



## SUBMISSION NATIONAL MENTAL HEALTH AND DISABILITY EMPLOYMENT STRATEGY

We thank the Department of Education, Employment and Workplace Relations (DEEWR) for the opportunity to provide comment on the consultation to the National Mental Health and Disability Employment Strategy.

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who have private health insurance and/or who receive their treatment and care, and those that care for them, from private sector settings for their *mental illnesses or disorders*. As our title implies, the Network is the authoritative voice for consumers and carers of private mental health settings.

The Network is committed to working with Government and would be pleased to work with DEEWR and relevant others in addressing the needs of people with a mental illness. Mental Health brings with it many challenges. As a consumer and carer organisation we are in a unique position to provide direct lived experiences to the Committee and would welcome the opportunity to engage in further consultations, either independently or with other relevant organisations.

### 1. Barrier

The most pressing issues for people with a mental illness to find and keep work and for some the opportunities to develop their careers are:

#### 1.1 Community attitudes

The Network's constituency are consumers who suffer from a mental illness or disorder and their family carers. Therefore, by the very nature of the health condition of our members and the people we represent, stigma is often present in some form or another. A mental health consumer's condition is highly sensitive and any disclosure can, and indeed often does, result in discriminatory practices. These can range from not gaining employment in the first place, to struggling to cope with the mental illness and work commitments, often resulting in an inability to retain employment..

Disclosure of a mental illness is often a requirement in an application for some areas of employment—and in some circumstances reasonably so. However the applicant often experiences anxiety as to how this information will be treated and wonders whether this will automatically exclude them from interview processes. Experience with some employers has resulted in the strong belief that the employers are not prepared to “take a risk” as they perceive it to be.

Some employment situations may be deemed to be inappropriate for applicants suffering from some forms of mental illness, but this should be clearly stated at the outset by the prospective employer.

Further, in the working environment itself, workers often reveal their hostility to people with a disability, speaking in a derisory or denigratory way, apparently reflecting more widely held community attitudes. This creates an environment that adds to the difficulties that a mentally ill person has in managing an illness and coping with the work environment.

## **1.2 Misunderstanding of the impact of a psychiatric disability**

Many people who suffer from a mental illness, carry a heavy burden of general ill health, suffer great emotional pain and struggle to keep their disability stable. The community, Government or disability support services including Centrelink do not generally acknowledge these barriers or know the best way to provide support. Many potential employers are inexperienced and generally uninformed about the nature of mental illness and the impact this has on the lives of the people. Many people with a psychiatric disability indeed wish to be employed in some form or another, as do other people in the community.

### **1.2.3 Episodic nature of psychiatric disability**

One of the most misunderstood aspects of psychiatric disability is the often episodic nature of the illness. Some people can function in the community and life situations sometimes without incident, until they relapse into mental illness. This relapse is often rapid, seemingly with little cognition regarding the onset and is totally disabling in its force. Swift intervention is required, often needing hospitalisation to stabilise the condition. These periods of hospitalisation and rehabilitation can last many months, sometimes longer, with accompanying and associated disability.

### **1.2.4 Chronic and multiple diagnoses**

One of the persistent difficulties of people diagnosed with a mental illness, is the chronic nature of these illnesses, with many suffering associated, yet separate multiple diagnoses. These can be exacerbated by the use of drug and alcohol in an attempt to reduce, either knowingly or not, the emotional suffering.

### **1.2.5 Ability to care for self**

There are some mental illnesses which can rob people of the very ability to care for themselves. Again, this can be episodic in nature, yet crippling in effect.

## **2. Goal**

We know that a great many people with a mental illness would choose to find some sort of meaningful employment, study, follow a career path and live within the community.

Many psychiatrically disabled people are already skilled or talented in some way. Some employers equate mental illness with intellectual disability, or poor educational achievement. Many mentally ill consumers do not need basic skills training, though this seems often to be a 'taken for granted' requirement. Again, community acceptance is crucial. What consumers require is support, and training where required, to both obtain and retain employment. Not all consumers are on a Disability Support Pension (DSP), but if they are, the system can discourage a consumer from trialling employment as their DSP is immediately reviewed. There needs to be a lengthy period of grace where the consumer can gradually return to work without their DSP being affected, until such time they have resumed on a full-time and long-term basis.

Many consumers are not on DSP, but may be on Newstart or the Personal Support Program (PSP). The PSP is a proven avenue for supporting consumers to move

back into and retain employment, and should be expanded to include more consumers that are currently on Newstart.

### **3. Recommended solutions**

We have set out below some points toward possible solutions:

- A better informed bureaucracy and academia around mental health issues, with improved co-operation and communication between these two entities including documentation requirements to enter some portions of the workforce/universities would be one of the first issues to be addressed;
- Community campaign highlighting the ability of people with a mental illness to be a valuable member of the workforce and of their right to work;
- The retention for a two year period of the abeyance of the Disability Support Pension is fundamental to the attempt to engage in meaningful employment;
- Development of a “safety net” that enables people to attempt to disengage from the Disability Support Pension and take the risk of entering open employment, bearing in mind the episodic, chronic and sometimes swift onset of mental illness;
- Expansion of the Personal Support Program to provide additional support to people on Newstart who have mental health issues;
- Better informed and more experienced front line staff at all Government, Job Network and Disability Employment Services; and
- Establishment of specific, stand alone psychiatric employment support services, including an education tool for both employer and employees.

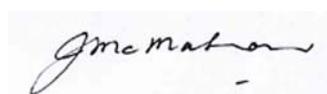
### **4. Measurement**

With the introduction of the recommended solutions, measurement can occur on both a statistical basis and anecdotal evidence through forums, submissions and questionnaires.

### **5. Conclusion**

Clearly there are no simple solutions around employment for people with a psychiatric disability nor are there any easy answers for people who want to pursue a previously held career path. Understanding, acceptance and support are required by all.

The Network has been pleased to provide this Submission to inform the Strategy into Mental Health and Disability Employment. We would welcome the opportunity of providing further input into the Strategy or to discuss this submission directly from a consumer and carer ‘lived’ experience.



Janne McMahon OAM

Independent Chair

8 July 2008