



A New System for Better Employment and Social Outcomes: Interim Report

***beyondblue* Submission**

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beyondblue is pleased to present this submission to the Reference Group on Welfare Reform on the interim report 'A New System for Better Employment and Social Outcomes'. In making this submission *beyondblue* has focussed on the **high prevalence mental health conditions of depression and anxiety, and the links between these conditions and employment and social outcomes.**

Reforming Australia's income support system provides an opportunity to improve the lives of people with depression and anxiety and their families and carers. **Participating in meaningful and secure employment is an important component of preventing and managing mental health conditions.** People with depression and anxiety want to make a contribution and be productive and active members of the workforce – it is essential that both employers and the income support system provide the right opportunities and reasonable adjustments to ensure that this is achieved.

Employers and people with depression and anxiety and their families and carers currently both experience frustrations with the existing employment support system. This results in poorer health, social and economic outcomes. **It is now time to develop and deliver a welfare system that responds to the needs of people with mental health conditions; delivers integrated and high quality health and employment services; and supports the development of mentally healthy workplaces.** These changes will improve mental health and wellbeing across the community, while also improving the productivity of Australian workplaces, and the effectiveness and efficiency of Government policy, programs and funding.

beyondblue is a national, independent, not-for-profit organisation working to reduce the impact of depression and anxiety in the Australian community. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, supported by the generosity of individuals, corporate Australia and Movember. *beyondblue* takes a public health approach, which focuses on improving the health of the whole population with programs and initiatives for people of every age, at every stage of life.

beyondblue's response to the interim report

Pillar One: Simpler and sustainable income support system

The introduction of a simple and flexible income support system is important to meet the needs of people with depression and anxiety, and their families and carers. It is essential that this system provides appropriate support and flexibility for people with both ongoing and episodic mental health conditions. Employers should also be supported to help achieve optimal and lasting outcomes for both employees and their business.

The current system does not adequately meet the needs of people with episodic illnesses – they may be ineligible for the Disability Support Pension, while the unemployment-based benefits may not provide adequate and appropriate support. People often experience the problem of 'red tape' in transitioning between the disability and income support systems. This has been highlighted in *beyondblue* focus groups with people with depression and/or anxiety and their carers:

- *"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."* Person with depression and anxiety
- *"We looked at the disability support pension for our son as a safety net. But if he claims six [work] payments then he's cut off from the pension. Then when he's ill again, we would need to start the process again. I don't quite understand where the missing link is within government agencies that don't recognise that this is a recurring disease and needs that safety net under that. They shouldn't be made to jump through more hoops."* Carer
- *"I've said, 'it's an illness. It's recurring. It's not going away.' So why can't we, as a society, have a structure that is elastic enough to go with the ebbs and flows, rather than having to revisit and go back, which you know with your therapy, your healing, you need to be able to move forward. If you keep having to go back all the time, it just keeps you stuck in the pain of the past. It's counterintuitive."* Person with depression and anxiety

The processes and requirements associated with receiving income support payments may contribute to heightened levels of anxiety, and exacerbate mental health conditions. The process of regularly transitioning between work and income support payments, and/or transitioning between the disability and income support systems, 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. **This highlights the need for a strong, supportive and flexible safety net for people with mental health conditions.**

The proposal to introduce a **tiered working age payment for people with some capacity to work now or in the future could potentially better meet the needs of people with depression and anxiety and their carers.** However, to ensure that adequate and appropriate support is provided through this system, it is essential that it provides:

- payments equivalent to the Disability Support Pension during periods of time when people have no capacity to work.
- a flexible process that recognises that the level of support required (both financial and non-financial), will change over time. Simple processes will need to be established to ensure that

people with depression and anxiety and their carers are not constantly going through bureaucratic processes to establish their eligibility for higher level payments.

- appropriate support programs and services to assist people with depression and anxiety and their carers to participate in the workforce. It is important that mutual obligation activities associated with the payment enhance, rather than negatively impact, mental health recovery goals and activities.
- a strengths-based approach, which focuses on functional impairment and capacity to work, rather than diagnoses.

This flexible and tiered working age payment should be supported by a separate payment for people with a permanent impairment and no capacity to work. This recognises that for some people their mental health condition(s) will be permanent and chronic in nature, and an ongoing support program will better support their mental health. The definition of 'permanent impairment' will need to be well defined, with the assessment process ensuring that people with both mental and physical disabilities are treated in a consistent and fair manner. The policies and processes which underpin the disability support payment will also need to align with the National Disability Insurance Scheme, to ensure that people receive the right support to help them achieve their goals.

Recommendations:

1. Implement a tiered-working age payment for people with some capacity to work. This payment must recognise that people with episodic conditions such as depression and anxiety, and their carers, may require payments and support equivalent to the Disability Support Pension, during times when they have no capacity to work. Any obligations associated with this payment must also support mental health treatment and recovery goals.
2. Maintain a separate payment for people with a permanent impairment and no capacity to work, which ensures that people with mental and physical disabilities are treated consistently and fairly.

Pillar Two: Strengthening individual and family capability

There is poor coordination of services across the mental health and employment sectors. This results in a fragmented system with service gaps, which is a significant barrier to participating in work. Having separate clinical care and employment services may impede the implementation of evidence-based practices for vocational rehabilitation, and the split of responsibilities across federal and state governments, and across government departments, is contributing to poor coordination and 'service silos'.^{1,2} People with depression and anxiety report not being able to understand or navigate the system which is intended to support both their mental health and workforce participation. Integrated services and systems which consider and incorporate both health and employment outcomes are needed.

"You need a good case manager that you can talk to, and that you trust, and has time for you. Because there has to be someone who can see the whole picture for you." Person with depression

A number of strategies can be implemented to improve the quality and coordination of services supporting people with depression and anxiety to participate in the workforce. These include:

- **Developing and delivering integrated service models** - Providing mental health care and employment assistance through a single or co-located service, which delivers integrated, coordinated, patient-centred care, is an essential component of increasing participation in employment for people with mental health conditions.³ Both national and local partnerships and collaborations should be developed, with incentives used to support their implementation. National partnerships could include initiatives such as General Practitioner (GP) contact and liaison points within the employment support system, while local partnerships could focus on building relationships across sectors and service providers, and developing referral pathways.⁴ The integrated service models could be supported through mental health peer support programs and workers.
- **Up-skilling staff in employment services to understand better and respond to mental health conditions** – Employment services provide an ideal opportunity to deliver early intervention mental health initiatives in a non-stigmatising and non-threatening manner. Up-skilling staff working in these services will provide a better pathway to care for people experiencing mental health conditions. People working in employment services should understand the signs and symptoms of mental health conditions; the impact of mental health conditions on employment participation and outcomes, including the role of employment in recovery; best practice strategies to support people with a mental health condition; and the availability of health and support services. The expertise of Australia’s mental health peer support workforce could also be utilised to assist in up-skilling staff working in employment services.
- **Up-skilling staff in the health sector to understand the role and availability of employment support services** - GPs and mental health nurses report difficulties in understanding and navigating the employment support system.⁵ GPs are also likely to provide medical certificates, which discourage participation in the workforce, rather than integrating employment into a recovery plan.^{6,7} Up-skilling health professionals to collaborate with employers and employment services will ensure a team-based approach to care, and ensure that the importance of employment is reflected in individual care plans. This will also help employers and employment services to understand the impact of mental health conditions, and how employment can be modified to support improved health and employment outcomes.

Recommendations

3. Develop and deliver integrated mental health and employment service models.
4. Train staff working in employment services to understand better and respond to mental health conditions.
5. Consider the role of the mental health peer support workforce, as part of the paid workforce, to deliver mental health training to employment services.
6. Train health professionals to understand, navigate and partner with employers and employment services.

Pillar Three: Engaging with employers

A significant barrier to people with mental health conditions participating in employment is the **perceptions, attitudes and understanding of employers about poor mental health**. There is a significant stigma associated with depression and anxiety, and this results in discrimination within the workplace.^{8,9,10,11} Stigma is presented in many ways and can include depression and anxiety symptoms being construed as signs of laziness or incompetence. Stigma often contributes to people with a mental health condition feeling shameful about their experiences.¹²

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

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

A major factor contributing to stigma are the misconceptions and lack of understanding about mental health conditions.^{13,14} This leads to **discrimination during recruitment, returning to work, promotions, and acknowledging workplace-related mental health conditions**.^{15,16} Employers are generally reluctant to employ someone with a mental health condition as there is a view that the employee will pose a risk to the organisation and be a potential cost or liability.^{17,18} Employers may not understand mental health conditions, and feel that they do not know how to accommodate or support potential or existing employees.^{19,20}

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

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

“I think employment is a big issue. Employers need more awareness and understanding. They can’t see the physical side of things, yet you’ve got to go to an appointment at mental health services. They’ve asked you to come. Instead of being just 20 minutes, you’re there for two and a half hours. You get back in, and you can see the clock’s being watched, not having an understanding of why it was important to go.” Carer

“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.” Person with depression and anxiety

beyondblue, in association with the Mentally Healthy Workplace Alliance, has developed ‘**Heads Up**’ (www.headsup.org.au), an initiative that supports Australian businesses to create more mentally healthy workplaces. Mentally healthy workplaces are those which are considered friendly and supportive, promote a positive workplace culture, minimise workplace risks related to mental health, support people with mental health conditions, and prevent discrimination.²¹ They have been demonstrated to better support and protect employee mental health, and be more productive. Mentally healthy workplaces are also more likely to have management and human resource practices which support the recruitment and retention of people with a mental health condition.^{22,23} This includes policies related to equal employment opportunities, work health and safety, diversity, return to work and leave arrangements, and the delivery of mental health awareness training to staff and managers.

Through Heads Up, employers can access a tool to develop a **tailored and practical action plan for creating a mentally healthy workplace** based on their specific needs. This interactive step-by-step guide helps employers to identify priority areas of action, implement strategies to address these priorities, and review and monitor the outcomes. Employers are also provided with specific resources to assist them implement each strategy. Some examples of key issues that can be addressed through an employer’s action plan include:

Priority area	Example strategies
Increase awareness of mental health conditions	Provide information (e.g. fact sheets/pamphlets in staff rooms) to everyone in the workplace about mental health conditions – prevalence, signs and symptoms, and available services and support
Reduce stigma	Promote the personal stories of people who have experienced and recovered from a mental health condition
Increase the skills and confidence of everyone in the workplace to approach someone they are concerned about	Provide mental health awareness training to staff and managers, either online or face-to-face
Encourage employees with mental health conditions to seek treatment and support early	Provide information about available services and support, such as information lines or an Employee Assistance Program, to encourage people to seek treatment and support early
Make adjustments to job roles, schedules or workloads to support someone with a mental health condition	Make changes in the workplace to support someone with a mental health condition stay at or return to work (e.g. allowing time off to attend appointments with health professionals, adjusting working hours, avoiding unnecessary shift changes)
Support employees with mental health conditions to stay at or return to work	Develop and implement return to work or stay at work plans, tailored for employees’ needs
Monitor and manage work hours and schedules	Encourage employees to speak up at an early stage if they feel their tasks are excessive and to seek guidance about priorities
Avoid excessive workloads	Regularly review employee workloads at team meetings and during formal and informal catch-ups

Increase job control	Give employees a chance to have input into how tasks are completed and more control over the method and order of their tasks
Ensure clarity on job roles	Ensure that all employees have an up-to-date job description which includes role purpose, reporting relationships and key duties expected of them
Reward effort and recognise achievements	Provide regular feedback on task performance. Recognise whenever a task is done well and give constructive feedback on areas for improvement

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

Recommendations

7. Increase workforce participation by people with a mental health condition through supporting the development of mentally healthy workplaces. This could be achieved through initiatives such as:
 - Ensuring businesses understand their legislative responsibilities relating mental health in the workplace (for example, work health and safety and discrimination).
 - Focusing on mental health at work in relevant employment, economic, health, social and disability policies.
 - Ensuring existing and new job assistance programs and services incorporate the needs of people with mental health conditions.
 - Modelling best practice employment practices, as both an employer and funder of organisations, and publicly report on successes.
 - Making mental health a core component of all government-funded and delivered workplace health and safety programs.
8. Undertake activities (in collaboration with business and industry bodies) to increase the awareness across businesses of workplace mental health issues, the benefits of increasing workforce participation of people with mental health conditions, and strategies to create mentally healthy workplaces.

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