



**CPSU submission to the:**

***Development of a National  
Mental Health and  
Disability Employment  
Strategy***

**June 2008**

**Community and Public Sector Union Submission to:**

**The Development of a National Mental Health and Disability Employment Strategy**

The Community and Public Sector Union (CPSU) is an active and progressive union committed to the promotion of a modern efficient and responsive public sector that delivers quality services and quality jobs. We represent around 60,000 members in the Australian Public Service (APS), ACT Public Service, NT Public Service, ABC and the CSIRO. We also have members in Telstra, commercial television and the telecommunications industry.

This submission has been drafted from comments provided by CPSU members from across Centrelink, DEEWR and CRS. It reflects the wealth of knowledge and experience CPSU members have about the barriers to employment facing people with a mental illness or disability. It is important for the Government to fully consult with the individuals who are at the front line of government service delivery and learn from their experiences.

Below are our recommendations and responses to the relevant terms of reference.

**The Strategy will provide clear and practical steps that Government can take to:**

**1. Overcome barriers that can make it harder for people with disability and mental illness to gain and keep work, in particular:**

**a. Difficulty accessing appropriate transport**

CPSU members were asked whether their clients faced difficulties accessing appropriate transport. Of the members who had responsibilities in this area, most indicated that the clients had difficulties. This difficulty accessing appropriate transport impedes the ability of clients to attend appointments and gain and retain work. Below are our members' recommendations for improving access to transport.

***Recommendations:***

- Greater investment in public transport and transport infrastructure in regional and outer metropolitan area.
- Improve public transport disabled access, both in stations and on buses, trams and trains.

- Fund specific transport services on a weekly basis for particular groups and/or services.
- Expand the taxi voucher scheme, increase the amount given to all individuals and give individuals in regional areas or outer suburbs with little or no access to other forms of transport an even greater allowance.
- Increase the amount of travel allowance and extend the criteria for access.

Many of our members felt that that lack of access to appropriate transport was one of the major barriers faced by people with a mental illness or disability.

Access to public transport is of central importance to people with a mental illness or disability. However, even where it is available, there are costs, financial and time, associated with using public transport. Public transport can be unreliable, there are limited routes or service areas and some forms of transport (older buses for example) are difficult for people with a disability to use. Our members reported that there are problems with the accessibility of public transport such as no lifts at train stations or limited wheelchair accessible buses that need to be rectified if people with a mental illness or a disability are to make required job seeker appointments and to gain and retain employment. In addition, many are unable to obtain a drivers license and therefore must rely on either friends and family or public transport. The comment below by one member was mirrored by many others:

*Client's often find it difficult to access, and afford transport. Additionally, the very nature of public transport can be too difficult to manage for a person with a mental illness. Often they are heavily dependent on family or friends to bring them to appointments, if they do not have that sort of support then they often do not attend appointments.*

In some areas public transport is not even an option. This places people with a disability or mental illness at a great disadvantage and discourages long-term employment.

*Many clients are unable to travel to appointments due to the high cost of fuel in regional areas. They have no access to public transport and are effectively trapped by poverty in outlying un-serviced areas that lead to an exacerbation of their poor medical health and no opportunity to participate in a labour market leading to intergenerational unemployment. Suggest: Appropriate level of travel allowance to be paid tax free to the jobseeker that reflects the higher costs of travel in regional areas. Increase in the taxi voucher scheme that those with mobility issues can access.*

Where public transport is unavailable and relying on family and friends is not possible, there are few other options available to people with a mental illness

or a disability. The choice is to use taxis or to rely on volunteer or community organisations:

*Many people are reliant on public transport. Some clients are reliant on having carers available to take them out or need to rely on the ACT Disability taxi service which is overstretched. More availability in this area would help. Better pay for disability workers and respite carers may help in this overstretched area also.*

*In country areas clients often rely on volunteer organisations such as the Red Cross for transportation to appointments. Improved funding of infrastructure for such things as access cabs and easier access to transport vouchers would be of assistance.*

The difficulties faced by those with a disability or mental illness and the impact this has on their ability to gain and retain employment must be acknowledged. Increased funding of existing subsidy programs, increased investment in public transport across metropolitan and regional areas, and greater investment in community organisations is needed for the barrier of transport to be overcome.

#### **b. The costs associated with managing a disability;**

##### ***Recommendations:***

- Assistance beyond the usual requirement under Anti-Discrimination legislation with the upgrading of workplaces and any specialised adaptive equipment to encourage employers to hire.
- Increase funding to cover the cost of medical treatments, including but not limited to:
  - Medicare coverage of counselling services.
  - Increased coverage for medications.
  - Greater subsidised physical therapy such as hydrotherapy.
- Increase funding for support organisations that provide home support or transport.
- Increase funding or rebates for homecare costs and carers.

According to our members the single most important step that the government can take to help alleviate the cost associated in managing a disability or mental illness is to cover the cost of receiving treatment and rehabilitation:

*Continued funding of the better outcomes in mental health scheme so people can continue to get counselling covered by Medicare. Improved coverage of the costs of medicine. Improved funding to organisations such as Disability SA so they can offer meaningful interventions such as ongoing subsidised hydrotherapy for a new amputee rather than only 7 sessions.*

A number of steps can be taken to allow individuals to better manage the cost and other effects of their illness or disability, while also encouraging them to seek out long term employment. These include implementing a more flexible approach to people with a mental illness or a disability within the existing framework, allowing for them to retain healthcare subsidies and removing some of the strict constraints on health care cards and other entitlements:

*When the JCA [job capacity assessment] process removes people's entitlement to disability pension and pushes them onto a lower paying Newstart, people must be able to keep their health care cards. Also the JCA [job capacity assessment] process forces most people to have to achieve 30+ hours of work a week - there should be less rigid guidelines so that people can go back to work for 2-3 days a week, whatever is comfortable for them.*

*Allow recipients to keep Pension Concession Card for 1 year after cancellation of DSP. Do not cancel immediately, have a period of suspension, say for 2 years. Encourage training of more psychiatrists & other related professions so that bulk-billed treatment is available to non-concession holders.*

### **c. The unpredictable nature of some disabilities and illnesses;**

CPSU members agreed that the current framework is not flexible enough to deal with the unpredictable nature of some disabilities and illnesses.

### **Recommendations**

- Adopt a more flexible framework, allowing for the rigid compliance elements to be discretionary:
  - Remove the requirement for mandatory fortnightly face-to-face appointments. Leave it to the judgment of the rehabilitation consultant.
  - Shift focus from payments for outcomes, to an ongoing support model.
  - Significantly alter or remove the JCA [job capacity assessment] system.
- Promote a greater understanding of the challenges faced by individuals with a disability or a mental within the government through education and training.
  - Recognise that the needs of individuals with a mental illness differ greatly from the needs of an individual with a physical disability
- Increase focus on Government sector employing people with a disability or a mental illness, as they often have a greater capacity for flexible working arrangements.

- Encourage closer working relationships between business and government services to educate businesses about employing people with a mental illness or a disability.
- Develop and implement programs that assist individuals with a mental illness or a disability plan for the future, and to be able to better cope when their income level drops due to the unpredictable nature of their condition. Some suggestions:
  - Provide investment help and advice.
  - Lower tax rate for people with an illness or disability to allow for saving.
  - Create a social insurance fund that is easily accessible should an individual have to take time away from employment.

Our members feel quite strongly that the current framework is too rigid and severe for people who have a mental illness or a disability. It does not take into account the unpredictable nature of many conditions and often punishes people for circumstances that are beyond their control.

*Under DEEWR fortnightly attendance at VRS [vocational rehabilitation service] appointments is enforced and is not sympathetic to the episodic nature of mental health or the unpredictable nature of some physical disabilities. Currently if a client rings up twice in a row to reschedule an appointment due to health issues the current policy is to say it's an inappropriate excuse and PR. A greater understanding that a client's disability can be stable but have fluctuations from time to time is very much needed within employment services for people with disabilities.*

*Rigid compliance framework is a problem - more flexibility is required with focus on the needs of the individual not the rules, regulations and process.*

Investment in greater staff resources along with allowing for longer training and rehabilitation periods would assist individuals and staff finding job opportunities that suit an individuals needs.

*People with a disability and mental illness require more time taken with their program to ensure an appropriate job match which is sustainable. On the job training assists with developing new skills and confidence. They benefit from a support worker/case manager to assist through the whole process. These Support workers/Case Managers must have sufficient time to work with their clients through this process - something which of late has been on the decrease.*

There is greater scope within the government sector to employ and cope with individuals that have unpredictable conditions.

*Many government workplaces have more capacity for flexibility. They can use particular recruitment strategies and target agencies (such as*

*STARTTS in NSW) to recruit people with acknowledged mental disability or trauma. Workplaces with regular routine work can be more flexible in having employees with occasional disabilities (for example people who suffer depression or occasional mental illness).*

Many people who have a mental illness or a disability do not want to permanently remain on income support, however finding work can be difficult and deterioration in their condition often means that they cannot hold a stable job for an extended period of time. The government needs to develop way to assist people while they are able to work to save their money to better secure their long-term future.

*It would be good for those with an unpredictable disability or mental illness such as Multiple Sclerosis, an option to help them maintain their current circumstance would be for example: if a person was working that they be taxed at a lower rate to use that money for their treatment or to set up an investment to help them if they have to retire early due to their illness. Or this money be placed in a fund and invested like super but could be more easily accessed. This would reward the person's efforts because it is obviously harder generally speaking for people in these circumstances to work and deal with the responsibilities of work.*

#### **d. Achieving skills through education and training**

##### ***Recommendations***

- There needs to be awareness raising within government agencies, Centrelink specifically, regarding the training available for people with a mental illness or a disability.
  - Greater staff training
- Increase Government assistance:
  - For on-the-job training and subsidies.
  - And for training and education programs, focus on long-term programs not short-term.
  - Increase regional training and education places.
  - Subsidise travel to education and training.
  - Incentives for people to undertake training.
- Increase funding to create and promote linkages between training and employment opportunities.
- Streamline the education and training programs:
  - Decrease paperwork required.
  - Allow for flexible training plans and structure.
  - Explore online learning programs and opportunities.
- Provide more targeted training and education programs. TAFE courses are often not accessible and too difficult.

Many of our members stated that they had difficulty placing people with a mental illness or a disability into education and training courses, because the places were not available or the courses were not appropriately structured for the needs of their clients.

*If people (are) on CRS program, all training providers charge us top dollar - \$1,000 plus for retraining which eats into rehab program costs. The productivity Places Program promises free training but the places are not in Noosa and clients can't afford to travel to M'dore anymore - petrol costs too high. Also there are 100 pages of guidelines but I haven't seen anyone get any free training yet - all paperwork and no results.*

*TAFE courses are structured for attendance and passing or learning from home which is not effective for people with a mental illness or certain disabilities.*

There needs to be a greater investment in the types of training and education courses that are made available and also there needs to be increased funding for long-term incentives to ensure that a job is available following a period of training.

*It is very difficult to make these opportunities available due to the often short term support from government to fund employment opportunities for people who have a disability or mental illness. Often once the funding ends the employee is not retained, even though they have learned their job and have proven successful in it. Long term funding and incentives need to be made available for employers to make it a more attractive option to retain a person with a disability for a long period of time. People who have a disability have proven to be extremely reliable employees, we just need employers and government supports to assist them to maintain long term employment.*

*Promote on-line learning. Some people find it hard to leave home to attend courses. Even if only part of course can be taught on-line this may reduce the transport problems faced by some people. Design courses specially for these customers, ie tailored to individual needs & with teachers who understand the problems faced by the customers. Preschools & child care centres often have a bus that picks the kids up - in some circumstances it may help to arrange transport in this way to help people attend their course & workplaces.*

Our members also felt that there needs to be increased promotion of the education and training opportunities that are available to people with a mental illness or a disability.

*Since the JCA [job capacity assessment] process was put in place there has been less publication within Centrelink offices of training program especially designed for people with Disabilities. I would say that staff &*

*customers are generally less aware of what (is) out there for them in this respect.*

Finally there also needs to be a greater focus on training staff so they can support people with a mental illness or a disability and recognise what their education and training needs are and assist them to build those skills.

*Appropriate support - often Clients will not feel comfortable disclosing their condition to receive assistance. Setting up a system which allows them to do this or where the support person can do it on the Client's behalf. More on the job training - as it increases the Client's knowledge of the culture of work, increases their skills, improves their confidence, and gives the employer an opportunity to train a potential new employee.*

## **2. Better facilitate and promote employment opportunities for people with disability and mental illness;**

Many CPSU members indicated that their role includes facilitation of employment opportunities for clients with a mental illness or disability. Members agreed that the current systems of facilitation and promotion of employment opportunities for people with a mental illness were not adequate.

### ***Recommendations***

- There needs to be greater employer incentives, both the amount and the duration of the incentives needs to be increased.
- Greater education of employers and the wider public to remove the stigma associated with disability and mental illness.
  - Focus on highlighting the positive aspects to business of hiring someone with a mental illness or disability.
- Increased investment in the promoting or programs designed to facilitate employment for people with a mental illness or disability.
- Increase in rehabilitation and work transition services to build confidence and provide support to people with a mental illness or disability, to better facilitate workforce participation.

Most of our members stressed the importance and value of employer incentives, in the past they have only been short-term and this has meant they have not been as effective as they could have been. Our recommendation is that funding for incentives and wage subsidies be increased and provided on a longer-term basis.

*Employer incentives are poor and are a valuable way of helping (a) person get a foot in the door so that they can show what they are capable of. Employers in small business are concerned about insurance risk factors of taking on employees on with physical disability.*

*Need better employer subsidies - \$1,000 doesn't cut it anymore. Need 2-3,000 to make employers willing to try a person with a disability. Once they have tried they are likely to do it again as pwd are often better employees.*

*There is a lack of incentives and awareness from employers about the real abilities of people who have a disability to perform work roles. There also needs to be support services who can work with both the employer and the client, organise mentorship's within the workplace and support them until the client becomes trained and confident with the position and duties. There also needs to be a lot more promotion and advertising of the abilities and advantages of having a person with a disability within a workplace.*

*Ongoing support and set up systems to support people who have a disability or mental health issue to gain and remain employed. Also assistance is required within the workplace to ensure a mentor is identified who can keep an eye on the person and request assistance from supporting agencies if required. Many employers feel that once the funding dries up retaining the employee is just too hard without support.*

There also needs to be investment in educating employers and the community as to the capabilities of people with a disability or mental illness and removing some of the negative perceptions surrounding this group of people.

*It's hard to promote employment for people with mental illness due to stigma and small town issues. In general it is better if we don't disclose and support people in suitable competitive employment. As an employer would you choose the applicant with the mental illness or the applicant without the mental illness?*

*The positives of employing those with mental illness and ABI are not widely advertised/promoted. More links with employers need to be made as opposed to simply expecting employers to do the "right thing" and most employment services providers are flat out just assisting people without mental illnesses to get into work.*

In order for our members to facilitate the employment of people with a mental illness or disability there needs to be investment of money, time and staff resources into promoting and advertising the programs available to people with a mental illness or disability.

*Increased marketing initiatives and funding to assist employers to adapt workplaces as required. Simplification of the workplace modification system.*

*Whatever strategy is adopted, it then needs to be PROMOTED. Centrelink has the postal address of all DSP recipients. Post them a brochure or fridge magnet. For some people, only transport is a problem, so arrange transport. If special equipment, ie computers or office furniture is needed, supply it. Let employers know they do not have to pay.*

Finally people with a mental illness or disability require support and rehabilitation before they can find and retain long-term work. There needs to be a greater investment in programs that assist people with a disability or mental illness to develop not only skills but confidence.

*Increase the services provided by agencies such as CRS Australia, focus on working with the rehabilitation of the client rather than the push to employment before they are ready. Confidence-building is also a huge factor. People who have been injured or have a new illness have lost confidence in what they may have been able to do previously. This is a time consuming process. Also when people are impoverished over time they do not have sufficient resources to get what they need for employment, travel costs, clothing, tools, skills and training are some examples.*

### **3. Consider whether welfare rules could be changed to help people with a disability and mental illness gain and retain employment**

Many of our members believe that the current welfare rules do need to be changed to help people with a disability and mental illness gain and retain employment, most members agreed that change needed to occur.

#### ***Recommendations***

- There needs to be scaling back of current welfare rules and a greater emphasis on flexibility and individuals needs.
  - Decrease the duration of penalties for breaches or remove them altogether expect for in serious cases.
- Shift the focus of the current framework away from payments for outcomes and emphasise outcomes that best suit the individual.

Our members believe that the current welfare rules need to be changed to better service the needs of people with a mental illness or disability. As the current approach of one size fits all is not working.

The focus of the current framework is employment outcomes. Our members have overwhelmingly responded that the focus needs to be on support, training and rehabilitation. Our members also tell us that the current framework in some cases is doing more harm than good:

*The current rules are making some people sicker due to the stress of unnecessary demands eg. Fortnightly face to face contacts. Also people have their Disability Pension reviewed if they want help with employment which is clearly a disincentive.*

*The current assessment process dictates the number of hours per week that a client must work - and this is very inflexible, because our individually tailored support programs then have to fit into a dictated*

*amount of work, which can sometimes be detrimental to the client and does not consider their needs.*

*They need to be free of the Centrelink system which is pushing them into employment far too soon for them to cope. The incentives need to increase specifically for those with disabilities. More services need to be provided to deal with the mental health and rehabilitation problems prior to employment. The Disability Service standards need to be considered in the treatment of people with disabilities. Many complain about the treatment they receive from Centrelink employees. This is unacceptable to people who are already very disadvantaged within the community. The JCA [job capacity assessment] system needs to be overhauled totally as it is not working. People have a number of assessments which do not provide a suitable outcome due to the assessors being pressured to provide certain outcomes for their employer or due to time pressures. Doctors are also too pressured to complete forms which at times appear to be ignored by incompetent assessors.*

It also needs to be recognised that not all people with a mental illness or a disability will be able to cope with paid employment and their circumstance should be better catered for:

*Not just see work as the only outcome...make it the primary outcome with higher placement fee but also acknowledge that some job seekers will only achieve voluntary work and independent living.*

The current framework of penalties and punishment is only served to discourage people from connecting with the system and actively engaging with training and employment.

*Client had a panic attack trying to deal with Centrelink as they were moved from Parenting payment to Newstart. They didn't understand what was happening and their anxiety disorder was exacerbated. Several clients have lost their Disability Pension and become fearful and depressed and angry. Clients are fearful that we will have their money cut off if they don't do what we say so it is hard to find a suitable goal as they are too scared to say what they really want and just agree with us.*

*The current system is too punitive and cumbersome for those with a mental illness. The JCA [job capacity assessment] system is so dependant on information that the client needs to organise... and they don't have those organisational skills in chasing up info. The participation system is also too punitive and does not allow for fluctuation in health. And the pressure on results for VRS [vocational rehabilitation service] and DEN promotes only assisting those who are "easy to get into work" especially when staff's caseloads have doubled and pressure of getting employment outcomes are at the forefront of the staff and office's survival.*

#### **4 Provide national coordination of the efforts to tackle the many reasons why people with disability and mental illness find participation difficult**

Most members who responded to this question felt that greater national coordination is required to assist in promoting workforce participation among people with a disability or mental illness.

##### ***Recommendations***

- That State and Federal governments endeavour to coordinate their efforts in this area in consultation with those who do the work and their union.
- Development of a national model for the delivery of mental health and disability services.
  - With a specific focusing on ensuring quality services are delivered to regional areas.

Our members agreed that a consistent approach to mental health and disability management, rehabilitation, workforce participation and treatment is extremely important.

Many members wanted to see a greater level of cooperation between all levels of government to provide effective cohesive and comprehensive services.

*Obviously, state, federal and local need to work together. This has been tried with little success. DEWR and DHS need to start listening to health professionals in VRS [vocational rehabilitation service] and DEN and local health services, and find out what works and then implemented rather than policy makers and accountants deciding the best formula.*

There also needs to be cooperation and coordination within government. With agencies communicating more effectively to ensure that duplication does not occur and that services are delivered in a clear and consistent way. There also needs to be clear communication between government and the private sector:

*Key parties from Industry, Centrelink, CRS & a GP would be representative of key parties that would benefit from cross sharing of information to help build a more workable solution for review of current policy issues that would then impact on service delivery and policy for all.*

*Forums held with providers, training organisations, employers and all stakeholders, Perhaps a complete package to service these people.*

*Profession supervision and program co-ordination so they do not get subsumed under general Centrelink service provision.*

## **5. Engage and encourage individuals with disability and mental illness to pursue paid employment and maximize their opportunities in paid employment;**

Most members who responded to this question felt that the current system discourages individuals with a disability or mental illness from pursuing employment and maximising their employment opportunities.

### ***Recommendations***

- Change the current framework to ensure that people with a disability or mental illness retain some benefits when they transition into work.
  - The removal of benefits is a major disincentive for people to pursue employment.
- Implement changes to the system that encourage programs to be individually tailored.
  - Provide funding for disability and mental illness awareness training in private service providers.
- Education and awareness training for employers and workplaces to make the workforce a more comfortable environment for people with a disability or mental illness.
- Increase funding for mental health and disability services, with adequate and accessible medical care people are more willing to engage and pursue employment opportunities.
- Expand the JCA [job capacity assessment] process to include social and personal factors to create more realistic employment goals for people with a mental illness or a disability.
- Provide for more training and paid work experience to engage people with a disability or mental illness and transition them into paid employment.

Our members felt that the current framework is too heavily focused around penalties and reducing the amount of benefits available to people with a mental illness or disability. This is counter-productive as it makes people with a mental illness or a disability less willing to maximise their employment opportunities as they are afraid of losing benefits.

*People are afraid to go back to work if it looks like they will lose benefits, cheap housing (public housing), health care cards, etc. Also if they have had a bad employment experience may be afraid to return to*

*work. Most employers won't touch a person with mental illness - lack of education.*

*If they do over 15 hours a week they lose their DSP. Little incentive for people to increase hours and petrol costs to get to work discourages people from working split shifts.*

People with a mental illness or disability benefit from individually tailored programs and support. In order for them to pursue paid employment their specific needs and issues must be recognised and dealt with:

*Sometimes their barriers can seem overwhelming and so motivation is low. With an individually tailored program to address their barriers, motivation usually increases.*

*...The system does not encourage providers to look at the best options for the clients. It's more about getting the client into a job and gets paid as quickly as possible.*

Negative employer and community perceptions of people with a mental illness or disability greatly discourage people from pursuing paid employment as they feel that they will face discrimination. Greater education is the only way to remove community and employer prejudice and encourage people with a mental illness or disability into the workforce.

*Some get discouraged, there is a perception that employers are very biased, jobseekers may not feel confident about ability to hold down a job. Years of grinding poverty erodes a person's confidence.*

*Better incentives and better education for employers to take on such staff and not be afraid of them! Why not pay people extra for participating instead of the big stick and loss of income.*

Many of our members felt that until people with a mental illness or a disability are receiving adequate healthcare engaging them to find employment is extremely difficult if not impossible. Increasing funding and services to provide long term health care creates the stability from which people can then maximise their employment opportunities.

*What mental health services? I have spoken to a local Mental Health Team several times, and I am still unable to say what their role is. They speak to people on the phone, and if there is a real emergency call the police. ... I would have to say LACK of mental health services prevents people being able to access rehabilitation & employment.*

A common issue raised by our members is the ineffectiveness of the current JCA [job capacity assessment] system. Assessments often do not fully take into account an individual's complex barriers associated with their condition. Many of our members feel that the JCA [job capacity assessment] framework

needs to be radically overhauled to include consideration of social and personal barriers.

*Introduce into the initial JCA [job capacity assessment] process an assessment of social & personal barriers that impact on the person with a disability or mental illness as well as their disability. This impact should equate to a reduction in the number of hours this person is expected to work per week.*

Finally our members felt that increased access to paid work experience, on the job training, work trials and voluntary positions would greatly assist in motivating their clients and engaging people in the workforce in order to transfer them into paid employment in the longer term.

## **Additional CPSU member comments**

CPSU members we asked several questions that did not specifically address particular terms of reference, but tried to capture issues that are relevant to this discussion and the development of the Strategy.

### **Have the Welfare to Work reforms negatively impacted on your ability to engage with clients?**

Most members felt that the Welfare to Work reforms had negatively impacted on their ability to engage with their clients who have a mental illness or disability.

The reasons behind this are complicated and diverse, some of our members are unable to engage because their clients are fearful of losing benefits, while others cannot engage because of framework constraints and an inability to develop individualised programs.

*They are fearful and we can't work effectively while we hold both the carrot and the stick. We can't be responsible for participation reporting if we want to engage effectively with our clients.*

*It has impacted on the type of program I can provide. Although I still work with each individual client and tailor programs to specifically meet their barriers; they are expected to look for a minimum of work hours which may not be realistic for them given ALL the collective social and disability barriers that they have. If it is unattainable, then their motivation will be affected immediately.*

Our members also noted that due to increasing workloads and greater amounts of compliance paperwork they are unable to give clients enough time.

*Time pressures, increasing caseloads and services provided internally have all meant that each client gets a lot less time now and staff are getting very stressed with the frustrations of the system.*

Finally the stressful and complex nature of the current framework is alienating people with a disability or mental illness and they are either being given unrealistic goals or are attempting to disengage from the system completely.

*Customers with mental health illnesses tend to give up due to the complex nature of the requirements & are not able to adequately express their concerns over the thing we require them to do. There is a tendency in this group to just agree with anything to get out of the office & just to be left alone.*

*Varies - benchmarks are not always realistic and achievable for clients, pushing people back into employment where they have no work history and only able to work between certain hrs as per parenting payment recipients leads to reduced outcomes in areas of high unemployment, JCA [job capacity assessment] process at times challenges the medical opinions of treating practitioners if medical certificates are not accepted leading to poor relationship with clients*

### **Are there any other issues that should be included in the National Mental Health and Disability Employment Strategy?**

There needs to be a greater recognition that people with disabilities or mental illness are a specialised group and they cannot always be expected to achieve the same outcomes and goals as main stream jobseekers.

*Recognition that to deal with people with mental health issues and disabilities is a specialised field and should be acknowledged as such so the rules are slightly different to meet the needs.*

People with a mental illness or a disability need a greater level of support both when they enter into the workforce and also in terms of access to healthcare.

*People who have a disability and or mental health issue can maintain employment and become less of a load on the welfare system if opportunities are made available. They need support to identify options for them, get to work, learn the job, develop an effective workplace mentorship model, maintain the job and then have the option of drop in support when it is required.*

*Client's conditions have significant impact on them pursuing employment. Clients are unable to afford Specialist appointments and have to endure long waiting lists for treatment options. This raises multifaceted issues - including the longer they wait for assistance; they lose confidence, their condition can deteriorate and their ability to manage other issues in their life become more difficult.*

*Maybe a focus on the client and their needs rather than pushing to employment, providing support, someone caring about what is needed.*

Education of providers and staff so they can better understand the issues facing people with a mental illness or disability should be an important part of any Strategy. The more staff and providers know about these conditions the more help and support they can provide.

**Do you think the scope of this inquiry should be broadened beyond employment? If yes, how should it be broadened and why?**

The area of disability and mental illness support and services is in need of attentions and funding and most members agreed that this Inquiry should be broadened beyond employment concerns.

Our members felt that social inclusion across all areas, especially health and housing should be the focus. This would provide an opportunity to bring some of the most disadvantaged people in our society into the mainstream where they could access all the services they need to contribute to society to the fullest of their abilities. Members commented that:

*This should be broadened to the whole community, to assist people who have a disability and or mental health issues to access all aspects of community life and also to be accepted within the community.*

*Full social inclusion platform addressing ALL areas of disadvantage. NOT just jobs.*

*Independent living support, accommodation services and options other than employment for day placement needs to be reviewed*

*It should include support services - crisis assistance, social support - so vital to us all and pre-vocational courses.*

*Yes because this would be a great opportunity to assist people in these circumstances. It seems like this kind of opportunity doesn't occur very often and the moment should be seized to do everything possible for these people.*

## **Conclusion**

The situation of people with a mental illness or a disability in Australia is one that is often characterised by disadvantage. The current framework does not provide the level of support and encouragement required to lift many disabled and mentally ill Australian out of the cycle of disadvantage and poverty they currently face.

Our members have recommended a range of changes including improved access to public transport, overhauling the JCA [job capacity assessment] process, increased incentives for employers, focused training and education

programs, public awareness campaigns and increasing funding for medical support services all of which will greatly help alleviate that disadvantaged face by many people with a disability or mental illness.

Australians believe in a fair go, and as we move towards an agenda of Social Inclusion and lessening disadvantage, the National Mental Health and Disability Employment Strategy represents a significant opportunity to help give those Australians who have a mental illness or a disability a fair go at finding and retain meaningful long-term employment.