

SUMMARY OF PRESENTATIONS

Consumer Perspective

Ingrid Ozols

blueVoices and MHCA Executive Member

- Mental illness is often poorly dealt with in the workplace. Particularly, HR is considered a “dumping ground” for all the emotionally and psychologically charged issues. Sometimes the workplace can be a trigger for mental health problems
- Workplaces struggle to support employers and employees alike in terms of mental illness. There is an overwhelming sense of not knowing what to do: placed in the “too hard” basket.
- Often is the case that people with a disclosed mental illness are sidelined in the workplace, demote, make position redundant. This adds to the real issue with disclosure that people with a mental illness face, fear that will not be given opportunities (promotion, etc).
- 3 point triangle: **education**: employers feel that they are not qualified to deal with these issues, fear what they know little about. Education is needed to help people recognise symptoms, how to listen and offer help and support, or direct to appropriate support, how the mental illness impacts on their lives. **Communication** is improved through education, if we have the knowledge and education, can communicate and juggle work hours and workloads, once we can communicate we can **collaborate**.
- Workplaces need to be educated and learn from the experiences and successes of others in order to create an aware and supportive environment for people with mental illness.
- For example, working with Telstra, help is achieved through educational tools such as a book and interactive software packages for employees/employers to learn about mental health issues.
- Mental illness is too often equated with mental incompetence, and depression/mental illness is not a problem when it can be managed effectively.
- Education, communication and collaboration are the keys to widespread understanding of mental health issues and the creation of supportive family and work environments, which feed into successful management of the disorder.

Carer Perspective

The Hon Keith Wilson (Melbourne)

Carers Australia, and MHCA Chair

- Carer perspectives are often not acknowledged, but are extremely important for gaining insight into the needs of people with a mental illness/
- Primary carers have lower labour force participation than non-carers: and find it difficult or impossible to maintain regular full time employment.
- A considerable percentage of carers spend more hours than those in an average full-time working week providing care (40+ hours).
- Mental health problems are particularly costly in terms of disability, especially depression.
- An extremely low percentage of people with mental illness who receive disability payments participate in the workforce.
- Mental disorders are particularly problematic for young people, as they can impact on education completion, careers and families, account for a huge amount of disability cost, and tend to begin during adolescence and early adulthood.
- Effective treatments and personal support are the biggest factors in the success and performance of people with mental illness in the workplace.

- Mental health issues tend to be treated as unexpected and unplanned for problems, yet they are extremely widespread and prevalent and affect every family in Australia on one way or another.
- Carers and families of people with a mental illness recognise the need for 2 stages of support. One stage is to help people with a mental illness into the workforce, and then support them once they are in employment. Problems can fluctuate, so pathways need to be flexible and varying.
- It is important to invest in mental health, given the potential returns and Australia's appalling record given the amount of people with mental health problems who are left unemployed, isolated and dependent on welfare.
- There is a long history of misunderstanding in the nature of mental illness, and may stem from historic perceptions of mental illness in terms of inherent faultiness or feeble-mindedness.
- The position is clear: help for people with mental disorders is up to governments and the public health community, and the WHO has a particularly important role to play in this.

The Hon Keith Wilson (Sydney)

Keith presented on the unique and often unacknowledged perspective of carers on issues concerning the employment of people with a mental illness. Carers have a strong feeling and great deal of insight into the needs of people who experience mental illness. They are often spoken of as the "great unpaid workforce", as they are often the "last resort" for care and support to family members during the most disabling episodes of their illness. Caring responsibilities not only impact on carer's physical and emotional wellbeing, but also their hopes for the future of the people they care for. While carers may at times experience feelings of hopelessness and worry, they also have the potential to provide unique and valuable first-hand insight into the support needs of people with a mental illness, not only to help them achieve employment, but retain employment as well.

Government Perspective

Barry Sandison

Assistant Secretary, Disability Policy Branch

Department of Employment and Workplace Relations

- In light of the recent welfare to work reform and DSP reform represent a huge investment to increase employment and reduce welfare dependency.
- The government (DEWR) aims to increase workforce participation rates, increase employment rates and reduce welfare dependency.
- OECD thematic review on Ageing and Employment recommended lowering the 30-hr rule, increase resources to help find employment and review means test arrangements for people with part-time work capacity.
- Highest number of people on DSP with the lowest rate of people who also receive earnings (9% of 699,790).
- The priority groups targeted by the welfare to work package are people with disabilities, parents, mature age people and the long-term unemployed.
- Under the scheme, existing DSP recipients will be unaffected, people who leave the DSP will be able to return to it easily if they need to, (insert more information about the new arrangements).
- Work obligations for people on DSP, NSA/YA will also vary from July 1 2006.
- Extra employment services will be provided and there will also be a new assessment process (Comprehensive Work Capacity Assessment; Pre-vocational Participation Account).

- Creating employer demand is also a major priority and initiatives include targeted industry strategies, managing a diverse workforce and strategies to increase demand for workers with disabilities.
- There will be particular investment in mental health (aimed at providing tools for employers in relation to employing people with mental illnesses incl. links to an Australian JAN service)
- Mental health problems pose a significant barrier to participation in the workforce and are a leading cause of disability (depression). The government is a major contributor to mental health service and program funding.
- There are a number of major mental health issues facing Australia, incl. large numbers of people who are not seeking assistance for mental health problems, and the lack of an employment focus in mental health services, and the lack of a mental health focus in mainstream employment services (i.e. Job Network). There are also a number of factors that, in combination, deny people with mental illness the opportunity to find work appropriate to their abilities and interests.
- There is an issue with mental health and income support, DSP and Sickness Allowance are the primary payments, but they are also prevalent on other payments (percentage breakdown of people with mental health problems receiving different Income Support payments).
- Different percentages of people with mental health problems using different services (Disability open employment services, Personal Support Program, Vocational rehabilitation services, Job Network).
- Conclusion: mental health is an issue for income support, services need capability to respond and there needs to be a strategic approach – cross service and cross Department.

Awareness of mental health issues, treatment, practices and success stories

Professor Patrick McGorry

Executive Director, ORYGEN Youth Health and ORYGEN Research Centre

- Mental Disorders are Extremely Common
- 75% of Onsets in Young People < 25 years
- Main Cause of Disability in Australia
- Treatments are Highly Effective (Symptoms)
- Social Recovery Less Common
- Minority of People Receive Treatment (40%)
- Mental Health System in Trouble (Acute Focus)
- Need for Major Investment in Recovery Programs
- Educational, Vocational and Employment Focus
- “Backlog” of Neglect BUT Early Intervention is the Key!
- Mental health problems are particularly debilitating and prevalent among youth, and impact on participation in work and education.
- There is a relationship between mental illness and unemployment, and unemployment itself is a risk factor for the exacerbation of mental illness.
- Largest proportion of jobseekers participating in public funded disability employment services but achieve the lowest proportion of durable open employment.
- People with mental disorders have low labour force participation, and long term open employment is a goal of these people.
- So many consumers may not be in school or work because there traditionally has not been a focus on mental health or educational rehabilitation.

- There are various strategies in mental health services: Supported employment, transitional employment, social firms, employment specialists integrated into clinical mental health teams, supported workplace training.
- Individual placement and support has a number of characteristics and has been found to be effective with chronically unwell populations: target at young people.

Professor Ian Hickie
Executive Director, Brain and Mind Research Institute
Professor of Psychiatry, The University of Sydney

Ian presented on the significance of mental health as a big social and economic employment issue. Mental illness is extremely common in the community, and contributes substantially to non-disease health burden and chronic disability. Mental illness also has an especially problematic age profile in terms of employment; because the age of onset of mental illness is young, it is likely to result in fragmented work histories and hinder educational attainment and the development of job skills and experience. In addition to this, the widespread endorsement of various myths surrounding mental illness also compounds the difficulties faced by people with a mental illness in terms of employment. It is essential that the lack of knowledge in the community about mental illness is addressed through ongoing education targeted to the workplace. Furthermore, the disability caused by mental illness in the young ought to be addressed and minimised through early intervention strategies.

Mental Health Provider Perspectives

Barbara Hocking
Executive Director, SANE Australia

- Prevalence of mental disorders: they are affecting lots of real people.
- Obtaining employment is meaningful for a person with a mental illness because it provides income, a place in society, and an opportunity to learn and interact in the environment around them, develop relationships.
- Over two-thirds would like to be in some type of employment
- When the illness is treated and managed, productive work is achievable.
- Current situation is that a large percentage of consumers are not in the workforce.
- 25% of DSP recipients have a mental disorder and many of those want to work with help, support and the right jobs.
- However, work isn't for everyone. 76% supplement DSP with work, to varying degrees.
- High levels of early retirement, many look for other roles and opt out of work.
- Why should the workplace care? Improved productivity (from treating), improved environment (respect, morale), we are all potentially affected, duty of care (legal consequences).
- What do people with mental illness need to be able to work? Early assessment, effective treatment, job skills and these are achieved through improved mental health literacy, improved clinical and community services, recovery/rehabilitation services (where the State government comes in)
- This also needs to be accompanied with attitude change in the general community, policy makers, health and community workers.
- Consumers may also need help finding a job, help keeping a job and this is achieved by skilled assessment, job creation and in job support (where the Federal government comes in). Combined with attitude change in policy makers, employers, employees, agency staff, removal of disincentives, job creation.

- Better cooperation is needed between state and federal services, incl. strong links between mental health and employment workers. Also improved attitudes and knowledge from everyone.
- SANE's helpline receives an increasing number of calls relating to employment: people wanting a job, people becoming ill and worrying about losing their job, employers and managers seeking help for an employee who has become ill, and co-workers seeking information.
- SANE guide to mental illness in the workplace: understanding of a range of mental illnesses and their treatments and ways to support and work with affected colleagues.
- Was developed with input from key stakeholders, consumers, HR consultants, employment/disability/'ordinary' workers.
- "customised" for different workplaces (i.e. electorate offices)
- Blueprint guide to employment and psychiatric disability for people interested in the issues: facts, figures, research, case-studies, asking questions like "Why are so many people untreated?", "Why so few vocational rehab programs?", "Why so few part-time jobs?", "Why so little in-job support?", "Why so many people with mental illness unemployed?"
- SANE committed to reducing stigma through criticising inappropriate and inaccurate mass media portrayals of mental illness and promoting accurate and sensitive portrayals (i.e. stigma-watch).

Nic Bolto
Director, Ostara Australia

- Ostara Australia is a consortium of specialist services designed to assist people with mental health issues to find and retain employment.
- People with mental illness are among the largest cohort in the unemployed population.
- "What Works" project: explored service linkages required to facilitate social and economic participation for people with mental health problems. 22 diverse participants, 17 people re-engaged in community through work, training or volunteer activity with practical support.
- Ideal linkage would be state-funded mental health supports, psychosocial/employment support, community responsive training and employment opportunities.
- Reasons employers engage with Disability Open Employment Services.
- 3 recommendations: (1) Fidelity trials: substantial research on achieving effective outcomes for jobseekers not demonstrated in Australia. (2) underwrite national service maps for PSP, DEA and Job Network (3) employer incentives.

Nicole Highet
Deputy CEO, *beyondblue*

- Depression is misunderstood in the community and main problems include lack of understanding, stigma, problems accessing treatment and discrimination.
- Priorities are to destigmatise and increase community awareness, promote prevention, promote consumer and carer issues, promote primary care training, strategic research
- Depression in the workplace program: implemented because of the negative impact of depression on work (lost productivity, cost to organisation due to lack of treatment), program designed to ensure people are assisted to access appropriate healthcare.
- Important to run a program in the workplace because there is social interaction at work, and because of the enormous amount of time spent at work, also duty of care issues, and rather about preventing psychological injury claims, preventing by providing safe and healthy working environments (this involves looking out for well-being of co-workers).
- Beyondblue Depression Monitor: helpfulness of various behaviours for dealing with depression in the workplace rated (i.e. encourage them to focus on the positive things in life)

- Case of “Tony”: best way to approach is to show concern and to express that they are valued.
- Beyondblue has various depression awareness campaigns. Website is an information resource for udders, carers, stories of experience and the promotion of wellness, information about health practitioners.
- Evaluation of depression in the workplace program: The program is delivered in direct consultation or using a train-the-trainer model. The program is specifically tailored to meet the needs of the organisation. Outcomes include:
 - Increased knowledge and understanding about depression.
 - Increased willingness to engage with a person with a mental illness.
 - Improved attitudes (reduced stigma).
 - Increased knowledge about helpful/ unhelpful behaviours and management practices.
 - Increased confidence and likelihood of assisting people to access appropriate help for depression.
- High levels of satisfaction with the program.

Industry Presentations

Telstra Care

Simone Adamczyk - Health and Safety Manager

Paul Baulch - General Manager HS&E

- Paul spoke for 5 minutes on what he believes employers should be doing to manage mental health related issues in the workplace.
- Simone spoke for 10 minutes on the journey Telstra has taken to put mental health on the corporate agenda and what we are planning to do over the next 12 months.

ATO Wellbeing, Australian Tax Office

Paul Fyfe

- ATO wellbeing program implemented in line with recommendations from 2001 Corporate Health and Lifestyle survey (incl. health risk assessments: problem with depression detected)
- Wellbeing program included a number of health related programs (incl. 4 psychologically focussed programs).
- Beyondblue – managing depression in the workplace: focussed on managers, then all staff (2000 attended). Marked pre and post training effects on beliefs and knowledge about depression, prevalence, helpfulness of behaviours, and likelihood of assisting.
- HeartMath (stress reduction program): pre and post personal and organisational quality assessments conducted: improvement in calmness, fatigue, depression, sadness, life fulfilment post attendance. Enjoyed, based on medical/science evidence base, targeted at senior executives.
- Mental Health First Aid: invited to ATO Safety & Health Team Conference, aimed at case managers
- EAP Manager Information Sessions: contract ongoing with ATO.
- Why a wellbeing philosophy? Managing and preventing psychological health risks provides health benefits while creating significant financial savings and increased productivity in the ATO (saving money in Comcare premium, state work cover)

Toll Holdings

Ruth Oakden

- Chaplaincy program: 4,000 of 22,000 employees have a mental health problem.

- Examples of how they are managed: Scenario of workplace environment in Toll: lots of reluctance to talk about “emotional issues” among drivers, despite significant levels of job stress experienced. An incident spurred drivers in one particular depot to open up to and discuss issues of stress and depression they experienced. They started talking about their symptoms, experienced of counselling and medication, and started looking out for one another within this small depot community. The result of bringing these issues to the fore included reduced absenteeism, enhanced workplace harmony and mutual support, positive effects which were well-received by Toll shareholders!
- Story of a young woman with a history of mental illness in her family, at a great deal of risk. Moved into a nice apartment, was on regular and carefully medication, has just recently achieved permanency as an employee of Toll. Started casual work, moved on gradually to part-time, with a lot of workplace support and has a mentor to monitor, support and understand her. This has had not only a profound impact on her performance at work (her output is significant and absenteeism is not an issue), but her life in general, to encourage a young person in the worst condition to return to the world, rather than withdraw from it.

Job futures Deenie Adams

Deenie spoke about the role of *Job futures* in providing employment services to people with a mental illness. *Job futures* consultants are sensitive to the specific and wide range of different of their clients and their consultants have a mixed skill base. In order to increase the mental health literacy of consultants, *Job futures* is delivering the Mental Health First Aid course to consultants on a national basis. Job seeker's preparedness to disclose that they have a mental illness is also a challenge faced by *Job futures* consultants, as this can impact on their ability to place them into work. Consultants are frequently trained in Assessment and Employment Planning, which assists them in working with clients during the assessment process. *Job futures* also has a role to play in working with employers to ensure that employees are sufficiently prepared and supported in the workplace, as they can often encounter stigma and discrimination due to employer's lack of knowledge about mental illness. *Job futures* has a Post Placement Support strategy to ensure that support provided to both employers and employees is comprehensive and ongoing. To ensure that the Job Network experience is beneficial for clients with mental health issues, *Job futures* sees it as essential to form industry partnerships with mental health professionals as well as advocate for more flexible funding arrangements for Job Network members.

Subway Sue Hughes

Sue spoke about her experiences supporting employees with mental health issues from a small business perspective. Sue highlighted the importance of providing a supportive workplace environment and that the key to her success as an employer has been in showing genuine concern for her employees and recognising their need for support. A workplace exists and runs like a community, and as such, everyday life challenges are faced and dealt with in the workplace. Sue has worked with employees aged 14 to 58 years with a range of different abilities and disabilities ranging from substance abuse to Downs Syndrome. However, the age profile of the majority of her staff (14-18 years) is the same as the age profile for mental illness. Sue shared her experience with one particular employee who experienced substance abuse and other mental health issues. Sue recognised that this employee needed and valued their job, and that with support, not only performed well at work, but started to recover from their illness. Sue highlighted that the success of this approach is heavily reliant on the provision of outside support. She pointed out that information and support agency services should to be brought to workplaces, rather than employers having to seek them out. Sue has found that access to outside support and having a genuine desire to help employees are the keys to success in employing people with a mental illness.