



**NATIONAL MENTAL HEALTH
CONSUMER & CARER FORUM**

Willing to Work Inquiry
Australian Human Rights Commission
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Willing to Work: National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability

The National Mental Health Consumer and Carer Forum (NMHCCF) welcomes the opportunity to provide a submission to the Australian Human Rights Commission Willing to Work National Inquiry.

The NMHCCF is a united, independent and national voice of consumers and carers committed to reforming mental health in Australia. The NMHCCF has 28 members of which 14 are mental health consumers and 14 are mental health carers. Membership is comprised of one representative mental health consumer and carer from each Australian state and territory and representatives from key national health consumer and carer organisations and population groups, including those from culturally and linguistically diverse backgrounds and the Indigenous community.

Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers. NMHCCF members represent mental health consumers and carers on a large number of national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events.

Sustainable programs to assist people with a mental illness into employment

The development of programs to assist people with a mental illness into employment is not new, however opportunities have been variable and program availability across Australia spasmodic at best. This has been due to many factors including:

- Cultural bias of mental health services which fail to factor future employment options into treatment plans.
- Lack of supportive employment programs to assist people with mental illness, particularly for older Australians.
- Lack of education and skills – when the failure to complete education due to mental illness has meant that a person has not acquired the necessary skills or knowledge to enter the workforce.

Australia has also produced significant research in programs for people with mental illness. Of note are particularly successful programs being demonstrated by the University of Queensland and Newcastle. By using different program models for different situations and problems, much of the research concludes that people with a mental illness could work. Some of the differing models are:

- Social firms / social enterprise.
- Individual Placement and Support (IPS) which is a flexible, multifaceted employment service providing the necessary supports to keep people in sustainable employment. Train and Place is an employment program which suits people with significant cognitive impairments associated with their mental illness. The cognitive impairment makes it difficult for them to transfer a skill learnt in one setting to another e.g. the workplace. The use of rapid placement which facilitates training in the workplace suits the abilities of people with mental illness to learn 'on the job'.
- Volunteering is often utilised in consumer operated programs and by NGOs as a way to ease people into being 'work-ready'.

NMHCCF members also believe the placement of an employment practitioner within a mental health service would assist to change the culture and emphasise the importance of planning for the person's future, enabling them to live a contributing life. However, there remains much to be done to provide access to employment practitioners, across the wider service sector where there is limited contact between mental health services and individuals with a mental illness and a psychosocial disability.

Carers also need flexibility in the workplace and an understanding of the impact mental illness has on them. An example of good practice which could be adapted to suit those with mental illness, is the Australian Government endorsed initiative to improve workplace arrangements for unpaid carers by becoming a 'Care Aware' workplace. There is no cost involved in registering and it is open to all Australian business and organisations. Organisations can register their workplace at www.careaware.com.au.

The NMHCCF would like to highlight the positive work being undertaken by Mentally Healthy Workplace Alliance. The Mentally Healthy Workplace Alliance (the Alliance) is a national approach by business, community and government. The vision of the Alliance is that all Australian workplaces take active steps to create mentally healthy workplaces, and that all people in the workplace, including those who experience mental health difficulties, their families and those who assist them are supported.

The Alliance recognises that a mentally healthy workplace is very good for business, as well as individuals. The guiding principles of the Alliance are:

- Working collaboratively to benefit from the shared expertise, resources and networks of Alliance members.
- Drawing on the experience of individuals in the workplace who have experienced a mental illness.
- Promoting the best available research evidence and good practice approaches to create mentally healthy workplaces.
- Recognising that the wide variation in business size and culture will require a flexible and scalable approach.

The Alliance was established by the National Mental Health Commission, and its member organisations are listed on their web-site; <https://www.headsup.org.au/general/about-us/mentally-healthy-workplace-alliance>.

The difficulty of securing and maintaining a job due to the stigmatisation of mental illness contributes to self-stigma. Evidence suggests there are strong negative attitudes towards people with mental health problems: in particular, there is an inaccurate view that they represent a danger to the community, a view strongly reinforced in the media. Negative attitudes are not only found among the general public, but even among mental health professionals.¹

A submission from the Mental Health Commission of New South Wales states that:

Stigma and discrimination in the workplace faced by many people living with a mental illness needs to be considered. Stigma is consistently identified as a major barrier in the workplace for people living with mental illness. It can often result in equal, or even more, stress and isolation than the actual mental health problem. Self-stigma, the effect of an individual's internalisation of the stigma and discrimination found in the community, can also often be a barrier to participation in the workforce for many consumers. This is particularly the case for those people living with mental illness who may not feel they are worthy or valued members of the community.

Public attitudes towards mental illness may invite overt and covert stigmatisation and discrimination. Addressing stigma around mental illness is a key step to combating discrimination within the workplace. Employers need access to training and support to be able to address these issues.²

A report from the Mental Health Council of Tasmania noted that, 'National and international research shows that discriminatory behaviours compound self-stigma, discouraging people from participating fully in treatment, with negative impacts upon their recovery and health³ and also in participating in activities. Due to perceived stigma some consumers are careful to whom they disclose their mental illness and fear telling anyone new in case they are put off any involvement. Some said they disclose their mental illness only to people they trust. Sometimes, if they are seen attending a program, they will pretend they work there for fear of the stigma:

I really don't tell many people ... Like when I got me haircut this morning and I said I work here you know ... I didn't want them to know that I was a member here you know what I mean?

I make out that I work in the kitchen here helping out mentally ill people; I don't say that I am.⁴

¹ David McDaid (2010), 'Routes to Recovery: Employment and Meaningful Activities', *Background document for the thematic conference "Promoting Social Inclusion and Combating Stigma for better Mental Health and Well-being"*, Organised by the European Commission and Portuguese Ministry of Health with the support of the Belgian Presidency of the EU 8th- 9th November 2010, Lisbon, European Communities, p. 43.

² 'A New System for Better Employment and Social Outcomes': Submission to the Interim Report of the Reference Group on Welfare Reform (2014), Gladesville, NSW, Mental Health Commission of New South Wales, pp. 10-11.

³ National Mental Health Commission (2013), *A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention*, Sydney: NMHC, p.41.

⁴ "Stuck in myself": Isolation and mental health consumers (2014), Sandy Bay Tasmania, Mental Health Council of Tasmania, p. 32.

A report by the University of Western Sydney and the University of Ballarat, *Choosing your path – disclosure*⁵ states that many people with disability choose not to disclose due to the nature or impact of their disability and fear their disability may provoke curiosity or unnecessary concern in others. A person with a mental illness may feel:

- Employers have pre-set and unrealistic attitudes about people with disabilities.
- Fearful they may be treated differently by colleagues, possibly patronised or given unfair advantages in the job.
- They have not come to terms with their disability.
- There is a perceived or real lack of understanding in the workplace about disability issues.
- Fearful of being marginalised, particularly with certain disabilities that are steeped in stereotypical attitudes.
- Fear of being patronised.
- They will be treated more appropriately if they do not disclose because they won't be exposed to the attitudes and stigma associated with some disabilities.⁶

No single policy, regulatory or funding initiative can radically improve the rate of workforce participation for people with mental health problems. Although there are attempts to address the barriers to greater workforce participation for persons with mental illness from Government, employment services and other stakeholders, there is more that can be done and a more integrated supportive approach is required. The NMHCCF have highlighted the following points:

- The foundation of inclusive workplaces is the absence of discrimination against people with mental health problems. This must include strong support for legal advocacy for those who have experienced discrimination in the workplace, and better support for education about workplace rights.
- Mental health, social service and other public sector systems must become 'exemplary employers' or 'employers of choice' and lead by example. Supportive employment programs must become the norm rather than a fragmented approach across the country.
- Incentives should be in place to ensure that people with mental illness are not routinely relegated to minimum-wage, part-time, temporary work or contract jobs. Such jobs often lack benefits and room for advancement, and are particularly vulnerable to fluctuations in the economy.
- There must be a comprehensive attempt at increasing mental health literacy and reducing stigma across the whole community but particularly for employers and disability employment services.
- All interventions need to be able to reduce the stigmatisation, prejudice and social exclusion which people living with mental illness are often subject to.

Making progress towards increased equity and decreased discrimination in the workplace for people with mental illness requires, in the words of a Canadian report 'a sustained commitment to the rights of people with mental illness, a commitment to explore innovative approaches to service delivery and a thoughtful review of disability income supports to ensure they do a better job of promoting social inclusion.'⁷

⁵ Anna Mungovan and Fran Quigley (2012) *Choosing your path – disclosure: It's a personal decision*, University of Western Sydney and the University of Ballarat, <http://pubsites.uws.edu.au/ndco/disclosure/pdfs/disclosure.pdf> 2012.

⁶ Anna Mungovan and Fran Quigley (2012) *Choosing your path – disclosure: It's a personal decision*, University of Western Sydney and the University of Ballarat, <http://pubsites.uws.edu.au/ndco/disclosure/pdfs/disclosure.pdf> 2012.

⁷ *Employment and Education for People with Mental Illness Discussion Paper* (2010), Ontario, CAMH & CMHA, p. 16.

The importance of peer support

It is critically important to utilise the lived experience of mental health consumers and carers to increase awareness of mental health issues in employment settings. Peer support must be available in workplaces to support employees and employers. Clubhouse (a model of psychosocial rehabilitation) has the Place & Train employment model for members (peers) to support people into the workforce and provide the employer with advice/support. A peer worker in a Disability Employment Service agency would also be effective in addressing stereotyping and misunderstanding of the jobseekers need, as well as helping to break down barriers with potential employers.

Mental health literacy

Mental health training in the workplace is essential and should include practical training covering basic mental health issues and prejudices, and target staff at all levels. Appropriate training in the workplace will also go a long way to reducing stigma.

Workplace accommodations

Good practice towards 'reasonable accommodation' for people with mental health issues can include flexible scheduling to office modifications e.g. addition of room dividers, partitions or other soundproofing or visual barriers between workspaces to reduce noise or visual distractions. There are also those who will not require accommodations of any kind. The accommodations needed for people with psychosocial disabilities require an attitudinal change on the part of the employer and co-workers. Many people have no idea what accommodations might be needed and there are employers who would feel this is an onerous issue and one which would impact on their decision to hire or retain an employee with a mental illness. The law decrees that such accommodations are made available while also ensuring that the cost of bringing about 'reasonable accommodations' should not be unreasonable or unbearable for the employer. However, part of the issue relates to misunderstanding of mental illness, especially regarding episodic versus permanent disability.

Research demonstrates that the economic consequences of having an enduring mental health problem are significant. In particular, the fact that people with mental illness find it very difficult to find employment suggests:

- They do not have access to financial security.
- They are excluded from the contributing life which is associated with increased self-confidence and self-esteem, raised social status and a sense of belonging.
- They miss out on further opportunities for social interactions which contribute to feelings of self-worth as well as personal status and identity.

Several studies have found that in many cases people do not have enough money to join clubs, participate in enjoyable leisure activities or even engage in a lot of 'normal' recreational activities (Granerud & Severinsson, 2006).

Furthermore, long-term poverty promotes income inequality and material disadvantage through unemployment, financial exploitation and long-term reliance on financial assistance (Bradshaw *et al*, 2007). Lack of money for transport can limit people's ability to attend appointments, visit friends and family, and to gain and sustain employment.

There needs to be a much more robust actions by the Australian Government and its Disability Employment systems for those with mental illness and psychosocial disability and perhaps with the

recent review of the Disability Employment Framework⁸, a better system will be forthcoming. A Framework that provides the necessary structural reform and addresses the need of those with mental illness and psychosocial disability would demonstrate that the Australian Government values those with a mental illness as contributing members of the community.

Australia has obligations, under the *United Nations Convention on the Rights of Persons with Disabilities*⁹. The Convention makes specific reference to disabled persons' right to employment in an environment that is;

.....“open, inclusive and accessible”..... and that it.....”promotes disabled persons’ career advancement”

As a signatory to the Convention, the implications are that laws and policies are amended to reflect the principle of non-discrimination and the requirement for reasonable accommodation. It is also a requirement, articulated in the Convention, that the Australian Government ensures, through legislation that persons with disability are free from discrimination of all forms.

On behalf of the NMHCCF, we thank you for the opportunity to provide comment in relation to this Inquiry and how employment discrimination affects mental health consumers and carers.

Yours sincerely



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Consumer Co-Chair



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Carer Co-Chair

⁸ National Disability Employment Framework - Discussion Paper – November 2015 https://engage.dss.gov.au/wp-content/uploads/2015/11/disability_employment_framework_discussion_paper_-_final.pdf. Department of Social Services Australian Government (accessed 17 December 2015).

⁹ United Nations Convention on the Rights of Persons with Disabilities (2008): Article 27. <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#27>