mention of disability
    e. Employment/Vocational consultants would, ideally, be funded staff members of mental health services
    f. Case loads of employment/vocational consultants would not be higher than 25
    g. There is no more than one appointment with an employment/vocational consultant before the commencement of job searching

3. Reduce stigma about mental illness through:
    a. A widespread anti-stigma education campaign along the lines of those in earlier incarnations of the National Mental Health Plan
    b. Targeted education campaigns for employers in SMEs and HR consultants in large businesses
    c. Information and education campaign for Australians with mental ill health to inform them that employment and education are reasonable goals for them to pursue
4. Improve welfare eligibility criteria so that:
    a. There is an easy way back to the DSP for those who are on it who choose to look for work. This must persist for a reasonable period
    b. Concessions and some other benefits should persist until sufficient income is being consistently earned
    c. The focus is clearly understood to be about providing as safe and supportive a system to look for work, learn to work and to trust that work will last
5. Invest in more and better research so that:
    a. Research into improving employment and education outcomes for Australians with mental illnesses is supported through direct grants, the ARC and the NHMRC
    b. Funding is allocated for an institute of vocational recovery to better understand vocational recovery, develop and refine interventions and to ensure their faithful implementation in the Australian context.

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