



**Private Mental Health
Consumer Carer Network (Australia)**

engage, empower, enable choice in private mental health

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Inquiry into mental health and workforce participation

Submission to the House of Representatives Standing Committee on Education and Employment, 29 April, 2011

We thank the Parliament of Australia, House of Representatives for the opportunity to provide input into the Inquiry into mental health and workforce participation.

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

The Network is committed to working with the Parliament of Australia, House of Representatives and relevant others in addressing the needs of people with a mental illness and those that care for them. We bring to this Submission, a mental health consumer and carer perspective.

Mental health brings with it many challenges. As a consumer and carer organisation we are in a position to provide direct 'lived' experiences to the Inquiry and would welcome the opportunity to engage in further consultations.

Whilst our Network is primarily focussed on mental health delivered in private sector settings such as private hospitals and private providers in their own practices, we nonetheless consider this an opportunity to focus on the whole of the mental health system far more broadly than just the private sector.

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

Although mental illness can be chronic, episodic, debilitating and disabling, our Network believes that all people with a mental disability maintain a right to education and employment. The Network's constituency are consumers who suffer from a mental illness or disorder and their family carers.

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

1.1 Community attitudes (stigma)

The very nature of the health condition of our members often provides an avenue for stigma to be present in some form.

A mental health consumer's condition is highly sensitive and any disclosure can, and indeed often does, result in discriminatory practices. These can range from not gaining employment in the first place, to struggling to cope with the mental illness and work commitments, often resulting in an inability to retain employment.

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

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

1.2 Misunderstanding of the impact of a psychiatric disability

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

1.2.3 Episodic nature of psychiatric disability

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

There should be support provided by experienced Mental Health/Disability Support workers to educate the employer and other employees about mental illness and to provide ongoing support in the workplace for the person with mental illness returning to work.

1.2.4 Chronic and multiple diagnoses

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

1.2.5 Ability to care for self

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

In summarising these issues, some of the key areas required to be addressed in regard to meaningful participation by people with mental illness include:

- the availability of appropriate training and employment opportunities;
- non-discriminatory work places;
- financial incentives to employment; and
- the impact on an individual's welfare payments when they enter the workforce.

2. Ways to enhance access to and participation in education, training and employment of people with mental ill health through improved collaboration.

We know that a great many people with a mental illness would choose to find some sort of meaningful employment, study, follow a career path and live within the community. Many psychiatrically disabled people are already skilled or talented in some way.

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

2.1 Welfare Payments

Many consumers are not on DSP, but may be on Newstart or the Personal Support Program (PSP). The PSP is a proven avenue for supporting consumers to move back into and retain employment, and should be expanded to include more consumers that are currently on Newstart.

There are some wonderful initiatives around Australia including the VETE statewide program in NSW. This allows direct support for people to attend TAFE courses, supported and encouraged directly by appropriately trained staff. This sees consumers attending courses, work experience and re-engaging within the workforce.

3. Strategies to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health.

We have set out below some possible strategies:

- Community campaign highlighting the ability of people with a mental illness to be a valuable member of the workforce and of their right to work;
- The retention for a two year period of the abeyance of the Disability Support Pension is fundamental to the attempt to engage in meaningful employment;

- Development of a “safety net” that enables people to attempt to disengage from the Disability Support Pension and take the risk of entering open employment, bearing in mind the episodic, chronic and sometimes swift onset of mental illness;
- Expansion of the Personal Support Program to provide additional support to people on Newstart who have mental health issues;
- Better informed and more experienced front line staff at all Government, Job Network and Disability Employment Services;
- Establishment of specific, stand-alone psychiatric employment support services, including an education tool for both employer and current employees;
- This support should be provided by experienced Mental Health/Disability Support workers to educate the employer and other employees about mental illness and to provide ongoing support in the workplace for the person with mental illness returning to work; and
- A better informed bureaucracy and academia addressing mental health issues, with improved co-operation and communication between these two entities including documentation requirements to enter some portions of the workforce/universities would be one of the first issues to be addressed.

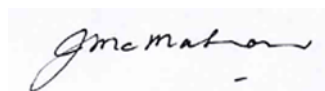
4. Conclusion

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

The Network has been pleased to provide this Submission to inform the Inquiry into mental health and workforce participation. We would welcome the opportunity of providing further input into the Strategy or to discuss this submission directly from a consumer and carer ‘lived’ experience.

We thank you for the opportunity of providing this information to you. I would be pleased to discuss any aspects or provide further information. Please contact me on email: jmcmahon@senet.com.au or telephone: 08 8336 2378

Yours faithfully,



Ms Janne McMahon OAM
Independent Chair
29 April, 2011