

**Submission
National Mental Health and Disability
Employment Strategy**



June 2008

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To whom it may concern,

Regarding: Submission to the National Mental Health & Disability Employment Strategy

The NSW Consumer Advisory Group – Mental Health Inc (NSW CAG) is pleased to have the opportunity to contribute to the development of the National Mental Health and Disability Employment Strategy.

Please find to follow our response to the Discussion Paper: *National Mental Health and Disability Employment Strategy*.

Yours faithfully,

Karen Oakley
A/Executive Officer

Response & Recommendations

1. The basis of this response

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, statewide organisation representing the views of mental health consumers and carers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers and carers to experience fair access to quality services, which reflect their needs.

Our response to the Discussion Paper, National Mental Health & Disability Employment Strategy, is based on the input of 55 mental health consumers, carers and other stakeholders from throughout NSW. It also draws on our knowledge base gathered through extensive consultation with mental health consumers in NSW.

In order to compile our response, NSW CAG conducted a range of specific consultations throughout NSW. Thirty-two people attended face-to-face consultations, held at Parramatta (Sydney West Area Health Service), Wagga Wagga (Greater Southern Area Health Service), Port Macquarie (Hunter New England Area Health Service) and Maroubra (South Eastern Sydney and Illawarra Area Health Service). A further twenty-one people who were not able to attend consultations completed a web-based survey, and another two people responded to an email request.

Eleven consumers, ten of whom attended consultations and one who responded via email provided written accounts of their experience, using Attachment C, Form 1 from the Discussion Paper. These are included in Appendix A of this submission.

2. General recommendations

The NSW Consumer Advisory Group – Mental Health Inc. welcomes the development of a National Mental Health and Disability Employment Strategy. For many consumers of mental health services, opportunities for participation in employment, including, and often particularly, mainstream employment is an important aspect of the journey of recovery. Opportunities for participation in the workforce have a range of benefits for individuals, that include increased self-esteem and self-worth, confidence, and providing a purpose and meaning to life. As one of our participants stated, this Strategy will provide “recognition broadly that work is the road to recovery – offering increased good health, increased self esteem, financial stress reduced, etc – to enable transition to work post-illness – both in Health Workers and broader community.”

Participation in meaningful and satisfying employment also facilitates broader social participation and inclusion, providing avenues for social and leisure experiences, opportunities for economic participation, greater community involvement, and future security through superannuation and options for housing.

NSW CAG therefore congratulates the Australian Government on commencing to address this important issue for people with a mental illness. As discussed below, we recommend that the Strategy take a whole of Government approach, and be based on key principles.

2.1 Whole of Government Approach

Addressing the barriers to employment for people with mental health issues and disabilities requires a whole of Government response. Although it is essential that the Department of Education, Employment and Workplace Relations leads the investigation, commences discussion and debate in the area, and develops a strategy that is a starting point for ensuring the employment participation of people with disability and mental illness, it must be noted that some of the barriers to employment relate to the health system, transport, housing, and community

services such as Centrelink. It is therefore imperative that other Federal and State and Territory Government departments be involved and committed to the participation of people with mental illness and disability in employment through reviewing related policies, infrastructure and services. In particular, it is essential that the following Australian Government Departments be involved in the development of the National Mental Health and Disability Strategy through examining and revising policy, infrastructure and services that may be impeding and/or are required to assist and enhance the participation in employment for this group:

- Human Services
- Families, Housing Community Services & Indigenous Affairs
- Infrastructure, Transport, Regional Development & Local Development
- Immigration and Citizenship

and State and Territory local Governments responsible for:

- health
- housing
- employment
- vocational education and training
- transport
- Aboriginal affairs
- community services
- disability services
- small business
- women
- youth
- migrant populations

2.2 Principles

NSW CAG recommends that the National Mental Health and Disability Strategy be founded upon key guiding principles. In particular, the principles outlined below, based on those guiding the work of NSW CAG, and those detailed in the Queensland Disability Services Community Resource Unit's *Guiding principles for consumer participation* (2005) are recommended to guide and provide the foundation for the Strategy:

- **Participation**
Participation in all levels of life should be ensured for all people including people living with mental illness. Participation in society includes having meaningful access to all types of employment. People with mental illnesses can and should be able to gain employment outside of the fields of mental health and care in which they are typically employed. Access to employment for all who want it needs to be available as employment can increase social interaction, help people to feel valued in society, and increase people's self-esteem, while also reducing self-stigma. Participation is crucial as it can assist people in their individual recovery processes.
- **Recovery orientation**
Recovery orientation emphasises that recovering from illness is a very personal journey that is different for each and every person. It is a holistic approach to illness, noting that social, economic, education, employment, housing and other needs are as important as addressing psychological and physical needs. The focus is on the individual and their needs first, and on the illness, which is only one part of a person, second. Recovery orientation is not merely about being symptom-free or off medications, it is about seeking satisfaction with daily life.
Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and or roles. It is a way of living a satisfying, hopeful, and contributing life. Recovery involves the development of new

meaning and purpose in ones' life as one grows beyond the catastrophic effects of psychiatric disability (Anthony, 1993)

- **Capacity building**
All people require training, education, and support in order to find employment. People living with mental illnesses require capacity building that recognises their individual needs and goals. For some, capacity building might involve re-training after being unemployed for a significant period of time. This strategy needs to ensure that individuals with mental illnesses and other disabilities both have access to and are able to access the training and supports they need in order to find meaningful employment.
- **Promotion of positive images and reducing stigma and discrimination**
In the media, on the streets, in the office, and in health services a deep stigma is still applied to people with mental illness. This stigma, and the level of fear and ignorance that many people have about mental illness, leads to discrimination at individual and systemic levels. The lack of positive images around people with mental illness in our culture creates more stigma and can cause people to avoid seeking mental health treatment so as to avoid the discrimination associated with mental illness. This strategy needs to ensure the promotion of positive images of people with mental illness and other disabilities and address ways to reduce stigma and discrimination. People with mental illnesses lead successful, healthy lives every day - and these positive images need to be promoted. By reducing levels of stigma, people living with mental illness are in a better position to work in partnership with their employer to manage days where they may be feeling unwell. This would reduce the need to take sick days, where instead of taking a day off an individual can still adequately carry out their tasks.
- **Being person centred, with a focus on the needs of the individual**
Consumers NSW CAG has consulted with have consistently felt that they are treated as though they are defined by their illness - that the illness is not just one part of the person. This poses many risks, to the wellness of the individual, to their self-esteem and self-perception, and also reinforces socially-accepted stigma. A person's experiences with mental illness, as with all forms of illness, are highly individual. All people experience different symptoms and require different forms of treatment as part of their recovery. For this reason, it is felt that this strategy needs to be people centred, focusing particularly on the needs of the individual.
- **Empowerment**
People with mental illnesses and other disabilities need to be and feel empowered in order to have a positive self-perception, to journey towards recovery, and to participate fully in their treatment, employment, and daily life. Empowerment should be a guiding principle for this strategy, as many of the other principles proposed here are deeply related to the notion of being empowered. Empowerment itself is crucial to any developments that can be made in the mental health field.

A further important principle is that of equality. People with a mental illness need equal opportunities to be engaged in the workforce, both in 'mainstream' employment, and where needed, supported employment. Indeed, this and participation are core to the notion of social inclusion, and need to be explicitly stated and determined as principles underpinning this Strategy.

3. Response to the Discussion Paper

3.1 Barriers to obtaining and retaining employment for people with a mental illness

Attitudes and stigma

Stigma towards, and negative attitudes about, people living with mental illnesses present major barriers to obtaining and retaining employment. On the basis of their experiences, one person defined stigma as “social beliefs that impair [consumers’] access to achieving and keeping employment”. Stigma stems from a lack of understanding about mental illness and is continually reinforced by negative images of people with mental illness. It can cause low confidence for many consumers. It is something that most people living with mental illness experience frequently, and yet, as a consumer noted “it’s [mental illness is] not a ‘stylish’ issue, not included in the long lists of discriminations” that the general public disapproves of. Negative attitudes by employers, co-workers, and the community in general have been consistently noted by consumers, who have felt that employers do not understand the “ups and downs” associated with mental illness. Another consumer noted that “it is difficult to tell an employee that you have a mental illness as it is still such a taboo subject”. There is also a lack of positive media coverage about consumers as workers, which creates fear and negative stereotypes around mental illness. It is also significant that this societal stigma can cause self-stigma in people with mental illness. Self-stigma is caused when a person with a mental illness internalises and believes negative images of themselves because they have a mental illness. This can manifest itself in a person not believing that they are capable of getting and maintaining a job. In order to combat negative attitudes and stigma surrounding mental health, campaigns need to be undertaken to educate to public about mental illness and increased advocacy is needed to support consumers that are working.

Lack of support

A lack of support in its many forms poses a barrier to employment for people living with mental illness. Consulted consumers and carers noted feeling a lack of legislative, social, legal, entrepreneurial, psychological, financial, mentorship, and employment training supports. Where there are supports they are often fragmented, time-consuming, short-term, and/or costly. A system where supports are lacking is one that can negatively impact upon people and their employment options. One consumer noted “not knowing where to start” when seeking employment and another felt a “low sense of self”. As one person with noted “employment agencies invariably don’t get just how tough it is with schizophrenia - especially the vulnerability to stress. Maybe the government needs to realise we are capable workers within our constraints”.

Finding meaningful, well-paying work is always difficult, but it is particularly difficult for people with mental illness who have been unemployed for a long period of time, as there is currently a lack of supports to help people re-skill after long-term unemployment. It was noted that employers are currently not provided with enough incentives to provide training for and employ people living with mental illness.

The importance of having support from mentors who have been through similar experiences has been emphasised as a way for consumers to feel more comfortable at work. The lack of such support from mentors presents a barrier for people with mental illness to gaining and retaining employment.

Centrelink regulations

Centrelink regulations can present a large barrier to finding and retaining employment for people with a mental illness. The lack of support and the excessive amount of red tape associated with Centrelink can discourage people from looking for and maintaining work. It is felt that Centrelink needs to offer support for people who may have been unemployed long-term, such as paying for protective/work clothing, tools of trade, and car registration. Centrelink can be difficult and unfriendly to navigate through, as the Disability Support Pension (DSP) is only provided to those who work less than 15 hours per week. This is difficult because there are very few jobs available that offer work for less than 15 hours per week and because many people with mental illnesses are able and happy to work more than this. If a person works more than 15 hours, however, their pension is removed. This can have horrible impacts if a person suffers a relapse, is laid off their job. Regulations surrounding the DSP need to be changed so that people with mental illness can work and contribute to society for more than 15 hours per week and can still have the peace of mind that their DSP will support them in times of need. A comment received during consultations

was that consumers “need to know that they will be able to access their sickness benefits easily and expediently if they start work and then become unwell again.” To have a system where by people cannot get their sickness benefits easily after having worked for a period of time is to suffocate their desire and hope to begin work of any nature.”

Transportation factors

Transportation presents a barrier to employment as there is often inadequate public transport in and out of town/regional areas and/or a lack of jobs within an affordable travelling distance from people’s homes. When people rely on public transportation to get to work, this can restrict the type of work they can get and where they can work.

Impacts of illness and/or medications

The impacts from illness and medication can present major barriers to employment for people with a mental illness. An illness or medication may impact on appearance, fatigue, and concentration and can cause a loss of memory, difficulty sleeping or waking up, an inability to operate machinery. Recurring illness or a fear of a relapse is also an issue that many people with mental illness have to deal with, and can be a great obstacle to gaining and maintaining employment. In addition, for those who have been out of employment for a considerable period of time, a lack of recent experiences and references can present issues. As one consumer noted, “the employment ‘gap’ in my resume as a result of hospitalisation and treatment - it’s very hard to explain that I was in an institution or receiving treatment when asked why I was unemployed for a period of time”. Some people with mental illness can only work part-time and part-time work that is interesting and well paid can be difficult to find. It is also problematic that many people who participated in our consultations are concerned that worker’s compensation will not cover people if they are on medications.

Lack of opportunities

A lack of opportunities and employment options presents a barrier to employment for people with mental illness. There is currently a lack of job options for people with mental illnesses and a lack of incentives for employers to “give you a go”. As one consumer noted, “there are very few career options for people with schizophrenia - I can think of consumer advocacy and maybe aged care, supported employment and not much else”.

Inflexible workplaces

Inflexible workplaces present a large barrier to the employment of people with mental illness. Many employers and workplaces are currently inflexible, particularly around work hours and leave. For some people, the unpredictable nature of mental illness is such that it is difficult to commit to regular hours and days. As one person noted “Jobs give you sick and annual leave but you can need more time than this to recover when you have a mental illness. Government policies should provide leniency for people with mental illnesses when it comes to annual leave”. In addition, there is currently a lack of meaningful permanent part-time work and a lack of supportive team-based working environments. Flexible workplaces can often lead to greater employee loyalty and commitment, therefore is beneficial to both employer and employee.

Money issues

Some people with mental illness work in supported employment, but it is felt that the low wage in these positions presents a barrier to retaining this work. For this reason, and as people with mental illnesses can lose their disability pension if they work more than 15 hours per week, some consumers have wondered whether it is worth it to work.

For reasons related to the side effects of medication or illness, people with mental illnesses may have difficulty managing finances, which itself can present barriers to employment. Travel fares and medications can also be expensive, especially when receiving low wages.

Other factors

People with mental illness may face extra barriers to employment if they are a part of more than one minority group. For example, if a person has a mental illness and has another condition or illness or is also a single parent, a mature aged worker, and/or a person from a CALD background, they might face more discrimination or stigma than other people with mental illness. They may also have different needs than other people with mental illnesses, and this must be considered during the development of this strategy.

A barrier to full participation of people with mental illness can be the language used in legislation and by health services. As one consumer noted, “plain English” is needed so that people with mental illnesses feel that things are being done “for [and with] them,” rather than “to them”. People with mental illnesses need to be fully informed and educated about the issues that directly relate to their rights and options.

3.2 Goals for the National Mental Health and Disability Strategy

An overarching goal for the National Mental Health and Disability Strategy is for equal opportunities for people with mental illness and disabilities to obtain and retain employment and to be empowered to participate in society in this manner. The overall success of this Strategy will be a measurement of the number of people with mental illness and disabilities who wish to have employment but are unemployed. Ideally, this number should stand at zero. A further overall measure of this strategy can be gained through future surveys and discussions with people with a mental illness to examine whether there has been any improvement or change in the identified barriers towards gaining and retaining employment.

In working towards this overall goal, participants in face to face and survey consultations discussed a range of strategies that are required. Essentially, three goals for the strategy arose out of these consultations:

1. Enhanced understanding of mental illness within the workplace
2. Greater workplace flexibility
3. Enhanced and expanded support for people with a mental illness to obtain and remain in employment

3.2.1 Goal 1: Reducing Stigma and creating an understanding environment in the workplace

a) The Goal

An environment where people are not afraid to disclose that they have a mental illness needs to be created and facilitated in the workplace. This needs to be done so that people will be supported and able to access support and/or positive discrimination policies. In order to ensure this, stigma and negative attitudes towards mental illness must be challenged and dismantled. Stigma and negative attitudes towards mental illness create a barrier to employment both for people who choose to disclose their mental illness upfront to employers, and for people deciding whether or not to disclose their illness in the workplace. This stigma can relate to misconceptions about the violence and unreliability of people with mental illness and to fear about workers compensation issues. Some people fear disclosing that they have a mental illness because of the stigma and negative reactions they might receive from employers and co-workers. Whilst disclosure is always a personal decision, people often feel relieved and more supported when they are able to disclose their illness in the workplace. It allows for discussion around what workplace supports may be required and assists people with mental illness to take sick leave if needed. This can produce an environment where the individual can both ensure their continued recovery and meet the needs of the workplace. It is essential that employers, and colleagues, understand the issues relating to disclosure and be supportive of those people that choose to disclose their illness. It is also important that people recognise that any person in the workplace could have a mental illness and that subscribing to

stigma about mental illness can make work both uncomfortable and less productive for those around them.

Understanding is also needed in the recruitment process. People with mental illness and/or disability are sometimes unemployed for extended periods of time and, as a result, may have large gaps in their resume and no recent referees. Due to the stigma associated with mental illness, many people have noted the level of discomfort they experience when trying to explain the reason for these long gaps in employment. Employers need to have an open approach so that people feel comfortable in discussing the reasons for such gaps without having to fear that this will inhibit their selection for the position.

Some people have a criminal record as a result of their illness, often for minor offences. When people know that record checks are going to be undertaken they may feel discouraged from applying for the position, or they may be rejected on the basis of the outcome of the record check. Although it is important that employers understand that most people with a mental illness do not commit crimes, it is also important that they be understanding and provide more flexibility when considering criminal record checks.

b) How the goal can be achieved

Campaigns targeting stigma on both community and corporate levels need to be put in place. These campaigns would facilitate contact between the community and corporate organisations with people living with mental illness and lead to improved understanding of mental illness. People living with mental illness can be employed to present about stigma and the myths surrounding mental illness to managers and executives. The education of management also would need to include information about how to support a person that chooses to disclose their mental illness, how to ensure their confidentiality, respect their self-determination, and take any additional steps to ensure their comfort, security, and productivity in the workplace. Also needed is a realistic discussion about the strengths and possible limitations of individuals with mental illness and of the supports they may need in the workplace. Education and training packages need to be made available for use within the workplace, in order to enhance all staff's understanding of mental illness.

c) Measurement

It is difficult to measure stigma, as this requires measuring a combination of attitudes, knowledge and behaviour. A survey of people with mental illness that are in the workplace could be one mechanism for measuring the levels of stigma and/or discrimination experienced. It is also important to survey people who are not employed, as stigma and negative attitudes could be the reason for their unemployment. In order to determine the effectiveness of the stigma reduction campaigns, managers, executives, and co-workers who take part in the presentations could also be asked to complete pre- and post-surveys.

3.2.2 Goal 2: Greater workplace flexibility

a) The Goal

Greater workplace flexibility is required for people with mental illnesses to gain and retain employment. This flexibility is particularly important in terms of:

- Hours of work
- Types of work
- Leave with position secured
- Recruitment processes

As discussed previously, the effects of both illness and medication can make it difficult for people to wake up in the morning, work for lengthy periods and sustain concentration. It was therefore expressed that there needs to be greater opportunities for part time employment, with flexibility around the hours that can be worked. Flexibility is also required in terms of allowing for regular breaks and/or changes in activities. People in consultations also noted

that flexibility in the workplace is needed to ensure that medical and treatment appointments can be attended.

A number of people highlighted that the impact of illness and medication inhibited their ability to undertake certain roles, for example using machinery. An employment strategy therefore needs to promote the availability of a range of positions and roles. A clear example that has been highlighted to NSW CAG on numerous occasions is that many positions specify a driver's licence as an essential in selection criteria. These positions exclude many with a mental illness from applying or being eligible for selection. More opportunities for employment for those affected by mental illness may be created through the examination of whether a driver's licence is truly essential to the successful undertaking of a position or whether other means of transportation could be utilised. It is important that the actual requirements for the successful undertaking of all positions be assessed and presented so that there are greater and more equal opportunities for those with a mental illness to gain employment.

When affected by mental illness whilst in a position, a reassessment of the position may need to be undertaken. In some circumstances, a restructure of the position or re-skilling to different roles may be required to enable the individual to remain in employment.

Although provisions are made for people in permanent employment for annual sick and holiday leave, on occasions these are insufficient when an individual with a mental illness becomes less well. In developing positive discrimination policies, providing people with the opportunity to take leave without pay and ensuring their position when they are able to return to employment will assist in people being able to remain in employment. It will also facilitate more secure employment, and a stable workforce for employers where knowledge is retained by the organisation, as well as employee motivation, commitment and loyalty.

The recruitment process can be a difficult and anxious experience for most people, including those with a mental illness. Employers need to be aware of this anxiety and help to create an environment that is less imposing, as this will assist those with a mental illness in obtaining employment.

b) How the goal can be achieved

In the process of educating employers about mental illness, a focus on changing the culture of workplaces is required. Indeed, many of the flexible workplace arrangements detailed above would assist those both with and without mental illness to obtain and retain employment and/or to be less pressured in combining working, family and other commitments. It would be useful for employers to be engaged in training to examine the actual requirements of positions and to identify where greater flexibility can be created. Employers highlighting that flexible workplace arrangements are available in the recruiting process, both in advertising and interviews, may encourage those with a mental illness to apply for such positions. Developing a workplace culture where employees are encouraged to discuss their needs and to negotiate conditions that are more suited to the individual would also assist in reaching this goal.

Training in understanding the anxiety experienced during recruitment phase, and in developing strategies to ensure this process is as least confronting as possible, would benefit all people, including those with mental illness. Suggestions have been made that people be provided with interview questions in advance, whether this be the day prior or interviewees being invited to arrive early and be able to consider questions prior to facing the panel. Awareness of room set up, and establishing rapport are also important aspects for employers to learn and utilise. Consideration also needs to be given to the length of the interview, and that short breaks may be beneficial.

c) Measurement

The effectiveness of education sessions for employers regarding establishing more flexible workplaces can be easily undertaken through an assessment of the learning outcomes of

participants. The utilisation of these learnings within the workplace are more difficult to assess, but an analysis of positions vacant, such as the number of part time positions, and advertisements that indicate the availability of flexible workplace conditions, would provide a measurement of the success of this strategy.

3.2.3 Goal 3: Enhanced and expanded support for people with a mental illness to enter and remain in employment

a) The Goal

A range of programs and systems were highlighted during consultations as being needed to support people with mental illness to obtain and retain employment:

- Education and training opportunities
- A reform to Centrelink
- Mentorship
- Case management and other workplace support structures
- Programs to encourage employers to employ those with a mental illness
- Support and information about disclosure in the workplace

Although there are some programs to support people with a mental illness to obtain employment, many feel that access to these is limited. It was further expressed that continued support throughout employment is required. It was noted that a range of supports during employment are required to match individual needs. Some such supports may be provided externally while others need to be developed and sustained by the employing organisation.

b) How the goal can be achieved

Throughout consultations, people highlighted the need for greater access to education and training programs to up-skill and/or re-skill people. Although there are many courses available, the costs of these are often prohibitive, and people recommended that scholarships be made available to mental health consumers. Extending commonwealth and state funded training for people who are disadvantaged, and ensuring the wide advertising of such courses, including through health care centres, community mental health centres, General Practitioners and hospital rehabilitation units, would assist mental health consumers to access such training. Further, ensuring that case managers and community mental health teams are aware of such programs will facilitate better access to courses.

Consistently, we heard during consultations of the need for reform to the current Centrelink system for those on Disability Support Pensions. The current regulations are seen as a barrier to employment by many, in terms of the processes that must be followed, paper work that must be completed and submitted, and the impact of employment on Centrelink payments. As noted previously, people who experience mental illness and who are or have been on a DSP need to have the security and assurance that should their employment cease or their income be reduced as a result of their illness their overall income can be maintained. This is essential for ensuring stable and secure housing, and to reduce the pressure and stress of instability and uncertainty.

During consultations it was also noted that reconsideration is needed of the current DSP program, whereby there is the threat of pensions being cancelled when a person consistently works more than 15 hours per week. It is felt that 15 hours of work per week generally does not provide enough income for a person to support themselves and is therefore not an appropriate measure for the removal of the DSP. This is especially relevant when multiple expenses surrounding medication are involved. There are also few jobs that are flexible with working hours and allow a person to work only 15 hours per week. While there needs to be a cut-off for those receiving DSP, it has been suggested that the previous limit of 30 hours per week needs to be reinstated. Indeed, some of our participants indicated that the welfare to work reforms which saw the number of hours allowable on the DSP reduced from 30 to 15 has provided a disincentive and discourages people with mental illness from entering the workforce. The current system dissuades people

from joining the workforce and doesn't allow for maximum participation and social interaction. Furthermore, it is suggested that a welfare program be created for people with long-term illnesses, be they mental illnesses or otherwise. This welfare program should be more flexible about working hours and provide more recognition to the fluctuating working abilities of people. It is also imperative that this program be flexible so that a person can access it when required, such as if one becomes unwell and loses their employment or can no longer find, or support adequate work to engage.

Similarly, NSW CAG was informed of the need for a review of the regulations surrounding eligibility for Health Care Cards. When earning over the threshold for these cards, consumers of mental health services face additional financial pressures of seeking psychological and medical treatment, including the purchasing of medications. These treatments are, for many, essential for the continued recovery from mental illness. In many cases, the costs of these treatments are substantial. Although it is recognised that a threshold of earnings for eligibility for Health Care Cards is essential, a review of this threshold is required in consultation with consumers of mental health services, to ensure that the risk of losing their Health Care Card is not a barrier to gaining employment.

It is imperative that people holding Health Care Cards and on the Disability Support Pension are made aware of the regulations surrounding these, and be availed of relevant information as well as places to find further information.

Consumers in consultations highlighted that mentorship from other people with mental illness in the workplace would provide a source of support and advice, as well as reduce potential isolation. Similarly, a need for improved support services within the workplace, and external through case managers was raised during consultations. It was expressed that further education is required to change the attitudes of some case workers that people with mental illness are unable to and will not work. Such negative attitudes inhibit people from believing they can seek and attain employment, and therefore deter them from trying, whilst it also precludes information and support for seeking and remaining in employment.

It was also noted that support and incentives to encourage employers to hire people with mental illness are required. Indeed, the education and training program referred to in goal one would assist with this.

Finally, whether or not to disclose of a mental illness to employers and/or colleagues was a significant issue for people in consultations. Whilst education of employers and other staff is needed to ensure that such disclosures are responded to appropriately, it is also important that the person with a mental illness has support and information to assist in making the decision as to whether or not disclose and support during the process. This could be provided by an Employee Assistance Program, case managers or other similar structures. Information about disclosure could be provided in all staff's induction and orientation kits. An example resource is found from the University of Western Sydney, called "Choosing your path - Disclosure: It's a personal decision" at the following website: <http://pubsites.uws.edu.au/rdlo/disclosure/>. The provision and distribution of such and other similar resources throughout the workforce, and to management and employers would also be assistive.

c) Measurement

One way for measuring the success of this goal is through assessing the number of training programs available and accessed by people with a mental illness. Other measurements may include the availability of assistive and support programs, and a survey of the workplace support structures implemented by employers.

3.2 Other comments and suggestions

A range of barriers to employment and recommended goals and solutions were posed during consultations that relate specifically to the health and mental health system in Australia generally and in NSW specifically. In brief these include:

- An approach to general community attitude change towards people with a mental illness
- Increased support post discharge for people after hospital
- Continuity of care and support for people in regional NSW
- Adequate rehabilitative services both in hospitals and in the community
- Enhanced community support (eg with neighbours issues etc) to maintain good health. Eg: despite population doubling – no increase in staff
- The need for more support and education for families, friends and carers to support people through illness
- Recovery orientation to mental health service provision
- Rehabilitation programs in hospitals and community mental health services that include return to work programs, education and training that will assist in gaining employment and connections with employment services, skills based programs to assist with budgeting and other social and daily living skills
- Provision of after hours community services, so that appointments can be attended out of work hours
- Increased knowledge and skills of case managers, and improved attitudes of case managers towards the abilities of those with mental illness
- Increased resources for adequate case management, with coordinated care across inpatient and community services
- Promotion of hope and recovery in mental health services
- Individualised approach to treatment, care and recovery

These matters will be addressed in a supporting submission to the Australian Department of Health and Ageing, and the NSW Department of Health.

Issues identified in this submission relating to Centrelink will be raised with the Department of Human Services, while Transport issues will be raised with relevant state and federal departments.

4. References

Anthony, W.A. (2000). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychiatric Rehabilitation Journal*, 16(4), 159.

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NSW Consumer Advisory Group – Mental Health Inc. (2008). Strategic Plan 2008-2010. NSW: NSW Consumer Advisory Group – Mental Health Inc. Accessed 26th June 2008, <http://www.mentalhealth.asn.au/members/nswcag/About/NSW%20CAG%20Strategic%20Plan.pdf>

5. Appendix A: Personal Stories

The information, opinions, and quotes contained in this appendix are taken directly from participants who attended the named Consultations and/or wrote in to NSW CAG with their personal story relating to employment, and have been reproduced 'as is'. These views and opinions contained in this appendix do not represent the views and opinions of or imply agreement by NSW CAG.

Story 1

What a breath of fresh air! I am extremely encouraged that something logical/practical 'is Happening'!

I am 100% behind these initiatives! Just keep going forward!

Social inclusion policy- with its varied ramifications should be adopted and vigorously implemented ASAP!

Self-determination and never say die attitude, along with the very good fortune of gaining access to experienced clinicians/counsellors in the mental health field! (Greater Area Southern Health Services- Albury, NSW) plus St. David Care- Drug and Alcohol, Counsellor, including financial counselling!

Social stigmatisation, a major obstacle, need for public/employer education of all aspects of mental illness, Question 2- ditto!

Will attempt to elucidate in point form...!

- Family history of stress oriented issues!
- Over reacting/striving for success in business/profession (architectural draughtsman)
- Inability to say NO!
- Lack of fresh air and exercise!
- Lack of respect for body clock!
- Working at computer for excessively long stints!
- Thinking one is bullet proof/super human!
- Compounding of hurtful, emotional events, by/of family members and close friends!
- Leaving too much load/responsibility to my wife!
- Not being (adopting a) realistic approach to financial matters/commitments!
- Final outcome- MENTAL EXHAUSTION, collapse in a heap!
- Diagnosis- Bi-polar disorder!
- Absolute depths of depression did not leave bedroom unit for 6 months! (too frightened to go outside)
- Favourable outcome- see myself as not out of the woods- however as a 'recoverer'. Learning to manage the illness- lifestyle, ie. medication, etc.

Disappointing aspects-

- Spiritual adviser, doesn't understand mental illness!
- Suffered stigmatisation at hands of police force!
- Marriage, destroyed!

Final thoughts-

- Found out who my 'true friends are'! (as opposed to 'fair-weather' friends)
- Burning desire to HELP OTHERS- ostensibly in the mental health field!

-
- In an odd way, I do believe I am a better person for my experiences! I can not EMPATHISE!”

Story 2

Lost job had to apply for less stressful positions when I found work I was told by management I was too intelligent for the job and would have to leave in a year.

I left Australia and became self-employed in two jobs, one as a masseuse and the other in a health food bar all in a spa.

Unpaid leave with courses in stress management

Story 3

I was an accountant for a long-time. I was depressed after retrenchment, this happened several times. I was sacked a couple of times after becoming depressed on the job. In 1999, I was hospitalised and diagnosed with Bi-Polar. I started going to the consumer network groups at Bondi Beach. In 2000 I was offered a casual job running the groups. In 2001, I was offered a permanent part-time job which I am still working at.

Story 4

Severe and constant objectification and psychological sexual harassment on top of an already stressful job (driving buses for State Transit). This 'special treatment' was not based on aspects of my behaviour or lifestyle as I have been celibate for quite a few years.

The union was also active in this discriminatory behaviour.

Identifying as a mental health survivor/consumer was NOT an option.

This discriminatory behaviour/attitudes migrated to the whole community and to the universities.

I was scapegoated based on no evidence/facts that I was a super white racist, little boy lover paedophile and whore archetype for no reason.

These urgent remarks/attitudes have severely restricted my lifestyle choices, job opportunities (despite having 3 university degrees and working on my fourth) and life chances (I have been given intentionally an adverse injection at the Dental Hospital Sydney in 2006- 3 expect to get career die soon).

This termination is classified and celebrated in a large 'black and yellow' mural above the 'Holey Moley' shop in King Street, Newtown. [Check it out](#) you can see a depiction of my androgynous short haired face being touched by a very lethal and deadly death figure on the same side of my face I was given the injection!

So you can see how a factless rumour is scapegoating at work can result in a death sentence in multicultural postmodern Australia!

How about applying anti-discrimination legislations to everyone in Australia including white trash lower class women???

Why do you need to kill a witch in 2008?

Why not pick on actual male paedophile and woman rapists?

Are there any organizations that enable people living with mental illness to get work?

Why is it so hard for graduates to get work- I don't have a network or belong to a community so it's impossible. I work as a cleaner.

The university employment offices don't help so completing my 3 degrees has resulted in financial hardship and unemployment.

I need to be financially compensated for my bad reputation based on conjecture and projection and attachment to legal sexual activity that happened over 30 years ago.

My mother (now deceased) served as a nursing sister in New Guinea World War Two.

Stop witch-hunts of single older women in Australia!

My whole life has been a waste of objectification for the sexual gratification of Australian males and their attached females. I serve as a scapegoat for every minority group and ethnic group who needs a big female white trash enemy to attack and mobilize around.

Include white trash in the 'people' category of humans too. I am not a monster- it's in your heads!

Schizophrenia diagnosed by the 'community' as 'paedophile'!!!

Sentenced to death outside of the legal process afforded to other Australians.

The scapegoat of Australia.

Make industries that won't employ mental health consumers advertise their exceptions to anti-discrimination laws, eg, pilots, bus drivers!

Story 5

Some difficulties were: not enough consumer work offered makes it difficult to get work. I get part time work in an NGO (1 day a week). In 1997 I tried to get work in the MHS. Did not get it until 2002. 15 hours a week, then 20 hours, now work 30 hours a week since 2004.

Went to the 121 Employment Agency but did not help me get a job, helped get skills, I used the computer, they advised me to do WORKPLACE IN TRAINING ASSESSMENT at TAFE. Did a computer course at TAFE.

I applied for a consumer job but did not get it because I am too outspoken.

121 Employment could be improved by giving more time to people. They seemed to be under resourced and did not have enough time to help me find a job.

What helped me stay employed: support from other consumers. Supervision from boss (2 weekly meetings). Have a mentor.

The federal government needs to change the Wilfur Law that says you lose the Disability Pension after 15 hours work. A lot of consumers are put off working if they are going to lose their pension. I lost my pension after working 30 hours a week. You feel less secure because of that. Paying for expensive medications and paying for transport.

Story 6

Discrimination. More support for the understanding of mental illness. E.g a sort of police and advocacy with all knowledge of work and mental health issues.

Training [abilities in the workforce]. New technology is taking us further into the future and we need avenues to the workforce.

Understanding when things do go wrong.

Fatigue= after being out of work for a few year and medicated the effects of staying in the job.

Story 7

A bit old, no recent experience, when young it was easy to get a job. Its hard to keep the job. Understanding the job.

Story 8

I was a volunteer last year and became unwell in October 2007 due to doing and taking on too many things such as voluntary work, TAFE, music project, performance.

Helped me to find and stay in work: not to take on too much all at once.

I volunteered my services for work on a probationary period. It is best to have more than one volunteer in a busy environment.

By not being stressed out and taking on too much all at once.
I'm interested in doing one thing at a time.

Story 9

To have my caseworker to go to the Employment Service with me.

The bosses should be flexible and help us with our work.

The boss need to make allowances for us.

Story 10

I had my first episode in 1997. I was in the Mental Health unit for three weeks, a few weeks later I returned to work as if nothing happened. I didn't tell my employer that I had been diagnosed with a mental illness. It was difficult adjusting with the new medication, and dealing with customers (I worked in retail). I only lasted for one month at the job. Everything was too much. I couldn't cope with the hours and the stress of having a job.

In 1999, I was involved in a Personal Support Program run by Wesley Mission. Through my case manager, I studied and obtained my Certificate III in Childcare. This lead to work experience and some occasional work. My case manager was promoted, so there was no follow up care.

In the year 2000, I was enrolled in a TAFE course part-time. I was studying for my Diploma in Childcare. I only stayed for 18 months. The demands of practical placement were difficult to cope with. I had a relapse and had many complications with medication and the side effects prevented me from working. I was always sleepy. My recovery seemed to take forever. Things started to look brighter and I got married in 2004. Coping with being married has had its challenges.

In the year 2007, Centrelink asked me to participate in a Personal Support Program. I was sceptical at first because of what happened last time. But because of my new Case Manager, I found out about the Parramatta Leisure Club which is a support group for people with a mental illness. I wasn't so isolated and was able to get out more. A staff member from the PLC referred

me to a program called PHAMS – Personal Helpers and Mentors Program. This program has become a vital part of my life. I meet with my Case Manager every week and she helps me work towards maintaining and achieving my goals. One of my personal goals is to do some voluntary work as a teacher's aide when I am well enough.

If I return to work I hope that I can have an employer that is understanding and supportive of my condition. I also hope that he/she will allow for flexible hours.

I hope that there are more programs like the Personal Support Program and the Personal Helpers and Mentors Service. More money needs to be invested in these programs. It also needs to be directed into the Parramatta Leisure Club. These programs should run long term.

Some other things that would help me find and stay in work and develop my career would be to have ongoing support services and not have them taken away because there isn't enough funding or because there is not enough staff.

Story 11

The first twenty years of my working life – the barrier in looking for work and then remaining in work included the episodic nature of my illness and then not disclosing my illness to employers for fear of stigma and not being employed. Therefore at the slightest degree of stress or paranoia I would just leave.

As well, having no work-related counsellor to support me during those times. The side effect of medications and not understanding that and the illness and therefore going off my medication and being hospitalised frequently meant I was often too unwell. It was as I became more educated about the illness and accepting of it that work-related matters “looked up”. However, it was also becoming engaged in social/artistic areas of my life that required me to make some commitments and have some long goals that I tried to find ways of overcoming barriers to work.

Working part-time proved helpful in staying “put” in work for a long time. The first part-time position where I disclosed that I was a consumer was a mental health organisation and I stayed there 5 years. The longest had ever stayed. I also listened to the government psychiatrist who saw me re. Going on the DSP who suggested I don't work in people-oriented jobs (as I had been doing assistant nursing). This helped me and also I was able to do some short course at TAFE. Not having to pay fees at TAFE for 1 semester helped. And I had some computer training. The special disability outreach course at TAFE helped. Then I went on to do “mainstream” courses.

About this time I went to a disability (mental health) employment agency and developed a good rapport with one of the counsellors who helped me look for work, look for training. Supported me also when I found work. It was through her that I found my current position with yet another mental health organisation where I have disclosed to some of the staff (they keep changing so I don't make a point of saying it to everyone) and that helps. And I've been there 5 years.

Having stable, cheap accommodation also helped me. My own housing department unit where I know I won't be easily put out “on the street” ie the unit won't be sold and therefore having to move all the time.