



## **Submission**

# *Workforce participation by people with a mental illness*

**November 2011**

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## Workforce Participation by People with a Mental Illness

### *beyondblue*

*beyondblue*, the national depression and anxiety initiative, is pleased to present this submission to the inquiry into *Workforce Participation by People with a Mental Illness* to the Family and Community Development Committee. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings.

In 2010 *beyondblue* conducted a series of focus groups with people who experience depression and anxiety and their carers. Participation in employment was a major issue identified in these groups. **The outcomes from these focus groups, and the personal experiences reported, have informed this submission.**

*beyondblue* is a national, independent, not-for-profit organisation working to address issues associated with depression and anxiety in Australia. Established in 2000, initially by the Commonwealth and Victorian Governments, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and anxiety and reducing stigma associated with the illnesses. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five goals** are to:

1. Increase awareness of depression and anxiety - we will increase awareness of depression and anxiety in the Australian community.
2. Reduce stigma and discrimination - we will reduce the stigma and discrimination associated with depression and anxiety in the Australian community.
3. Encourage help seeking - we will increase the proportion of people in the community with depression and anxiety who seek help.
4. Reduce impact and disability - we will reduce the impact and disability associated with depression and anxiety.
5. Facilitate learning, collaboration, innovation and research - we will facilitate learning, collaboration, innovation, research and information sharing to build the knowledge base of depression and anxiety and increase capacity across the Australian community.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and older people.

### Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.<sup>1</sup> One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have

experienced depression, anxiety or a substance use disorder in the last year.<sup>2</sup> People experiencing depression and/or anxiety are also more likely to have a comorbid chronic physical illness.<sup>3</sup>

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.<sup>4</sup> Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.<sup>5</sup>

## ***beyondblue's response to the inquiry into Workforce Participation by People with a Mental Illness***

### **Defining workforce participation and mental illness**

It is important that depression and anxiety and their impacts are well understood in the workplace. Experiences of depression and anxiety vary significantly across individuals – this may include different durations of illness, symptoms, severity, and impact on functioning. The broad spectrum and experiences of depression and anxiety disorders need to be considered in the context of the workplace, to ensure that workplace policies and programs meet the needs of all people experiencing depression and anxiety disorders, and their carers.

In addition to recognising the different experiences of depression and anxiety, it is also important that there is a differentiation between the risk factors that contribute to the onset and impact of a mental illness, and a diagnosable mental illness (for example, stress is a risk factor for the development of mental health problems, rather than a mental illness). *beyondblue* has developed a suite of resources to assist individuals and workplaces to better understand depression and anxiety. These resources are used to increase understanding and awareness of the key features of depression and anxiety and should be considered when developing mental health policies and programs.

Different levels of workforce participation also need to be considered. Many people with depression and anxiety can participate in the workforce without any adjustments or support mechanisms. Other people with depression and anxiety may require either short or long term adjustments to support their participation in the workforce; while others may not be able to participate in the workforce at all, due to the severity and impact of their illness and structural barriers (see response to 'Barriers to workforce participation'). These different levels of participation reflect the varying nature and severity of mental illness. They also highlight the importance of focusing on the impact of mental illnesses on *functioning*, rather than focusing on *diagnoses*. The impact of mental illnesses on the ability to participate in the workplace and community vary significantly, and policies and programs that are based on different levels of functioning will be more responsive to the needs of people with a mental illness and their carers.

### Recommendations

1. Acknowledge the spectrum of mental health disorders, and the varying levels of severity, and impact on functioning, when considering mental illness within workplace policies and programs.
2. Provide workplaces with evidence-based information (such as *beyondblue* resources) to increase the understanding of depression and anxiety disorders and their impact on workplaces.

### Participation in the workforce by people with mental illness

There is a strong relationship between participation in the workforce and mental health and wellbeing. Long-term unemployment is associated with depression and social isolation, and as individuals move from unemployment to work their mental health tends to improve.<sup>6</sup> While employment may contribute to better mental health, people with a mental illness experience significant barriers to participating in the workforce, resulting in low levels of workforce participation. In 2003 the labour force participation rate for people without a disability was 80.6 per cent. For people with a physical disability, it was 48.3 per cent, while for people with a mental illness, the participation rate was 28.3 per cent.<sup>7</sup> Despite this low level of participation, many people with a mental illness want to work and view employment as an important part of their recovery.<sup>8</sup>

### Recommendations

3. Develop policies and programs to improve the levels of workforce participation by people with a mental illness.
4. Review and update existing employment and social support policies and programs to ensure that mental illness is incorporated and mental health and wellbeing is promoted.

### Costs of low workforce participation

There are significant social and economic costs of low levels of workforce participation. LaMontagne, Sanderson and Cocker (2010) have estimated the costs of depression in the Australian workforce at a societal, employer and individual level.<sup>9</sup> This research suggests that:

- depression in the workforce costs the Australian society \$12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover.<sup>10</sup>
- employers bear the vast majority of employment-related costs from depression in the workplace.<sup>11</sup>
- employees with depression who do not get paid sick leave incur a total of \$85 million over one year due to absenteeism costs. This substantial cost may encourage individuals to attend work when unwell.<sup>12</sup>

The costs of depression and anxiety, and the impact on an individual's ability to work, were explored in *beyondblue*-commissioned focus groups with consumers and carers. This research demonstrated the psychological, financial and social implications of having low levels of workforce participation, due to depression and anxiety disorders:<sup>13</sup>

*"I was out of work for a good two years, so that was bad financially."* Consumer

*“You can’t say, ‘I’ll be better in six months or I’ll be better in a year’ because you don’t know. We were in dire problems financially. We had no or very little income.”*

Consumer

*“I would love to go out and work in my profession that I’ve been trained for. But I still feel I lack the confidence because of the panic feelings that I sometimes get. I feel as though I’m missing out. I’ll do volunteer work because I feel safe. I’m not tracked there. I can make a mistake or I can leave. I find it really hard to go that next step and actually commit to working in a regular job where I get paid.”* Consumer

The individual costs of depression and anxiety are not exclusively borne by those with the illness - often their carers experience financial hardship due to lost earnings, as well as increased living and medical expenses:<sup>14,15</sup>

*“The financial impact is huge. We used to live the high life. Thank God we did, because we’ve got those memories.”* Carer

*“I took some time off work because I realised that I needed some time out.”* Carer

### Benefits of workforce participation

There are significant benefits to participating in the workforce for people with a mental illness. An income provides greater access to resources, such as housing and food, which is essential for social inclusion and meaningful participation in the community.<sup>16,17</sup> Employment also provides individuals with a defined social role, identity and purpose; access to social support and social networks; and a routine and structure.<sup>18,19,20</sup> Employment may also be a key component of recovery, which is beneficial not only for the individual, but also their employer and the broader society.<sup>21</sup> These were highlighted in the *beyondblue* focus groups with consumers and carers:<sup>22</sup>

*“Last time I got employed, within a week of doing that, I said ‘why didn’t I do this before?’ Really got my confidence up. And my bank balance!”* Consumer

*“One of the biggest parts of recovery is getting work again. That’s how you can pay for stuff, that’s going to help you have social inclusion. You can pay to have quality of lifestyle.”* Consumer

### Barriers to workforce participation

There are multiple, significant barriers to people with mental illness participating in the workforce. These barriers include issues specific to the nature of mental illness; stigma and discrimination; the perceptions, attitudes and understanding of employers and fellow employees; and structural issues associated with poorly coordinated services and financial disincentives to participate in work. It is also important to recognise that carers of people with mental illness are also less likely to fully participate in employment.

## The nature of mental illness

The episodic nature of mental illness is a barrier to entering or continuing employment.<sup>23,24</sup> Employers may not understand the cyclical nature of many mental illnesses, and the importance of focusing on the impact of mental illnesses on functioning, rather than diagnoses. The structure and policies of workplaces often do not recognise the needs of people with mental illness. For example, people experiencing a mental illness may be better suited to working at particular times of the day. Offering flexible working arrangements is one way to address this need. The age of onset of mental illness is also likely to coincide with early work careers, and therefore it has a significant impact on long-term opportunities and outcomes.<sup>25</sup> This demonstrates the need for early intervention initiatives to ensure that people who develop a mental illness at an early age receive support that will enable them to fully participate in the workforce.

## Stigma and discrimination

The stigma of having a mental illness is a significant barrier to participating in employment.<sup>26,27,28,29</sup> Stigma is presented in many ways and can include mental illness symptoms being construed as signs of laziness or incompetence. Stigma often contributes to people with a mental illness feeling shameful about their experiences:<sup>30</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.” Consumer*

*“...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?’ I think as part of the introduction to the workplace, there should be a session that says that ‘if you are feeling depressed or anxious, you should talk to somebody’.” Consumer*

*“When I got sick I actually lied about what was wrong with me. I said I get really bad migraines, and that I had chronic fatigue.” Consumer*

*“I suffer from depression since I had my work accident, and I was called a liar.” Consumer*

A major factor contributing to stigma are the misconceptions and lack of understanding about mental illness.<sup>31,32</sup> This leads to discrimination during recruitment, returning to work, promotions, and acknowledging workplace-related mental health problems.<sup>33</sup>

*“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.” Consumer*

*“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*

The stigma of mental illness also discourages people from disclosing a mental illness to employers.<sup>34</sup> An Australian study reported that 57 per cent of people with a mental illness had disclosed their illness 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>35</sup>

### **Employer and manager-related barriers**

A significant barrier for people with a mental illness participating in employment is the perceptions, attitudes and understanding of employers and managers about mental health. Employers are reluctant to employ someone with a mental illness as there is a view that the employee will pose a risk to the organisation and be a potential cost or liability.<sup>36,37</sup> Employers may not understand mental illness, and feel that they do not know how to accommodate or support potential employees:<sup>38,39</sup>

*“I think for part-time work it's still a bit difficult. I'd call up work, I'm not feeling up to it', and they were like 'well, without a medical certificate...' Which I was able to get, but not really show all the physical signs of not being able to work. She didn't understand the extent to what I was feeling, just because I wasn't technically sick. In casual work, I was judged upon a lot more.”*  
Consumer

*““If someone has a broken leg, they [employers] check on them all the time. They're encouraging them to come back slowly into work. If you have a mental illness, they don't say that.”* Consumer

There is also limited understanding about available support services for employers in their role of supporting someone with a mental illness; and for employees in managing their mental health and work obligations.<sup>40</sup> These barriers and their impact on people with mental illness and their carers, highlight the importance of increasing employers' understanding of mental health to increase workforce participation.

### **The need for greater collaboration and coordination of services**

There is poor coordination of services across the mental health and employment sectors, resulting in a fragmented system with service gaps that has a significant impact on people with complex needs.<sup>41</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>42</sup> and the split of responsibilities across federal and state governments, and across government departments, is contributing to poor coordination and 'service silos'.<sup>43</sup>

Greater engagement and collaboration between the mental health sector, health professionals and employers is needed to improve the understanding of the relationships between employment and health; knowledge about how employment can be reasonably adjusted for employees experiencing a mental illness; and awareness of available support services.

### **Financial disincentives**

A major barrier to people with a mental illness participating in employment is a fear of losing government-sourced financial benefits if they obtain employment.<sup>44,45</sup> This acts as a barrier to employment, as people with a mental illness may not be able to maintain ongoing employment, and will then be left on a lower income once their period of employment ends – thereby reducing the incentive for employment.<sup>46</sup> Financial disincentives such as these demonstrate structural and discriminatory problems in the support system. For example, eligibility for initiatives such as the Commonwealth Government's Disability Support Pension (DSP) requires extreme impairment on most days/most months. This requirement may result in people with depression and anxiety, who are unable to maintain ongoing employment due to their illness, being ineligible for the DSP. While other unemployment-based financial supports are available, these may not be suitable for a person with depression or anxiety. This was highlighted in the *beyondblue* focus groups:<sup>47</sup>

*"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 reoccurring disease and needs that safety net under that. They shouldn't be made to jump through more hoops." Carer*

*"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." Consumer*

The processes and requirements associated with receiving unemployment benefits may contribute to heightened levels of anxiety. The process of regularly transitioning between work and unemployment benefits may also contribute to stress and financial uncertainty, which may further disadvantage people with depression and anxiety and impact on their ability to access effective treatment. Structural changes are therefore needed to ensure that people with a mental illness who gain employment are not financially disadvantaged.

### **Carer participation in employment**

It is important to acknowledge that carers of people with a mental illness also face barriers to participating in employment. Carers are significantly less likely to participate in full and part time employment compared to those in the general community, due to their carer responsibilities.<sup>48</sup> Carers are also more worried than the general community about the



prospect of losing their job, due to the impact this may have on their caring role, and the challenges associated with finding a job that can fit in with caring responsibilities.<sup>49</sup>

*“The sort of work that I do requires a lot of concentration. I found my capacity to do my job diminished. Then I get upset. I became quite resentful the impact my family situation was having on my levels of professionalism, and what I wanted to achieve out of my job. I was always worried too that, if I was unable to do my job, what happened if I lost my job?”* Mental health carer<sup>50</sup>

## **Role of Government in supporting workforce participation by people with mental illness**

Effective collaboration between Commonwealth, State and Local government is essential to support workforce participation by people with a mental illness. The development and implementation of the National Disability Strategy 2010 - 2020, endorsed by the Commonwealth and all State and Territory governments and the Australian Local Government Association, is an example of a national and collaborative government-led approach to supporting and improving the lives of people with a disability.

There is an opportunity for the Victorian Government to integrate mental health and wellbeing into existing policies and programs, as a way to enhance workforce participation. For example, the WorkHealth checks initiative, delivered by WorkSafe Victoria, does not include screening for depression or anxiety disorders, despite the high prevalence of these conditions; the cost of depression and anxiety for both the Government and employers; and the relationship between psychosocial work conditions and mental health.<sup>51</sup> There are strong relationships between the chronic illnesses that the WorkHealth checks initiative screens for, including heart disease and Type 2 diabetes, and depression and anxiety disorders. A review of evidence by the Heart Foundation suggests that:

- depression is a significant risk factor for heart disease, and is linked with conventional risk factors for heart disease (for example, smoking)
- people with heart disease are more likely to experience depression
- depression affects recovery and increases the risk of further heart-related problems, such as heart attack and sudden death.<sup>52</sup>

There are also strong links between depression and anxiety disorders and diabetes – up to half of those living with type 2 diabetes experience depression and one in seven experience a generalised anxiety disorder.<sup>53</sup> It is vital that screening for depression and anxiety disorders are incorporated into the WorkHealth checks initiative, to ensure that the advice and treatment options provided to people through the program is appropriate, holistic, and considers the impact of mental health problems on physical health and wellbeing, and the ability to respond to treatment and lifestyle advice. *beyondblue* can support the Government to introduce depression and anxiety disorders screening into the WorkHealth checks program.

There is also an important role for local Governments in supporting mentally healthy communities and workplaces – for more information, see the response to ‘Role of community in supporting people with mental illness in the workplace’.

#### Recommendation

5. Incorporate depression and anxiety disorders into Government policies and programs, including the WorkHealth checks initiative.

### Role of employers, industry and unions in supporting people with mental illness in the workplace

Employers, industry and unions have key roles in supporting people with a mental illness in the workplace. The role of employers include:

- creating mentally healthy workplaces
- developing and implementing mental health policies
- making reasonable adjustments for people with mental health problems
- providing psychological support services
- training managers, supervisors, and the broader workforce to support someone with a mental illness.

**Mentally healthy workplaces** are more productive, and workplace policies should promote and support positive mental health.<sup>54</sup> *beyondblue* defines a mentally healthy workplace as one that protects and promotes mental health and empowers people to seek help for depression and anxiety disorders, for the benefits of the individual, organisation and community. This can be achieved through strategies that promote worker involvement; encourage staff support; promote autonomy and employee control; have clear expectations; and provide ongoing access to support.<sup>55</sup> Research demonstrates that jobs with poor psychosocial work conditions (such as high demands and low decision control, and a lack of social support) are risk factors for poor health.<sup>56</sup> The workplace strategies described above could therefore benefit people experiencing mental illness and their colleagues, and minimise the likelihood of staff developing mental health problems due to job stress.

Developing and implementing organisation-specific **mental health policies** will also improve the capacity of employers to respond to the needs of people with a mental illness. Policies should clearly stipulate the roles and boundaries of employers in supporting someone with a mental illness, including linking to internal and external support services, and provide practical guidelines and tools. Developing template mental health policies that could be adapted to different organisations would support and encourage employers to implement a mental health policy.

In addition to health promoting policies, workplaces should also provide **reasonable adjustments** to support the needs of people with a mental illness. These adjustments should be tailored to the needs of the individual and incorporate strategies such as:

- offering flexible work arrangements (e.g. variable start and finish times)
- providing mentoring

- changing aspects of the job or work task (e.g. providing a number of smaller tasks rather than a single demanding task)
- changing the physical environment (e.g. moving to a quieter area)
- purchasing or modifying equipment.<sup>57,58</sup>

Workplace-provided **psychological support services** are also effective mechanisms to improve the capacity of managers and co-workers to respond to the needs of people with a mental illness. Employee Assistance Programs and counselling services can provide guidance and assistance to managers and staff on how to better support a colleague with a mental illness, while also providing support to the person experiencing the mental illness.

While workplace policies, reasonable adjustments and psychological services are essential components of promoting a mentally healthy workplace, research suggests that **the support of the manager or supervisor is the most strongly associated factor in successful job retention** for people who experience mental illness.<sup>59</sup> Employers and managers generally lack the confidence to support someone with a mental illness, due to a limited understanding of mental health.<sup>60</sup> Educational programs and skill-based training is an effective strategy to improve the capacity of workplaces to respond to the needs of people with a mental illness.

**Unions**, in their role as advocates of the rights and interests of workers, also have a crucial role in encouraging workforce participation and contributing to the creation of mentally healthy workplaces. In addition to improving working conditions through negotiating awards, enterprise agreements and contracts, unions can:

- make relevant information and resources available to members
- promote occupational health and safety within workplaces
- support programs and services that increase the capacity of workplaces to respond to mental illness
- provide individual assistance to workers, such as supporting return to work and making reasonable adjustments.

### Recommendations

6. Promote campaigns, such as those developed by *beyondblue*, to increase awareness of depression and anxiety disorders in workplaces.
7. Support employers to develop, implement and review policies which promote mental health.
8. Develop mental health policy templates that can be adapted by organisations.
9. Review and update employment policies to incorporate the needs of people with a mental illness, and to remove structural barriers to participating in employment.
10. Provide information to employers on how to make reasonable adjustments to support the needs of employees experiencing a mental illness and their carers.
11. Encourage workplaces to provide psychological support services.
12. Deliver training to workplaces on how to support someone with a mental illness. The *beyondblue* National Workplace Program is an example of an effective program that can be implemented.
13. Partner with unions to support and promote mental health within the workplace.

## Role of community in supporting people with mental illness in the workplace

Adopting a ‘whole of community’ approach to supporting and promoting mental health, both within and outside the workplace, is essential. Community groups and local councils have an important role to play in providing an environment within the community that encourages and supports positive mental and physical health and wellbeing. Given the relationship between mental health and employment, in which better mental health is associated with higher levels of workforce participation, providing supportive, health promoting environments, may enhance levels of workforce participation.

One way that community groups and local councils can support and promote mental health, is through providing access to green spaces. The *beyondblue*-commissioned Beyond Blue to Green research review<sup>61</sup> demonstrated the links between mental health and wellbeing and green spaces. This review suggests that living in a ‘green’ environment supports physical and mental health, and this relationship is strongest for anxiety disorders and depression. In addition to providing green spaces, community groups can support mental health by providing opportunities to participate in social activities. Higher levels of social participation and connectedness protect against poor mental health, while social isolation and exclusion are risk factors for developing depression and anxiety disorders.<sup>62, 63</sup>

Peer support programs also provide mechanisms that support people with a mental illness to participate in the workforce. An example of an effective Victorian peer support program is Open Minds. This program is a volunteer peer-directed group of Victorian public servants, that aims to support Victorian Public Service (VPS) employees living with mental illness or caring for someone with mental illness. Open Minds activities have included training, seminars, outdoor exercise events, an email newsletter and a website. An evaluation of Open Minds, which was jointly funded by *beyondblue* and the Nous Group, suggested that Open Minds has:

- reached approximately 1,000 VPS employees
- resulted in people who attended an Open Minds activity reporting a greater understanding of mental illness, which positively changed their knowledge, attitudes and behaviours
- played an important role by filling information gaps related to mental health across the VPS
- enabled a substantial number of program participants to talk more confidently and openly with their colleagues about their mental health issues
- resulted in participants reporting feeling less isolated after becoming better connected to their peers and suitable support services.<sup>64</sup>

### Recommendations

14. Develop guidelines to support local councils and community groups to provide health promoting environments, through access to green spaces and opportunities for social interaction.
15. Provide funding and support for the development and maintenance of peer support programs.

## Role of health and community services in supporting workforce participation by people with mental illness

Health and community services have an important role in supporting workforce participation by people with a mental illness. Workforce participation is a key component of recovery, and GPs and other health professionals have a role in supporting an individual's participation at work, and working with employers and employment services. Research suggests that there are a number of barriers to health and community services in supporting workforce participation, which include difficulties in understanding and navigating the employment support system,<sup>65</sup> and GPs having a tendency to provide medical certificates, which discourage participation in the workforce, rather than integrating employment into a recovery plan.<sup>66,67</sup> Up-skilling health professionals to collaborate with employers and employment services may help to provide a team-based approach to care, which reflects the importance of employment in individual care plans. This may also help employers to understand the impact of mental illness, and how the workplace can be modified to support improved health and employment outcomes.

There are also opportunities to develop partnerships across the health, employment and business sectors, to improve participation in employment. These partnerships should consider new service models, such as providing mental health care and employment assistance through a single or co-located service, and focus on delivering integrated, coordinated, patient-centred care.<sup>68</sup> Research conducted by Waghorn and colleagues (2007) suggests that integrating vocational and mental health services is an essential component of increasing participation in employment for people with a mental illness.<sup>69</sup> Collaboration is required at both a national and local level. National partnerships could include initiatives such as a GP contact and liaison point within the employment service system, while local partnerships could focus on building relationships across sectors and service providers, and developing referral pathways.<sup>70</sup>

### Recommendations

16. Train health professionals to understand, navigate and partner with employers and employment support services.
17. Develop and support national and local partnerships across the health, employment and business sectors.
18. Develop new service models, such as providing mental health care and employment assistance through a single or co-located service.

## Effectiveness of programs supporting workforce participation by people with mental illness

The **beyondblue National Workplace Program** is an example of an effective educational program that has been developed to help workplaces manage common mental health problems, and to support workforce participation by people with a mental illness. The program can be tailored to the needs of specific organisations, and it targets both staff and managers. The program has been demonstrated to effectively:

- increase awareness and understanding about the most common mental health problems in the workplace
- promote a greater understanding of the impact of these problems on the lives of people affected, including their work performance
- improve attitudes towards a colleague with depression or a related disorder and decrease stigma
- increase the willingness and confidence to assist and/or manage a person who may be experiencing depression or a related disorder
- promote a greater understanding of the responsibilities of staff and the organisation as they relate to these issues
- increase awareness of support services available for staff to seek help.

*beyondblue* is also developing several workplace mental health **e-learning** programs. These will be targeted at different levels within organisations, utilise a variety of technological options, and will be used to deliver *beyondblue*'s key messages about depression and anxiety in the workplace. E-learning programs are increasingly being used in Australian workplaces as they offer greater flexibility and accessibility and are often more cost-effective than face-to-face training. There has been overwhelmingly positive feedback on the pilot e-learning program. The first e-learning program will be freely and publicly available in early 2012.

Other effective programs and resources that may support workforce participation include:

- SANE Australia's 'Mindful Employer' program – this provides employers and employees with the skills and knowledge to respond to mental illness in the workplace.<sup>71</sup>
- Mental Health First Aid – this program has been developed to assist individuals provide help to a person developing a mental health problem or in a mental health crisis, until appropriate professional treatment is received or until the crisis resolves. This program has been demonstrated to increase knowledge, reduce stigma and increase supportive actions.<sup>72</sup>
- Open Minds – the Victorian Public Service peer support program, which assists consumers and carers in the workplace.<sup>73</sup>
- 2010 Workers with Mental Illness: a Practical Guide for Managers – a resource developed by the Australian Human Rights Commission, in partnership with *beyondblue* and the mental health sector. The resource provides information on how to support workers with mental illness, and how to develop and promote a safe and healthy work environment.<sup>74</sup>

To ensure a sustainable change in workplace culture and attitude, educational programs, such as the *beyondblue* National Workplace Program, need to be complemented with targeted mental health promotion campaigns and information resources, and workplace mental health policies. Implementing this suite of strategies may improve the capacity of workplaces to respond to the needs of people with a mental illness, and support their participation in the workplace.

In addition to workplace-based programs, it is important that programs are available to assist people with a mental illness who are currently outside the workforce. Programs developed and delivered by health and community services, together with employment services, are needed to help overcome the barriers to workforce participation experienced by people with a mental illness, and help to facilitate participation in the workforce.

There are also opportunities to enhance workforce participation by delivering mental health promotion and early intervention programs through schools and tertiary education settings. *beyondblue* has developed **SenseAbility**, a strengths-based resilience program, for those working with people aged 12 – 18 years. This program, based on cognitive-behavioural principles, has been developed to enhance and maintain emotional and psychological resilience in young Australians.

SenseAbility consists of seven modules focussing on the development of key ‘life senses’ and essential ‘life skills’:

- self-worth (knowledge of and belief in one’s strengths, skills, and abilities – an acceptance of one’s inherent value)
- belonging (feeling valued, needed and accepted – being connected meaningfully to a social network)
- control (belief that one has the skills and ability to cope with life challenges and to manage one’s own emotions)
- purpose (capacity to make sense of the world and to perceive some meaning in one’s life)
- future (hopefulness about the future enabling us to act positively and with purpose)
- humour (being able to see the lighter and ‘funnier’ side of life – including one’s own foibles).

The development of these life senses and essential skills make it less likely that a young person will experience significant mental health problems in the future. The program has been disseminated to more than half of all Australian secondary colleges during 2010 - 2011 and has recently been promoted to the TAFE sector. Broader dissemination is planned for the health and community sectors in 2012.

*beyondblue* has also developed an online resilience program for tertiary students – **the desk**. The program addresses four major themes covering 15 modules, which specifically focus on the key challenges faced by tertiary students. These include:

- staying calm (managing stress; managing anxiety and worries)
- feeling good (coping with my emotions; keeping healthy; how I look; what I do well)
- staying connected (improving relationships; developing new relationships; managing differences; sticking up for myself)
- getting things done (setting goals; prioritising; managing time; beating procrastination; making changes).

The program is currently being trialled, with broad dissemination anticipated from 2012 across the university and TAFE sectors. This program, like SenseAbility, has the potential to improve levels of workforce participation, by promoting mental health and wellbeing and helping to prevent the onset of mental health problems.

## Looking to the future

To improve outcomes for people with a mental illness seeking to participate in the workforce, the three most important priorities for action are:

1. Addressing the barriers to workforce participation, which include the stigma and discrimination associated with mental illness; the perceptions, attitudes and understanding of employers; and structural issues associated with poorly coordinated services and financial disincentives to participate in work.
2. Implementing employer-based programs and policies to improve the capacity of workplaces to support and respond to the needs of employees with a mental illness.
3. Developing collaborative partnerships, policies and programs across all levels of Government, employers, industries, employment services and health and community services, to support workforce participation by people with a mental illness.

In 2012 *beyondblue* will be undertaking a range of projects to provide workplaces with access to the knowledge, tools and strategies required to address depression and anxiety. These include:

- conducting a systematic literature review that identifies the best available evidence regarding the link between work and depression/anxiety disorders
- developing and promoting principles for mentally healthy workplaces, through the development of the *beyondblue* Workplace and Workforce good practice model
- delivering workplace mental health e-learning programs, which will include awareness raising, resilience building, culture and leadership and OHS induction
- developing evidence-based tools, policies, resources and interventions
- delivering face-to-face workplace mental health training through the *beyondblue* National Workplace Program.

*beyondblue* would welcome the opportunity to partner with the Victorian Government to deliver and promote these strategies within Victoria, to help improve the workforce participation by people with a mental illness.



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