

## FORM 3: Organisation or Government Agency Submission

### (a) *About you*

**What is your role within your organisation?**

- Owner
- Manager
- Human Resources Manager
- Other

**If other, please tell us your role within your organisation**

**What is your experience of providing work/services/advocacy for older Australians/Australians with disability?**

People who are affected by depression, anxiety and suicide experience significant levels of stigma and discrimination. These attitudes and behaviours are so common that three quarters of the general public think that it is likely that people with depression would be discriminated against to some extent. Discrimination has a significant impact on people's right to live a meaningful and productive life. For this reason, **one of *beyondblue's* goals is to reduce people's experiences of stigma and discrimination associated with depression, anxiety and suicide.** Through our campaigns, information and resources, programs, partnerships and policy advice, we advocate for non-discriminating communities, systems and institutions.

**We also challenge the discriminatory behaviour that contributes to psychological distress.** Research shows that experiencing discrimination, such as age, ethnic, race, sex, gender identity and sexuality-based discrimination, is a risk factor for poor mental health and wellbeing. We have developed initiatives, such as the Stop. Think. Respect. campaign (see: <https://www.beyondblue.org.au/resources/for-me/stop-think-respect-home>), to increase awareness of the relationship between discrimination and depression and anxiety, targeting discrimination against LGBTI people and Indigenous Australians. This campaign challenges people to check their behaviour, think about their actions, and challenge discrimination when they see it happening.

*beyondblue* is currently in the **scoping phase of a project which will aim to reduce discrimination experienced by older people.** We have conducted preliminary research with members of our reference group, blueVoices, on their experiences of age-related discrimination at work. The feedback obtained in this consultation process is reflected in this submission.

**Do you have any case studies of the experience of older Australians/Australians with disability working or looking for work?**

People with mental health conditions

beyondblue has conducted a dedicated consultation with members of our reference group, blueVoices, on their experiences of discrimination at work, to inform this submission. These experiences are reflected throughout this submission [REDACTED]. Some experiences of discrimination while looking for work and working include:

*“When applying for work I have been offered a job and then when I decided I would share very simplistic information “I have struggled with depression and anxiety” the job offer was taken back and I was told I wasn’t strong enough for that workplace - they didn’t even contact my referees to be assured that my personal struggles has not affected my professional capacity.” beyondblue blueVoices member*

*“My manager took me aside for a chat after noticing that I had been more withdrawn at work. I disclosed to her that I had been suffering from frequent panic attacks, and had been working with my doctor and psychologist to best manage the episodes with medication and therapy. I was told that she did not believe in anti-depressants or psychologists, and that I was wasting my time and needed to ‘be less sensitive.’ From that point on I was uncomfortable working with her. I spoke to upper management about what she had said to me, but they did not see any issue with it. They informed her of my concern, after which time she began teasing me about being weak and damaged, often to the point of tears. I ultimately left the position [a] few weeks after that, as I felt I had no support and could no longer cope with the harassment I had been receiving.” beyondblue blueVoices member*

*“I was hospitalised, work knew, upon re-entry my psychiatrist approved me for return to work pre-injury duties. My supervisors, without consulting me, forced me into half load duties - I am a school teacher - they told me, in front of my students. Why have I decided not to do anything? Because doing anything, bringing light to anything regarding my health status has only hampered my career, ruined personal and professional relationships and provoked my stressors.” beyondblue blueVoices member*

*“Whilst feeling quite anxious about flying for a work conference, I had to tell my boss about my mental health illness. He did not know what to say, therefore said nothing. I was on the plane with him advising that I was extremely anxious and unwell, and he told me to get over it. This did not help the situation. From then on, my boss treated me differently and appeared to be scared to approach me for anything as he didn’t understand what I was going through.” beyondblue blueVoices member*

## **What are the impacts of employment discrimination on older Australians/Australians with disability working or looking for work?**

### People with mental health conditions

People with mental health conditions are **one of the most disadvantaged groups in Australia** - they are more likely to have poorer employment outcomes, lower levels of education, be more vulnerable to social isolation and disengagement, experience greater levels of poverty and homelessness, and have poorer physical health.<sup>1</sup> Employment discrimination is a significant factor contributing to this disadvantage, due its impact on unemployment and under-employment.

*"I suffer from anxiety and mild depression and I have never told anyone other than my wife. The reason being is the stigma and discrimination that still surrounds the illness. I would go as far as saying that my anxiety has played a big part in me not getting a job in my chosen profession." beyondblue blueVoices member*

*"I was bullied at work, as a lot of my co-workers didn't understand my depression and anxiety, and time I had off work was frowned upon, I was given less work to do and finally no work. I found it hard to come to work even more, as I was being bullied, my depression and anxiety just snowballed more. I ended up going on leave without pay for 2 years." beyondblue blueVoices member*

**Employment discrimination inherently affects people's right to live a meaningful and productive life**, in which they can participate and be included in society, be treated with respect and dignity, make choices about their life and health care, and access services. Many people with depression and anxiety report that the stigma and discrimination they experience is worse than their mental health condition(s).

*"I think the reality is...the stigma of mental illness is, in some ways, worse than the illness itself. Unless the stigma can be removed to such a degree that it does not become a barrier to acknowledgement, treatment and hope for the future, the reduction of some mental illnesses will be nothing but a pipe dream." beyondblue blueVoices member*

Employment discrimination also has a **negative impact on the broader society** – a significant proportion of the costs associated with depression and anxiety (for example, lost employee productivity, treatment costs) stem not from the conditions themselves, but from the stigma and discrimination associated with the conditions.<sup>2</sup>

### Older Australians

There is **limited research on the mental health impacts of age discrimination**. *beyondblue* intends to commission a literature review on the impact and characteristics of age-related workplace discrimination in 2016. The literature review will be informed by research from the Australian Human Rights Commission (2015), which suggests that 25 per cent of people aged over 50 have experienced some form of workplace discrimination in the past two years, with sixty percent of those discriminated stating that it had affected their self-esteem or mental health and/or had caused them stress.<sup>3</sup>

To inform *beyondblue*'s literature review, we have obtained preliminary feedback from members of our blueVoices reference group, about their experiences of age-related employment discrimination. 40 per cent of respondents aged 55 years and over (n = 22) indicated that they had experienced age discrimination. This had a **negative impact on their mental health, their perceptions of their value and worth, and their ability to work.**

*"I felt [a] diminished sense of appreciation for who I am, what I have to offer and my sense of purpose and identity. Depression and suicidal thoughts followed and it took me longer to recover as I know I'm getting older so it's likely to happen more, not less. The discrimination has led to ongoing loss of sense of purpose and meaning, and alienation from those who rejected what I have to offer. I feel socially more isolated and of less value to the world in general. I experience chronic depression and now feel that it's just a matter of time before I get the next kick in the head because I'm over 50."* blueVoices member

*"I experienced insidious undermining and bullying by a senior manager resulting in a complete breakdown and four years of treatment/recovery. The experience continues to impact my ability to return to the workforce and therefore has forced me into early retirement."* blueVoices member

*"The discrimination was meant to be "just fun" but it reinforced my belief that maybe I was "passed it" Having been made redundant three years prior it bought to me a feeling of here we go again. Making it a serious threat was the fact that I couldn't afford to be out of work as I didn't have enough money set aside for retirement."* blueVoices member

## **(b) Barriers**

**Do you think older Australians/Australians with disability face barriers when they work or are in a job?**

Yes

No

Not sure

### **Please tell us more**

#### People with mental health conditions

People with mental health conditions experience a number of barriers to participating in work. One of the most significant barriers relates to employers and colleagues having a **poor understanding of mental health**. It is common for employers and colleagues to misinterpret the impairments caused by depression and anxiety as disinterest or poor motivation for work.<sup>4</sup> Depression and anxiety symptoms can be construed as signs of laziness or incompetence, which can contribute to people feeling shameful about their experiences:<sup>5</sup>

*"You just get made to feel lazy, like I just couldn't be bothered turning up to work. I ended up having to resign."* Person with depression

*"...When I was suffering, I was ashamed. I didn't let people know what I was going through. In the workplace, everybody thinks 'oh, everybody's competent, should be in charge'. You think, 'how can I tell somebody I'm anxious?'"* Person with depression and anxiety

*"There is definite stigma and discrimination...this includes being questioned about my competence due to my mental illness, despite consistently performing well when I was at work... [and] being 'spoken to' on numerous occasions about my need to have time off despite being forthcoming about the fact that I had a mental illness. I felt very stigmatised against, as other colleagues who took time off...were not questioned as I was, and their level of competence was never in doubt as mine was."* beyondblue blueVoices member

*"Constantly being told to "get out of the doldrums", "stop being so negative", "be more lively"...I have not felt valued in many jobs, therefore have changed jobs more often than I would have liked."* beyondblue blueVoices member

*"I told my employer I needed to leave work because I was feeling very very anxious and could not calm down and wished to take the rest of the day off work to recover so I could be in full swing tomorrow. My employer told me that as long as you have your psychical health that is all that matters, she reluctantly let me go home but gave me a warning and a lecture about how I do not take my job seriously and that it is all in my mind and one day I will grow up and look back at this time and feel silly...It made me...extremely embarrassed and upset that my anxiety was not taken seriously and I was patronised and called silly."* beyondblue blueVoices member

Employers are often reluctant to employ someone with a mental health condition as there is a view that the employee will pose a risk to the organisation and be a potential cost or liability.<sup>6,7</sup> **Employers may also not understand the impact of mental health conditions**, and feel that they do not know how to accommodate or support potential employees.<sup>8,9</sup>

*"I handed a medical certificate in 7 weeks ago signed by a psychiatrist regarding 3 weeks off work (I was hospitalized). This week I have been directed to take the rest of the year off with no real explanation as to why. I have also been directed not to talk about it with my colleagues and friends...I feel isolated and alone as if I'm being punished..."* beyondblue blueVoices member

*"I experienced a breakdown at work some years ago, aided in part by some mismanagement on my direct supervisors' part, who was aware of my illness. During my recovery time, during which I had time off, she informed others about my illness without consent, and when I returned I was put on light duties, without any discussion, and monitored but not spoken to...I was not formally looked after in any way other than being allowed time off, and my recovery was extremely long and difficult as my supervisor was more interested in wanting to know what she did wrong than working out any sort of recovery plan for me..."* beyondblue blueVoices member

*“As a secondary teacher, on a high school welfare team...[my colleagues]...make faulty judgments and underestimate individuals simply because of preconceived ideas about those that fall under the mentally ill label. And that's where their knowledge ceases; when a colleague is suffering they operate under the "don't touch, and it won't break" perspective. Neglecting a fellow professional and isolating them as a result, even though they are surrounded by and are active in supporting younger individuals with mental health.” beyondblue blueVoices member*

Some employees may also experience discrimination even when their mental health condition does not impact on their functioning and productivity at work – assumptions and stereotypes associated with mental health conditions can result in people being treated differently. A poor understanding of mental health conditions is also reflected in policies that negatively impact on workforce participation – for more information, see response to ‘Are there any practices, attitudes or laws which discourage or prevent equal participation in employment of older Australians/Australians with a disability?’.

### Older Australians

Older people are likely to experience some similar barriers to workforce participation as those experienced by people with a mental health condition. There are **widespread, negative stereotypes associated with ageing**, which may impact on employment – for example, perceptions that older people are forgetful, may have difficulty learning new things or undertaking difficult tasks.

*“I believe people think older workers are slower, less adaptable, more rigid in their thinking and less able to take on new perspectives. I believe any depth and worth of life experience is overlooked consistently and regularly in the headlong rush to efficiency and effectiveness beyond the humanity of real life. Despite the catchcry to work smarter rather than harder, the strategies for this that I have developed over the years have been disregarded and I feel disillusioned and deeply sad as a result.” beyondblue blueVoices member*

*“...there is a perception that because you are older you are less dynamic and contemporary.” beyondblue blueVoices member*

These stereotypes lead to negative behaviours in the community and in the workplace - for example, 20 per cent of Australian avoid conversations with older people about technology, as they feel explanations will take a long time and a lot of effort.<sup>10</sup>

### **Is employment discrimination a barrier (please tick all that are relevant):**

- While working in a job
- While looking for work
- While dealing with recruitment companies

**Please tell us more**

Employment discrimination among people with mental health conditions is common. A recent community-based *beyondblue* survey - the Depression and Anxiety Monitor (2014) – has indicated that 23 per cent of people who reported experiencing depression or anxiety in the last year felt they had been treated unfairly in finding or keeping a job.

Research from the Australian Human Rights Commission (2015) suggests that 25 per cent of people aged over 50 have experienced some form of workplace discrimination in the past two years.<sup>11</sup>

### **What impact does employment discrimination have on older Australians/Australians with disability gaining and keeping employment?**

#### People with mental health conditions

People with depression and anxiety may experience discrimination during **recruitment, returning to work, promotional opportunities, and acknowledging workplace-related mental health problems.**<sup>12</sup>

*“I found it really difficult to look for work when dealing with depression and anxiety. I felt people didn't understand, especially my own family. For me I can't work in a high stressed environment, I can get too overwhelmed/defensive and break down. I can't give people an answer as to why I don't apply to a specific company, I think society isn't given enough information on how to accommodate people with mental health issues especially in the workplace. It's something I live with every day, and I try to hide it from everyone.”* beyondblue blueVoices member

*“I applied for a job which I was perfectly qualified and asked to go for a medical exam. A week before I was due to start I got a letter stating that I was no longer suitable for the role and a cheque for a week's salary.”* beyondblue blueVoices member

*“I think employers are reluctant. It's very hard if you have any sort of disability, let alone a mental illness that you're open about, to then be able to get employment.”* Person with bipolar and post-traumatic stress disorder

*“We went through the Comcare system, which is the federal equivalent of Workcover. You've all seen the Workcover 'return to work' ads. That's great if you've broken a leg or hurt your back. We had a workplace that was not interested in re-employing him [husband], that was not looking to find him another job. Our problem was we were going through a system that didn't recognise mental illness.”* Carer

*“When I was hospitalized for a depressive episode my line manager withdrew all her support for my promotion into leadership positions.”* beyondblue blueVoices member

*“I went through a horrible period a few years ago and told my director that I was currently struggling. They said if there was anything they could do they would try and assist me although not to burden the other staff with any of my issues. Although this came to be a false offer. I attempted suicide and wasn't able to*

*work for a period of time, I was then told I obviously wasn't coping with my role and it would be best if I didn't return.” beyondblue blueVoices member*

Many people report that their experiences of discrimination lead them to **resign from a workplace, due to either explicit or implicit requests from their employer.**

*“Whilst working as a teacher I experienced depression and anxiety. I took time off and supplied a medical certificate. I received numerous emails while on leave, asking why I was on leave and when I would be returning, despite already giving the principal documentation. This felt like harassment and made me feel more anxious about getting better and back to work. I arranged a meeting with the principal to share my feelings and illness and discuss ways to alleviate some work pressures. She dismissed many simple ways that would assist my recovery and she decided that my positions of responsibility would be taken away. These things were aspects of my job I enjoyed and felt would assist my career development. When they were taken away this left me more feelings of worthlessness. I was treated by this employer with no empathy and like I was simply a problem too difficult to be bothered dealing with. I sought advice from the Australian Education Union, but found that fighting this discrimination would be a long and arduous process and I was not in a positive enough place to take this on. I ended up resigning from my position.” beyondblue blueVoices member*

*“I spoke with my manager about "struggling", how I needed some time. They took me off the roster completely and told me they would let me know when they needed me.” beyondblue blueVoices member*

*“...over the last few months I have [had] my depression return...and as a result upper management became aware of my struggles and in consultation with my immediate boss, they decided that in my best interests they were taking me off the roster indefinitely so that I could concentrate on getting well again. Although this was upsetting, I was reassured that my job would be open for when I return...I'm [now] feeling much better and feeling like I could return to work. I was told by my immediate supervisor that upper management...had gone back on their decision to keep my job safe and that they no longer wanted me to be working with them because of my depression...” beyondblue blueVoices member*

*“I had worked for ten years as an anaesthetic technician in the operating theatres of a major trauma hospital...once I started to show obvious signs of PTSD, my manager instead of dealing with it one on one with me, instead started to bully and harass me to try to get me to resign. After more than six months of this I eventually went to my head of department, who was 100% supportive of me, but we had no proof of this discrimination as my manager was very well known for this behaviour and knew not to have witnesses... After I went to the head of department, I started getting sudden roster changes with no notice, extra on call with no notice and all the weekend and late shifts that no one else liked to do. I eventually confronted him about this and was told 'good luck proving that' and that if I wanted it all to stop then I needed to back off or resign. I ended up resigning, as at that point I was in no fit state to take on a battle.” beyondblue blueVoices member*



**Stigma also discourages people from disclosing a mental health condition to employers.**<sup>13</sup> An Australian study reported that 57 per cent of people with a mental health condition had disclosed their condition to an employer, and of these, 67 per cent reported it being helpful in providing better support, more understanding, and less stress. The major reasons for not disclosing were embarrassment, fear of discrimination, and concern about how the disclosure would impact on employment opportunities.<sup>14,15</sup>

*“I hide my mental health challenges so as to avoid potential discrimination.”*  
beyondblue blueVoices member

*“To this day I still haven't told my employer of my condition and when there are days I just need help, I have to pull through it because I can't risk taking time off for my condition for fear of losing my position and or my job.”*  
beyondblue blueVoices member

It is important to note that employment and disclosure is a complex issue, with complete or selective disclosure working well for some people, while not disclosing being better for others. Disclosure can be important when reasonable adjustments can be made to support an individual within the workplace.<sup>16</sup> Considering depression and anxiety as broad ‘stress-related conditions’ rather than ‘psychiatric illnesses’ may facilitate disclosure at work, as the conditions may be viewed as more common and transitory in nature.<sup>17</sup>

### Older Australians

Age discrimination is likely to have a significant impact on older Australians gaining and maintaining employment. Employers may be **reluctant to hire older workers, due to stereotypes about the skills and abilities of older workers**. This needs to be considered in the context of Government policies which focus on retaining older people in the workforce (for example, increasing the qualifying age for the age pension). Without developing and implementing specific initiatives to reduce and prevent age-related discrimination at work, many older people will face practical barriers to their ongoing participation in the workforce.

It is also important to consider the links between **age discrimination and poverty**. If older people are unable to obtain or maintain employment, they will retire with lower superannuation balances, and be at risk of poverty. Older women have already been shown to be particularly vulnerable – older women have lower superannuation balances, and 89 per cent are worried about maintaining their standard of living in retirement.<sup>18</sup> Older women are also more likely to sacrifice work and income to care for grandchildren, which impacts on their retirement savings.<sup>19</sup>

**Are there any practices, attitudes or laws which discourage or prevent equal participation in employment of older Australians/Australians with disability?**

Yes

No

Not sure

**Please tell us more**

## People with mental health conditions

*“I believe that companies need to be made aware that mental illness needs to be looked at like any other illness. If someone is sick then they need to be given a chance to return to their position when they are deemed fit enough. This doesn't mean they have to pay you for this time but it should be looked at as sick leave. I believe that mental illness is still so taboo that many companies do not want people with this illness in their workplace.”* beyondblue  
blueVoices member

Employment, disability and income support policies and procedures may directly, or more often indirectly, discriminate against people who experience a mental health condition. This may reflect a **lack of awareness of how the policy may unintentionally impact upon someone with a mental health condition, or not take into account the psychosocial disability that they experience**. For example, the National Mental Health Commission<sup>20</sup> reports that having a forensic psychiatric history directly affects job prospects, and where psychosocial difficulties affect performance it can lead to dismissal. These actions may not be overt or intentional, but it still falls within the definition of discrimination under the *Australian Disability Discrimination Act 1992*, and negatively impacts on people's ability to participate in work.

The current disability employment policies and support services adopt a **largely static approach, which does not recognise the variety and fluctuating needs of people with a mental health condition**. Generally, the capacity to work and the support service needs of a person with a mental health condition, vary over time. Transitions between different programs, payments, and supports need to be anticipated and catered for in designing and implementing policies. Yet people with a mental health condition often report experiencing the problem of 'red tape' in transitioning between the disability and income support systems and preparing for work and employment maintenance services.

*“I've said, 'it's an illness. It's recurring. It's not going away.' So why can't we, as a society, have a structure that is elastic enough to go with the ebbs and flows, rather than having to revisit and go back, which you know with your therapy, your healing, you need to be able to move forward. If you keep having to go back all the time, it just keeps you stuck in the pain of the past. It's counterintuitive.”* Person with depression and anxiety

*“We looked at the disability support pension for our son as a safety net. But if he claims six [work] payments then he's cut off from the pension. Then when he's ill again, we would need to start the process again. I don't quite understand where the missing link is within government agencies that don't recognise that this is a recurring disease and needs that safety net under that. They shouldn't be made to jump through more hoops.”* Carer

The processes and requirements associated with receiving income or disability support payments may also **contribute to heightened levels of stress, and exacerbate mental health conditions**. Regularly transitioning between work and income support payments, and/or transitioning between the disability and income support systems, may contribute to stress and financial uncertainty, which may further disadvantage people with depression and anxiety, and impact on their ability to participate in work and access effective treatment.

It is also important to note that people with a mental health condition(s) also **experience discrimination in applying for and claiming against insurance policies**. In Australia, people who live with or have experienced a mental health condition may not be able to access insurance in the same way as the rest of the population. This is particularly the case in relation to **life insurance, total and permanent disability insurance and income protection insurance** – thereby affecting a person’s ability to insure themselves against a temporary or permanent inability to participate in employment and earn an income. A prior history of a mental health condition can mean that someone is denied insurance cover, asked to pay a higher premium, or have their claim rejected:<sup>21</sup>

*“I don’t qualify for the income protection insurance. Despite my letters explaining that my condition has never impaired my ability to work (I always worked FT) and despite a positive letter from my GP this was still refused.”*  
Person with a mental health condition

*“I have been unable to find any insurance companies that will allow me to purchase life insurance because of my mental illness and yet if I have a physical illness or disease this is okay. I am much fitter and healthier physically than the average person, yet they approve income protection insurance to clinically obese, sedentary, office workers who I treat regularly in my clinic for not looking after themselves properly.”* Person with a mental health condition

*“I think it is highly unfair to deny coverage for income protection and life insurance to people with a history of mental illness ... It is also inconsistent because I have direct experience with people with other conditions (eg heart disease) being routinely insured and reinsured (even after an incident)...”*  
Person with a mental health condition

Generally, under state and federal anti-discrimination legislation, insurance companies can legally discriminate against someone with a disability if their actions are reasonable, having regard to actuarial and statistical data. Unfortunately, many people report that insurance companies are not using the right data or considering the full range of relevant factors in dealing with people who disclose a mental health condition. A survey of people with mental health conditions in 2011<sup>22</sup> found that across all insurance types, 35 per cent of people strongly agreed with the statement that ‘it was difficult for me to obtain insurance due to mental illness.’ With respect to life and income protection insurance, 67 per cent strongly agreed with this statement.

*beyondblue* and Mental Health Australia are implementing an awareness and advocacy campaign to address discrimination by insurance providers. Additional information on insurance discrimination is available at:

<https://www.beyondblue.org.au/about-us/programs/system-reform-and-access/discrimination-in-insurance>

## **What are the incentives and disincentives in employing older Australians/Australians with disability?**

### **Incentives**

## People with mental health conditions

Considering the prevalence of mental health conditions – almost half of the population will experience a mental health condition at some point in their lifetime – people with mental health conditions constitute a significant proportion of the Australian labour force. Many people with mental health conditions manage their conditions without any workplace adjustments or with only minor adjustments. Employers who overlook people with mental health conditions face significant costs associated with unfilled vacancies or not recruiting the most appropriately skilled and experienced people.

The New South Wales Government reports that the benefits of employing people with a disability include:<sup>23</sup>

- Attracting and retaining the best person for the job
- Increasing the diversity of the workplace
- Improving workplace productivity
- Promoting a workplace culture that is accessible and inclusive of all employees.

## Older Australians

The Australian Institute of Management has outlined a number of benefits to employing and retaining older workers in the workforce. These benefits, referred to as 'The Diversity Dividend', results in businesses having:<sup>24</sup>

- Better decision making – organisations can draw on different perspectives and different ways of thinking
- Increased sustainability – organisation may be better equipped to adapt to change and be less reliant on a particular type of worker or age cohort
- Higher productivity – the workforce is more engaged and motivated, leading to better outputs
- Closer connection – the workforce better reflects the organisation's customers and suppliers, bringing stronger engagement with customers and more effective business-to-business relationships
- Wider reach – the organisation has greater insight into new markets, locally and globally.

Older workers have valuable experiences and may be more resilient to managing change within a workplace (for example, an older professional who has worked in the finance sector for some time will have experienced economic downturns and the impact on their organisation and themselves – they can use this knowledge and experience to support younger workers who may not have had similar experiences).

## **Disincentives**

### People with mental health conditions

There are structural disincentives impacting on people with mental health conditions participating in the workforce. For example, volunteering or participating in one or two hours of work a week is often a good place to start to reintroduce someone with a mental health condition into the workforce. However, these forms of participation are not recognised by disability employment agency star ratings, and there is no

incentive to help individuals achieve these outcomes.<sup>25</sup> Likewise, for individuals who are receiving the Disability Support Pension (DSP), there is a fear of losing access to the benefit if they participate in employment. This provides a disincentive to work, even if there are times when they have the capacity to do so. These disincentives were recognised in the National Mental Health Commission's (2014) Review of Mental Health Programmes and Services, which reported that "...the incentives between the DSP and employment services do not line up" and "The system needs far greater flexibility in what is recognised as 'participation'. It should be related to a person's assessed ability to participate, not rigid cut off points."<sup>26</sup>

### Older Australians

A survey by the Australian Human Rights Commission (2013) identified that 10 per cent of managers will not hire a worker older than 50 and often hold negative stereotypes and misconceptions about mature age workers. This report also identified that 36 per cent of decision makers believe that older workers are less likely to be promoted and 29 per cent believe they have difficulty adapting to change.<sup>27</sup> These negative attitudes and behaviours may be either explicit or subtle (for example, using language in recruitment such as 'dynamic and fast-paced environment' which can be code for 'young').

#### **(c) Good practice**

#### **Are there examples of good practice in employing and retaining older Australians/ Australians with disability in work?**

Yes

No

Not sure

**Please let us know about practices you are aware of.**

### People with mental health conditions

**Heads Up is an Australian-first initiative of *beyondblue* and the Mentally Healthy Workplace Alliance<sup>1</sup>** launched in May 2014. This initiative, which is funded by the Australian Government Department of Health, supports Australian businesses and workers to create mentally healthy workplaces. Mentally healthy workplaces are those which are considered friendly and supportive, promote a positive workplace culture, minimise workplace risks related to mental health, support people with

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<sup>1</sup> The Mentally Healthy Workplace Alliance is a tripartite alliance of business, government and the mental health sector which is committed to improving the mental health of Australian workplaces. Founding Alliance members include the National Mental Health Commission, Australian Chamber of Commerce and Industry, Australian Psychological Society Ltd, *beyondblue*, Black Dog Institute, Business Council of Australia, Comcare, Council of Small Business Organisations of Australia, Mental Health Council of Australia, Safe Work Australia, SANE Australia, and University of New South Wales. The Alliance has now been joined by Super Friend and the Australian Industry Group.

mental health conditions, and prevent discrimination.<sup>28</sup> They have been demonstrated to provide better support and protect employee mental health, and be more productive. Mentally healthy workplaces are also more likely to have management and human resource practices which support the recruitment and retention of people with a mental health condition.<sup>29,30</sup> This includes policies related to equal employment opportunities, work health and safety, diversity, return to work and leave arrangements, and the delivery of mental health awareness training to staff and managers.

**People with mental health conditions report that a mentally healthy workplace, that is supportive and understanding and enables people with mental health conditions to remain or return to work through reasonable adjustments and flexible workplace policies, is essential to employment.**

*“My current manager is supportive, understands that mental illness is a real thing but it doesn't make us incapable of doing a good job.” beyondblue blueVoices member*

*“They let me have as much time off as I needed. They provided me with a return to work plan that I was happy with, and then allowed me to return full time.” beyondblue blueVoices member*

*“The managers are very mindful of people's mental health and don't question if you contact them by message or email and say ‘I can't make it in today for personal reasons’. They don't question or push if you need space, they listen and understand when you need to talk, they offer support and a phone service if you need to talk to a professional. A very understanding and supporting workplace.” beyondblue blueVoices member*

*“Whilst pregnant I experienced perinatal depression. I sought assistance from an expert in this field and was initially having two sessions per week. This had to be during work hours. My employer was incredibly flexible with my working hours and always reassured me my health and the baby's health was the most important thing. He didn't ask too many questions but always made sure he checked in to see if I needed anything. I felt supported and respected at the same time.” beyondblue blueVoices member*

*“During periods of relapse, I am able to reduce my workload where appropriate. This has had a significant positive impact, as it means that I do not have to take long periods off work while I am recovering, and it allows me to maintain my normal routine as much as possible. Having the opportunity to remain [in] a long-term position where I feel valued and secure has contributed immensely to my sense of self-worth, and as a result, has reduced the frequency of my depressive episodes.” beyondblue blueVoices member*

*“My work allowed me to integrate back into work starting from part time and building back up to full time. This was supported by bringing HR into fortnightly catch ups with my Director...As I gained my confidence and the evidence was in my work and my improvement in my mental health/stability, I was given more trust and now I work unsupervised, with more tasks and more challenging tasks. I am still encouraged to speak to either my director or manager, whenever I am struggling etc.” beyondblue blueVoices member*

*“Last year I had to wean myself off some intense medication over the course of 7 months. Work was amazing. They gave me time off and amended my duties when I wasn’t able to concentrate for long periods.” beyondblue blueVoices member*

*“Employee assistance program allows access to any employee sessions with a psychologist without having to provide reason.” beyondblue blueVoices member*

Through Heads Up, employers can access a **tool to develop a tailored and practical action plan for creating a mentally healthy workplace** based on their specific needs. This interactive step-by-step guide helps employers to identify priority areas of action, implement strategies to address these priorities, and review and monitor the outcomes.

Heads Up is enabling workplaces to overcome many of the **factors that negatively impact on people with depression and anxiety participating in the workforce**, by improving employer understanding and attitudes about common mental health conditions, reducing the stigma and discrimination associated with depression and anxiety, ensuring that the workplace environment and culture promotes and supports mental health and wellbeing, and ensuring that people experiencing mental health conditions are recruited, supported and retained.

**Heads Up has been independently evaluated**, as part of a broader evaluation of *beyondblue*’s Workplace and Workforce Program. This evaluation has demonstrated that Heads Up has had a positive impact on depression and anxiety in Australian workplaces. Over the evaluation period:

- five per cent more Australian workplaces indicated that they had implemented workplace mental health programs or policies
- the average number of mental health practices, programs and policies in Australian workplaces had increased from 3.87 to 4.49 per workplace
- there has been a significant improvement in the perceived mental health of workplaces among managers and employees (from 64 per cent describing their workplace as ‘mentally healthy’ at benchmark to 73 per cent at evaluation).

Heads Up has also led to a greater awareness of the importance of workplace mental health - 16 per cent of the Australian working population is aware of the Heads Up marketing strategy, and 22 per cent are aware of the Heads Up website. Further evaluation findings are available at [Attachment B](#).

### Older Australians

*beyondblue* intends to commission a literature review, conduct surveys with older Australians about their experiences as mature age workers and develop evidence-based content and resources, for inclusion in the Heads Up initiative. This may also include written case studies or filmed pieces of older workers’ experience in the workforce. This content is expected to be ready for implementation in 2016-17.

## **(d) Solutions**

### **What action should be taken to address employment discrimination against older Australians/Australians with disability?**

*beyondblue* contends that discrimination against older people and those with a mental health condition is real and widespread. This discrimination is occurring despite the existence of various pieces of legislation that prohibit it.

Clearly, one solution is to **strengthen relevant legislation** to remove any loopholes and improve enforcement through streamlined complaints procedures, and greater penalties for individuals or organisations found in breach of the various Acts. Another solution is to ensure that **people understand their rights and have access to easy-to-use complaints procedures and legal remedies**, and can navigate their way through the different options available. It is also important that people – particularly those with a mental health condition – can access support from others who can advocate on their behalf if they are unable to do so.

Another important solution lies in **community action**. While it is clear that some discrimination against older people and those with a mental health condition is overt and clearly in breach of legislation designed to protect individual rights, a proportion is more subtle and insidious, making it harder to identify or substantiate.

A legal solution is not always possible and so improved legislation may not necessarily eradicate this problem. Strategies are needed to **shift social norms** so that better ‘self-regulation’ occurs. We need to find ways to shift community attitudes so that our society recognises the personal, social and economic benefits of accepting that everyone who is able to work and who wishes to work should be allowed to work and every workplace has a responsibility to enable this to happen.

To eliminate employment discrimination against people with mental health conditions and older people, we need a **long-term, collaborative, integrated and whole-of-community effort** to achieve a cultural change in social norms and expectations. Everyone has a role to play in driving this change through the following actions.

#### ***Individuals***

People with depression and anxiety, and their families and friends, can reduce stigma and discrimination by **sharing their stories**, as research shows this is one of the most effective ways to reduce stigma and discrimination. *beyondblue* supports and assists people to share their stories online, in the media and more broadly in the community. More information is available at: [www.beyondblue.org.au/connect-with-others/personal-stories](http://www.beyondblue.org.au/connect-with-others/personal-stories)

Everyone can help to reduce stigma and discrimination by **talking openly** about depression and anxiety, **listening** to people’s stories of depression, anxiety and recovery, and **treating those people with respect and dignity**. *beyondblue* provides information and resources to increase understanding and knowledge of depression and anxiety, through our community awareness campaigns, information and resources, and programs delivered through workplaces, schools and communities. More information is available at: [www.beyondblue.org.au](http://www.beyondblue.org.au)



*"I initiated a bit of discussion about mental health around "RU OK Day" and sent a link to staff about resources to help them. This resulted in conversations around morning tea and other breaks - where other staff members have shared their stories about their partners who suffer from depression. It also provided [an] opportunity for me to discuss my illness and experiences with other staff who were interested, supportive and open."*  
beyondblue blueVoices member

## **Workplaces**

*"All I ask is for my boss to understand."* beyondblue blueVoices member

Workplaces should:

- Provide a **safe and inclusive environment** which supports and encourages people with depression and anxiety and older people to participate actively in life, allows them to be treated with respect and dignity, and in which they do not anticipate or experience discrimination.
- **Support and encourage people with depression and anxiety to share their personal stories**, and provide information and resources for others to **increase knowledge about depression and anxiety**.

## **Governments**

All levels of government can support people with depression and anxiety and older people to eliminate stigma and discrimination, and work to remove structural discrimination. Governments should:

- Establish **national targets and indicators** to reduce experiences of discrimination, and publicly report on progress annually.
- Prioritise the elimination of discrimination in **mental health policies and plans**, and set clear **roles and responsibilities** for reducing discrimination in workplaces.
- Fund national, state-based and community organisations to develop, deliver and evaluate **evidence-based stigma and discrimination-reduction initiatives**.
- Investigate the extent and impact of **structural discrimination** in government policies and programs and develop strategies to remove this discrimination.

## **What should be done to enhance workforce participation of older Australians/Australians with disability?**

Action is required at multiple levels – policy, organisation and individual – to enhance workforce participation of people with mental health conditions and older Australians. The actions required across these three levels, focusing on workforce participation by people with a mental health condition, are outlined below.

For older workers, it is important that:

- They have the right to request **flexible work arrangements** which allows them to remain in the workforce.
- They have the right to **transition to retirement** by reducing their work hours and increasing their leisure time pre-retirement. This phased retirement

approach has been shown to produce better outcomes and enhanced post-retirement wellbeing, compared to forced retirement.<sup>31</sup> Legislation and workplace practices should support older people in this process (similar to legislation and practices which support flexible working environments for others, such as when people return from parental leave).

- Workplaces **recognise and value** the benefits of retaining older workers and ensuring that their knowledge and skills are not completely lost from the workplace.

### ***Policy-level initiatives***

The OECD (2015) reports that the very nature of mental health conditions results in people with mental health conditions being “...at a considerable distance from the labour market even before they enter the benefit system.”<sup>32</sup> To address this, policy-level initiatives are needed that:

#### **1. Reduce structural disincentives and discrimination that impact on workforce participation**

For more information, see responses to questions ‘Are there any practices, attitudes or laws which discourage or prevent equal participation in employment of older Australians/Australians with disability?’ and ‘What are the incentives and disincentives in employing older Australians/Australians with disability?’

#### **2. Ensure policies reflect an understanding of the nature of mental health conditions**

Employment and disability support policies should incorporate the needs of people with mental health conditions, recognising that the nature of mental health conditions can have a significant impact on workforce participation:

- **Mental health conditions are prevalent** - one in six Australians is currently experiencing depression or anxiety or both conditions<sup>33</sup> - this means all employment and disability policies need to include a focus on the needs of people with depression and anxiety.
- **There is an early age of onset** - three in four adult mental health conditions emerge by age 24 and half by age 14.<sup>34</sup> This early onset has a significant impact on educational and employment outcomes, as it coincides with completing secondary and tertiary education and establishing careers. Policies must provide for appropriate responses from youth to retirement.<sup>35</sup>
- **Mental health conditions are often long-term but episodic** – the ongoing but episodic and fluctuating nature of many people’s experiences of mental health conditions can result in periods of disrupted employment, interspersed with periods of relative stability, in which a person’s needs are underestimated and they may not receive adequate support.<sup>36,37</sup> Policies are often based on an individual’s permanent needs, rather than recognising that these often change over time, and a flexible approach is required.
- **There are low treatment rates for mental health conditions** – over 50 per cent of people with a mental health condition do not access treatment.<sup>38</sup> This is likely to contribute to greater levels of impairment, with

subsequent impacts on employment. Disability and employment policies need to emphasise the need for integrated responses that facilitate a person's access to appropriate mental health services and supports, as well as employment issues.

- **The side effects of medication may also impact on employment**<sup>39,40</sup> - policy responses need to consider the secondary impairments that may relate to the unintended consequences of medication.
- It is essential that policies considering employment participation focus on **functioning rather than diagnoses** for people with a mental health condition. This recognises the considerable variability in individual experiences, the effectiveness of treatment, and capacity to work.

### 3. Promote integrated program and service responses

There is currently poor coordination of services across the mental health, disability and employment sectors, resulting in a fragmented system with service gaps that has a significant impact on people with complex needs.<sup>41,42</sup> Poor coordination is a barrier to employment, as individuals cannot navigate the system. Separating clinical care and employment services may also impede the implementation of evidence-based practices for vocational rehabilitation,<sup>43</sup> and the split of responsibilities across federal and state governments, and across government departments, is contributing to 'service silos'.<sup>44,45</sup> Disability, employment, and health programs and services need to be developed, implemented and evaluated in an integrated manner, to effectively improve workforce participation.

A number of strategies can be implemented to improve these links and coordination. These include:

- **Developing and delivering integrated service models** - Providing mental health care and employment assistance through a single or co-located service, which delivers integrated, coordinated, person-centred care, is an essential component of increasing participation in employment for people with mental health conditions.<sup>46,47</sup> Both national and local partnerships and collaborations should be developed, with incentives used to support their implementation. National partnerships could include initiatives such as General Practitioner (GP) contact and liaison points within the employment support system, while local partnerships could focus on building relationships across sectors and service providers, and developing referral pathways.<sup>48</sup> The integrated service models could be supported through mental health peer support programs and workers. These peer support workers model hope and recovery, and could support people with mental health conditions to navigate the service system, and assist service providers to improve their culture and eliminate stigma and discrimination around depression and anxiety and psychosocial disability.
- **Up-skilling staff in employment services to understand better and respond to disability and mental health conditions** – Employment services provide an ideal opportunity to deliver early intervention mental health initiatives in a non-stigmatising and non-threatening manner.<sup>49</sup> Up-skilling staff working in these services will provide a better pathway to care for people experiencing mental health conditions. People working in employment services should understand the signs and symptoms of

mental health conditions; the impact of mental health conditions on employment participation and outcomes, including the role of employment in recovery; best practice strategies to support people with a mental health condition; and the availability of health and support services. The expertise of Australia's mental health peer support workforce could also be utilised to assist in up-skilling staff working in employment services.

- **Up-skilling staff in the health sector to understand the role and availability of employment support services** - GPs and mental health nurses report difficulties in understanding and navigating the employment support system.<sup>50</sup> GPs are also likely to provide medical certificates, which discourage participation in the workforce, rather than integrating employment into a recovery plan.<sup>51,52</sup> It is important that health professionals have a good understanding of the importance and role of employment in supporting good mental health, across the employment spectrum of volunteering, recruitment, retention and career progression. Up-skilling health professionals to collaborate with employers and employment services will ensure a team-based approach to care, and ensure that the importance of employment is reflected in individual care plans. This will also help employers and employment services to understand the impact of mental health conditions, and how employment can be modified to support improved health and employment outcomes.

The OECD (2015) highlights a number of **innovative strategies being implemented internationally**, to improve the coordination and relationship between health care providers and employers/employment support services.<sup>53</sup> This includes:

- United Kingdom - moving from 'sick notes' to 'fit notes', which specify what the person can do, rather than what they can't do
- Sweden and the Netherlands – introducing GP guidelines on the interplay between mental health and work and GP responsibilities
- Denmark – introducing an e-training program which gives GPs guidance on filling in the obligatory work ability report, on whether someone is fit for work. Denmark also remunerates GPs for talking to employers.

These initiatives provide examples of the incentives and support programs that could be introduced in Australia, to improve the coordination of employment and health care services.

One of the most effective ways to improve the linkages between the disability, employment and health support systems is through the **Individual Placement and Support (IPS) program**. IPS has eight principles:<sup>54</sup>

- Every person with severe mental illness who wants to work is eligible
- Employment services are integrated with mental health treatment services
- The goal is competitive employment
- Clients receive personalised benefits counselling
- The job search starts as soon as possible after a person expresses interest in working
- IPS specialists develop relationships with employers
- IPS specialist provide ongoing support, as needed
- Clients are assisted to get jobs they are interested in having.

IPS has been comprehensively evaluated and demonstrated to achieve positive outcomes – on average 61 per cent of people with severe mental illness return to work, and when young people access IPS in the early stages of illness, and combine education and employment, rates of success have been approximately 85 per cent.<sup>55</sup> The intended trial of the IPS model with 2,000 people per year, as part of the Department of Social Services Youth Employment Strategy and 2015-16 Budget, is an important step in assessing how this model can be integrated into the existing suite of disability employment support services, and mental health services, and be made available nationally.

An additional cost-effective way to develop linkages between health and employment services, and improve employment outcomes for people with a mental health condition, is through **beyondblue's NewAccess program**. NewAccess is a demonstration project that provides a support service to help people tackle day-to-day pressures. This early intervention program provides easily accessible, free and quality services for people with symptoms of mild to moderate depression and/or anxiety who are currently not accessing mental health services. Trained and clinically supervised coaches operate like personal trainers, providing low-intensity cognitive behaviour therapy and individual, tailor-made support programs incorporating relevant areas such as problem solving, goal setting and dealing with worries. NewAccess links clients into local community networks and engages them with other service providers should they require it - for example, employment, financial or housing assistance. An independent evaluation of NewAccess, conducted by Ernst and Young, has demonstrated that the program is resulting in significant improvements in levels of functional impairment, which is essential to workforce participation. On commencement of the program 81 per cent of participants reported severe or significant functional impairment relating to their depression or anxiety. After the completion of the program, just under 40 per cent of participants reported this same level of functional impairment. Programs such as NewAccess are innovative, efficient and cost-effective ways to improve the delivery of early intervention services, and reduce the burden on more intensive and costly employment and mental health support services.

### ***Organisation-level initiatives***

Workforce participation by people with mental health conditions can be enhanced by workplaces adopting a comprehensive and integrated workplace mental health model, founded on the following pillars:<sup>56</sup>

#### **1. Protect mental health by reducing work-related risk factors**

Guidelines have been developed on how organisations can prevent common mental health problems in the workplace<sup>57,58</sup> - this includes activities such as developing a positive work environment, balancing job demands with job control, appropriately rewarding employee efforts, creating a fair workplace, providing workplace supports, effectively managing performance issues and providing training to development management and leadership skills. Anti-bullying, sexual harassment and anti-discrimination policies, procedures and initiatives are required in every workplace.

## 2. Promote mental health by developing the positive aspects of work and employee strengths and capacities.

Workplace mental health promotion strategies adopt a strengths-based approach, which focus on identifying and enhancing what is being done well, rather than fixing what is 'wrong' with individuals, groups or organisations. Positive outcomes include subjective wellbeing, psychological capital, positive mental health, employee engagement and positive organisational attributes (for example, authentic leadership, supportive workplace culture, workplace social capital).<sup>59</sup>

## 3. Address mental health problems among workers.

People experiencing depression or anxiety should be supported to access effective treatment options, and have a safe and supportive workplace environment which encourages disclosure of a mental health problem and is free from stigma and discrimination. Work is an important part of the recovery process for most people. Workplaces need to adopt good stay-at-work and return-to-work practices (e.g. maintaining contact when a worker is absent from work due to a mental health condition, addressing any workplace risk factors that contributed to a workplace injury). Workplaces have a duty to make reasonable adjustments to support ongoing participation at work.

*beyondblue's* HeadsUp initiative provides an easy-to-use guide for workplaces to implement this comprehensive workplace mental health model, and thereby enhance workforce participation by people with mental health conditions.

### ***Individual-level initiatives***

People with a mental health condition need to be supported to look after their own mental health. This will improve their workforce participation and their mental health and wellbeing. All people experiencing a mental health condition should have:

- accessible and effective treatment and other support services
- a safe and healthy workplace, that provides reasonable adjustments to support mental health needs
- information to help them decide whether to disclose their mental health condition in a workplace, and if so, how to discuss their mental health condition with their manager and colleagues
- assistance to develop social and emotional and lifestyle skills to manage and protect their mental health – for example how to solve problems, effective communication skills, emotion regulation and stress management skills, exercising regularly, having a balanced diet, getting enough sleep and avoiding harmful levels of alcohol and other drugs.

*beyondblue's* Support Service (1300 22 4636 / [www.beyondblue.org.au/getsupport](http://www.beyondblue.org.au/getsupport)) and websites provide information and resources on identifying depression and anxiety, accessing treatment, and staying well. This information is tailored to different audiences, including:

- the general public - [www.beyondblue.org.au](http://www.beyondblue.org.au)
- workplaces - [www.headsup.org.au](http://www.headsup.org.au)
- men - [www.mantherapy.org.au](http://www.mantherapy.org.au)

- young people - [www.youthbeyondblue.com](http://www.youthbeyondblue.com)

**What outcomes or recommendations would you like to see from this National Inquiry?**

- Identify and strengthen all laws that directly and indirectly discriminate against older workers and people who experience mental health conditions and improve their enforcement.
- Ensure people have access to easy-to-use complaints systems or pathways for legal remedy, including the provision of advocacy support where required.
- Consider greater penalties for individuals or workplaces that are in breach of anti-discrimination legislation as well as incentives for workplaces willing to recruit, support and retain older workers or workers with a disability.
- Ensure that workplaces are aware that mental health conditions fall under the framework of disability legislation as this may not be widely understood.
- Promote the use of flexible working conditions to support and retain people in the workforce.
- Establish national targets and indicators to reduce experiences of discrimination, and publicly report on progress annually.
- Prioritise the elimination of discrimination in the Fifth National Mental Health Plan, and set clear roles and responsibilities for reducing discrimination in workplaces.
- Fund national, state-based and community organisations to develop, deliver and evaluate evidence-based discrimination-reduction initiatives.
- Challenge all workplaces to implement Heads Up action plans, to improve understanding and attitudes around common mental health conditions; reduce the stigma and discrimination associated with depression and anxiety; ensure that the workplace environment and culture promotes and supports mental health and wellbeing; and ensure that people experiencing mental health conditions are recruited, supported and retained. All Government Departments could be required to implement Heads Up action plans, as part of their commitment to eliminate discrimination.

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- <sup>1</sup> National Mental Health Consumer and Carer Forum (2011). *Unravelling psychosocial disability, A position statement by the National Mental Health Consumer and Carer Forum on psychosocial disability associated with mental health conditions*. NMHCCF: Canberra
- <sup>2</sup> Gelb, B.D. & Corrigan, P.W. (2008). How managers can lower mental illness costs by reducing stigma. *Business Horizons*, 51, 293 – 300.
- <sup>3</sup> Australian Human Rights Commission (2015). *National prevalence survey of age discrimination in the workplace*. Accessed online 23 November 2015: <https://www.humanrights.gov.au/our-work/age-discrimination/publications/national-prevalence-survey-age-discrimination-workplace>
- <sup>4</sup> National Mental Health Consumer and Carer Forum (2011). *Unravelling psychosocial disability, A position statement by the National Mental Health Consumer and Carer Forum on psychosocial disability associated with mental health conditions*. NMHCCF: Canberra
- <sup>5</sup> Muir, K., Craig, L. & Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers*. University of New South Wales.
- <sup>6</sup> McAlpine, D.D & Warner, L. (2002). *Barriers to Employment among Persons with Mental Illness: A Review of the Literature*. Accessed online 19 April 2011: [http://www.dri.illinois.edu/research/p01-04c/final\\_technical\\_report\\_p01-04c.pdf](http://www.dri.illinois.edu/research/p01-04c/final_technical_report_p01-04c.pdf)
- <sup>7</sup> Mental Health Council of Australia (2005). *Promoting supportive workplaces for people with mental illness employer forums: Report to the Department of Employment and Workplace Relations*. Accessed online 19 April 2011: <http://www.mhca.org.au/Publications/documents/SupportiveWorkplaceForumsRptFinal.pdf>
- <sup>8</sup> Mental Health Council of Australia (2005). *Promoting supportive workplaces for people with mental illness employer forums: Report to the Department of Employment and Workplace Relations*. Accessed online 19 April 2011: <http://www.mhca.org.au/Publications/documents/SupportiveWorkplaceForumsRptFinal.pdf>
- <sup>9</sup> Muir, K., Craig, L. & Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers*. University of New South Wales.
- <sup>10</sup> Australian Human Rights Commission (2015). *National prevalence survey of age discrimination in the workplace*. Accessed online 23 November 2015: <https://www.humanrights.gov.au/our-work/age-discrimination/publications/national-prevalence-survey-age-discrimination-workplace>
- <sup>11</sup> Australian Human Rights Commission (2015). *National prevalence survey of age discrimination in the workplace*. Accessed online 23 November 2015: <https://www.humanrights.gov.au/our-work/age-discrimination/publications/national-prevalence-survey-age-discrimination-workplace>
- <sup>12</sup> Muir, K., Craig, L. & Sawrikar, P. (2011). *Focus group research for beyondblue with consumers and carers*. University of New South Wales.
- <sup>13</sup> Mental Health Council of Australia (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Accessed online 19 April 2011: <http://www.mhca.org.au/documents/publications/Let's%20Get%20To%20Work%20Employment%20Strategy.pdf>
- <sup>14</sup> Mental Health Council of Australia (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Accessed online 19 April 2011: <http://www.mhca.org.au/documents/publications/Let's%20Get%20To%20Work%20Employment%20Strategy.pdf>
- <sup>15</sup> SANE Australia (2011). *Working life and mental illness* (Research Bulletin 14). Accessed online 25 June 2012: <http://www.sane.org.au/>
- <sup>16</sup> Lasalvia, A. et al. (2013). Global pattern of experienced and anticipated discrimination reported by people with major depressive disorder: a cross-sectional survey. *The Lancet*, 381 (9860), 55 - 62.
- <sup>17</sup> Rusch, N., Evans-Lacko, S. & Thornicroft, G. (2012). What is a mental illness? Public views and their effects on attitudes and disclosure. *Australian and New Zealand Journal of Psychiatry*, 46 (7), 641 – 650.
- <sup>18</sup> Hamilton, M, & Jenkins, B. (2015). *Grandparent childcare and labour market participation in Australia* (SPRC Report 14/2015). Melbourne: National Seniors Australia 2015
- <sup>19</sup> Sim, W. (2015). *Westpac Women and Retirement Readiness Report* Accessed online 23 November 2015: <http://www.mediagame.tv/retirement-tips-for-australian-women-westpac-women-and-retirement-readiness-report/>
- <sup>20</sup> National Mental Health Commission (2013). *A contributing life: the 2013 national report card on mental health and suicide prevention*. National Mental Health Commission: Sydney
- <sup>21</sup> Mental Health Council of Australia and *beyondblue* (2011). *Mental Health Discrimination and Insurance: A Survey of Consumer Experiences 2011*. MHCA: Canberra
- <sup>22</sup> Mental Health Council of Australia and *beyondblue* (2011). *Mental Health Discrimination and Insurance: A Survey of Consumer Experiences 2011*. MHCA: Canberra



- 
- <sup>23</sup> New South Wales Government Family and Community Services (n.d.) *Employing people with disability*. Accessed online 14 December 2015: [https://www.adhc.nsw.gov.au/individuals/inclusion\\_and\\_participation/in\\_the\\_workplace/employing\\_people\\_with\\_disability](https://www.adhc.nsw.gov.au/individuals/inclusion_and_participation/in_the_workplace/employing_people_with_disability)
- <sup>24</sup> Australian Institute of Management (2013). *Engaging and retaining older workers*. Accessed online 23 November 2015: <http://www.aimqld.com.au/downloads/AIM-Engaging-retaining-older-workers.pdf>
- <sup>25</sup> National Mental Health Commission (2014). *Report of the National Review of Mental Health Programmes and Services, Volume 2*. National Mental Health Commission: Sydney
- <sup>26</sup> National Mental Health Commission (2014). *Report of the National Review of Mental Health Programmes and Services, Volume 2*. National Mental Health Commission" Sydney
- <sup>27</sup> Australian Human Rights Commission (2013). *Fact or fiction? Stereotypes of older Australians Research Report*. Accessed online 23 November 2015: <https://www.humanrights.gov.au/publications/fact-or-fiction-stereotypes-older-australians-research-report-2013>
- <sup>28</sup> Instinct and Reason & *beyondblue*. (2014). *Heads Up Initiative: Employer of Choice Study*. Accessed online 28 July 2014: <http://www.headsup.org.au/docs/default-source/resources/heads-up-employer-of-choice-study---instinct-and-reason.pdf?sfvrsn=4>
- <sup>29</sup> Harvey, S.B., Joyce, S., Tan, L., Johnson, A., Nguyen, H., Modini, M. & Groth, M. (2014). *Developing a mentally healthy workplace: a review of the literature*. Accessed online 28 July 2014: [http://www.headsup.org.au/docs/default-source/resources/developing-a-mentally-healthy-workplace\\_literature-review.pdf?sfvrsn=2](http://www.headsup.org.au/docs/default-source/resources/developing-a-mentally-healthy-workplace_literature-review.pdf?sfvrsn=2)
- <sup>30</sup> PricewaterhouseCoopers. (2014). *Creating a mentally healthy workplace: Return on investment analysis*. Accessed online 28 July 2014: [http://www.headsup.org.au/docs/default-source/resources/beyondblue\\_workplaceroi\\_finalreport\\_may-2014.pdf](http://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf)
- <sup>31</sup> Dingemans, E. & Henkens, K. (2015). How do retirement dynamics influence mental well-being in later life? A 10 year panel study. *Scandinavian Journal of Work, Environment & Health*, 41(1), 16-23.
- <sup>32</sup> OECD (2015). *Fit Mind, Fit Job: From evidence to practice in mental health and work*. Mental Health and Work. OECD Publishing: Paris.
- <sup>33</sup> Australian Bureau of Statistics (2008). *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*. ABS: Canberra
- <sup>34</sup> Kessler R.C., Berglund P., Demler O., Jin R., Merikangas K.R. & Walters, E.E. (2005). Lifetime prevalence and age of onset distributions of DSM-IV Disorders in the National Comorbidity Survey replication. *Archives of General Psychiatry*, 62, 593
- <sup>35</sup> McAlpine, D.D & Warner, L. (2002). *Barriers to Employment among Persons with Mental Illness: A Review of the Literature*. Accessed online 19 April 2011: [http://www.dri.illinois.edu/research/p01-04c/final\\_technical\\_report\\_p01-04c.pdf](http://www.dri.illinois.edu/research/p01-04c/final_technical_report_p01-04c.pdf)
- <sup>36</sup> Raffaele, C., Fields, K., Moensted, M., Buchanan, J., Rosenberg, S. & Young, S. (2013). *Literature review: Supporting young people with a mental illness in their transition from education into the workplace*. Accessed online 22 June 2015: <http://www.mentalhealthcommission.gov.au/media/100030/Transitioning%20from%20education%20to%20independence.pdf>
- <sup>37</sup> National Mental Health Commission (2014). *Report of the National Review of Mental Health Programmes and Services, Volume 1*. National Mental Health Commission: Sydney
- <sup>38</sup> Whiteford, H. A., Buckingham, W. J., Harris, M. G., Burgess, P. M., Pirkis, J. E., Barendregt, J. J., & Hall, W. D. (2014). Estimating treatment rates for mental disorders in Australia. *Australian Health Review*, 38, 80 – 85.
- <sup>39</sup> Raffaele, C., Fields, K., Moensted, M., Buchanan, J., Rosenberg, S. & Young, S. (2013). *Literature review: Supporting young people with a mental illness in their transition from education into the workplace*. Accessed online 22 June 2015: <http://www.mentalhealthcommission.gov.au/media/100030/Transitioning%20from%20education%20to%20independence.pdf>
- <sup>40</sup> Orygen Youth Health Research Centre (2014). *Tell them they're dreaming: work, education and young people with mental illness in Australia*. Accessed online 26 June 2015: <https://orygen.org.au/getattachment/Policy-Advocacy/Major-Reports/Tell-Them-They-re-Dreaming/tell-them-theyre-dreaming-view.pdf.aspx>
- <sup>41</sup> Mental Health Council of Australia (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Accessed online 19 April 2011: <http://www.mhca.org.au/documents/publications/Let's%20Get%20To%20Work%20Employment%20Strategy.pdf>
- <sup>42</sup> Orygen Youth Health Research Centre (2014). *Tell them they're dreaming: work, education and young people with mental illness in Australia*. Accessed online 26 June 2015: <https://orygen.org.au/getattachment/Policy-Advocacy/Major-Reports/Tell-Them-They-re-Dreaming/tell-them-theyre-dreaming-view.pdf.aspx>

- 
- <sup>43</sup> Waghorn, G., Collister, L., Killackey, E. & Sherring, J. (2007). Challenges to implementing evidence-based supported employment in Australia. *Journal of Vocational Rehabilitation*, 27 (1), 39 – 37.
- <sup>44</sup> Mental Health Council of Australia (2005). *Promoting supportive workplaces for people with mental illness employer forums: Report to the Department of Employment and Workplace Relations*. Accessed online 19 April 2011: <http://www.mhca.org.au/Publications/documents/SupportiveWorkplaceForumsRptFinal.pdf>
- <sup>45</sup> Orygen Youth Health Research Centre (2014). *Tell them they're dreaming: work, education and young people with mental illness in Australia*. Accessed online 26 June 2015: <https://orygen.org.au/getattachment/Policy-Advocacy/Major-Reports/Tell-Them-They-re-Dreaming/tell-them-theyre-dreaming-view.pdf.aspx>
- <sup>46</sup> Waghorn, G., Collister, L., Killackey, E. & Sherring, J. (2007). Challenges to implementing evidence-based supported employment in Australia. *Journal of Vocational Rehabilitation*, 27 (1), 39 – 37.
- <sup>47</sup> Raffaele, C., Fields, K., Moensted, M., Buchanan, J., Rosenberg, S. & Young, S. (2013). *Literature review: Supporting young people with a mental illness in their transition from education into the workplace*. Accessed online 22 June 2015: <http://www.mentalhealthcommission.gov.au/media/100030/Transitioning%20from%20education%20to%20independence.pdf>
- <sup>48</sup> Department of Education, Employment and Workplace Relations (2008a). *Communication with General Practitioners to support the employment of people with mental illness*. Accessed online 19 April 2011: <http://www.deewr.gov.au/Employment/ResearchStatistics/Documents/GPsReport.pdf>
- <sup>49</sup> OECD (2015). *Fit Mind, Fit Job: From evidence to practice in mental health and work*. Mental Health and Work. OECD Publishing: Paris.
- <sup>50</sup> Department of Education, Employment and Workplace Relations (2008a). *Communication with General Practitioners to support the employment of people with mental illness*. Accessed online 19 April 2011: <http://www.deewr.gov.au/Employment/ResearchStatistics/Documents/GPsReport.pdf>
- <sup>51</sup> The Sainsbury Centre for Mental Health (2007). *Briefing 34: Work and wellbeing: Developing primary mental health care services*. The Sainsbury Centre for Mental Health: United Kingdom
- <sup>52</sup> The Sainsbury Centre for Mental Health (2009). *Briefing 40: Removing barriers: the facts about mental health and employment*. The Sainsbury Centre for Mental Health: United Kingdom
- <sup>53</sup> OECD (2015). *Fit Mind, Fit Job: From evidence to practice in mental health and work*. Mental Health and Work. OECD Publishing: Paris.
- <sup>54</sup> Killackey, E. (2014). *Welfare to work: a different approach for people with mental illness*. Accessed online 23 June 2015: <https://theconversation.com/welfare-to-work-a-different-approach-for-people-with-mental-illness-22293>
- <sup>55</sup> Killackey, E. (2014). *Welfare to work: a different approach for people with mental illness*. Accessed online 23 June 2015: <https://theconversation.com/welfare-to-work-a-different-approach-for-people-with-mental-illness-22293>
- <sup>56</sup> LaMontagne, A.D. et al. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.
- <sup>57</sup> University of Melbourne (2013). *Workplace prevention of mental health problems: Guidelines for organisations*. Melbourne School of Population and Global Health: University of Melbourne
- <sup>58</sup> Superfriend (nd). *Promoting positive mental health in the workplace: guidelines for organisations*. Accessed online 17 August 2015: <http://www.superfriend.com.au/uploads/page/533/Promoting-Positive-Mental-Health-in-the-Workplace-Guidelines-for-organisations.pdf>
- <sup>59</sup> LaMontagne, A.D. et al. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.