Response to
Productivity Commission
Draft Report on Mental Health
January 2020

WISE Employment

empowerment through employment

WISE Employment Response
Productivity Commission Draft Report on Mental Health

WISE Employment commends the Productivity Commission's recognition in the Draft Report of employment as a key factor in the health and wellbeing of people who experience mental illness, and the need to improve services in this area. As the report notes:

> It is certainly true that outcomes for jobactive participants with mental illness are worse than others. People deemed to have mental illness made up 13% of the jobactive cohort in February 2019 (DJSB, sub 302), but only just over 7% of job placements found between July 2015 and February 2019 went to participants with a mental illness (unpublished data from DESSFB). Additionally, 82% of jobactive participants with a mental illness have spent 515 more than 12 months in employment services (compared to 64% of the wider jobactive population (unpublished data from DESSFB).
>
> Outcomes for people with mental illness in DES are also worse than those with other disabilities. People with mental illness comprised 40% of the DES cohort in June 2019 but only represented 20% of total employment outcomes for the month (inclusive of 4,12 and 26 week placements). (pp. 515-516)

The centrality of employment to improving mental health is the focus of the primary WISE Employment submission to the Inquiry (August 2019), and well as being highlighted in submissions by Mental Health Australia and Mental Health Victoria.

> Policy areas such as employment [are] just as important in fixing the 'mental health system' as the provision of greater resources to specific mental health programs and services.
> (Mental Health Victoria, 2019)

We note the Draft Report's recommendations regarding improvements to jobactive and DES employment services, and urge the Productivity Commission to consider and address the following issues in the final Report on Mental Health.

1 Establish common accurate data across agencies

As noted in the primary WISE Employment submission, government agencies have reported wildly different estimates of the number of Australians seriously affected by mental illness and psychiatric disability – from 64,000 to 800,000 (WISE Employment, 2019). The Interim Report, itself, can only provide a broad estimate range, stating that:

> A range of 'between 190,000 and 250,000 Australians with episodic or persistent severe mental illness have significant complex needs arising from their illness . . . Even with the best clinical treatment, episodic or persisting mental illness can result in the need for psychosocial and other supports, such as stable accommodation, income and vocational support, to assist the person to live as independently as possible in the community.' (p. 25)

Elsewhere the Report indicates that 684,000 are so severely affected that they need psychosocial support. The ABS, Health Department, NDIA, and other agencies provide widely-differing numbers – with a severe impact on service planning and budgets, as these figures are used to determine need. The NDIA, for example, has an iron-clad limit of 64,000 on the number of support packages for people with psychiatric disability; the arbitrary unfairness of this to those without packages has resulted in a rapid ramp-up and re-modelling of the ILC (Information, Linkages, and Capacity-Building) NDIS program, a process which is still in progress. People with a mental illness using disability employment services are also hampered by needless complexity of assessment and processes, due in part to confusion resulting from these contradictory estimates of demand and need. It is essential to the provision of mental health, employment, and other services, that common data is used to plan and budget across all relevant government agencies.

Recommendation 1

Agree common statistical definitions and calculations relating to psychosocial disability, and harmonise these across all government departments and agencies, including the Department of Health, Department of Jobs and Small Business, Department of Social Services, ABS, and AIHW.

2 Use of the NDIS as a channel to employment

Psychiatric disability support is now predominantly provided with NDIS funding – either individually through support packages or to groups through services funded under the ILC Individual Capacity-Building or Economic and Community Participation programs.

The Interim Report makes a number of valuable recommendations regarding psychosocial support and notes the shocking contrast between the number of Australians requiring psychosocial support (684,000) and the mere 10% or so of these (64,000) to be allocated NDIS support packages. As the Interim Report states, there is an urgent need to clarify 'the interface between the NDIS and the mental health system to ensure people who need support are not falling between gaps in services caused by uncertain boundaries'. (p. 415)

While a 'lack of coordination and cooperation' in the psychosocial support sector is identified, this is made worse by the inconsistent nature and quality of services delivered: evidence-based practice and national quality standards are required to make the sector more effective. These areas for improvement are especially important as they relate to employment-related rehabilitation. There has been a belated but welcome recognition of this importance by NDIA. Publication of the *NDIS Participant Employment Strategy 2019-2022* and recent changes to NDIS-approved products, prices, and processes for people with psychosocial disability give hope that vocational rehabilitation services will be possible under the scheme. However, this will require these services to be available in all regions, as well as familiarity with them by LAC staff, and promotion of the value of vocational rehabilitation to their clients in the NDIS environment. Considerable attention should also be given to the challenge of all the intersectoral linkages required among the various agencies involved in mental health support, in order to ensure that the value of vocational rehabilitation is understood by the different services. For the majority of people with a psychiatric disability – those without NDIS support packages – ILC funding needs to be provided in all regions for employment-related psychosocial rehabilitation via the Individual Capacity-Building and Economic and Community Participation programs.

Recommendation 2

Ensure the NDIA recognises the critical importance of psychosocial rehabilitation and vocational rehabilitation, and educates and incentivises NDIS planners and service providers to promote and offer these services, with commensurate funding mechanisms to ensure successful outcomes.

3 Ensuring innovation in implementation of employment services

The Interim Report emphasises the importance of Individual Placement and Support (IPS) in providing employment for people affected by mental illness. It recognises that there is emerging evidence for 'so-called "augmented" versions of the IPS model — which include IPS with other interventions such as cognitive skills training — may further improve outcomes (Suijkerbuijk et al. 2017). This suggests that adaptations to the model will likely be needed as it is implemented for different groups or as the empirical evidence grows. (p. 525) Recent research has highlighted advances in vocational rehabilitation, including cognitive remediation and adaptation of programs for other disadvantaged groups (Mauser et al, 2016). As Waghorn et al (2010) note of these augmentations:

> Skills training strategies usually consist of highly-structured, manualized interventions that may include psychoeducation, behavioral interventions, cognitive techniques, or a combination of interventions (Loveland et al. 2007). Tsang (2001), in a pilot study, showed that the social skills training module together with appropriate professional support afterwards is effective in enhancing the social competence and vocational outcomes for people with a mental illness.

This has proven especially effective when cognitive remediation is undertaken within a program that generalises and transfers the enhancement of memory and cognitive skills into a real-world context (Anaya, 2012; Galletly, 2013; McGurk & Meltzer, 2000).

WISE Employment services include a focus on innovation, and provides support to many clients affected by mental illness. In response to the challenges faced by these clients, it established a new division in 2016 dedicated to Innovation in Mental Health and Employment (IMHE). The flagship program is WISE Ways to Work, delivered in a research partnership with St Vincent's Mental Health.

WISE Ways to Work
A comprehensive, evidence-based vocational rehabilitation program designed to empower people with psychosocial disability through capacity-building and skills training, in order to gain and sustain work in open employment. A key role is played by partner-employers who undertake to provide work experience, training, and provision of job opportunities. Twenty-five employers have already signed up to participate. The program has three modules:

Module 1: Employ Your Mind. Vocational Skills Development Program
Participants work with a personal Vocational Coach on key **skills development for work**, including Cognitive Remediation Therapy (CRT) which includes group sessions and individual computer-based exercises to build cognitive functioning, communication skills, and self-awareness – and transfer of these skills to a real-world, work-related context.

Module 2: Exposure to Work
Participants are offered a range of **exposure to work opportunities**, information sessions on the world of work, and the Optimal Health Program in health management.

Module 3: Jobs and Support
Participants work towards **jobs and support** in the workplace, drawing on the program's links with WISE Disability Employment Services and a network of employer-partners who have committed to development of customised roles in open employment.

A total of 80-100 participants will be recruited for the 2018-2020 pilot program, with 90% retention so far. It is estimated that 35-50 will enter paid employment/ training, with 10-15 supported to become Peer Support Workers.

Evaluation of WISE work in this area provides evidence of its efficacy, supporting further implementation on a national scale (Contreras et al, 2012; Contreras et al, 2016).

Recommendation 3

Support for innovation in provision of employment services for people with mental illness, including IPS and related cognitive remediation and social skills training, as provided by the WISE Ways to Work program.

4 Ensuring quality mental health workplace programs

The Interim Report recognises an increasing recognition and awareness of mental health in the workplace, while noting: 'It would appear that this has not yet resulted in widespread effective action to improve workplace mental health . . . An ACTU survey of employees reported that just over 70% of respondents said that their employer either never or only sometimes took mental health issues in the workplace seriously.' (p. 772-773)

These corporate or industry-wide programs are well-intentioned and may even be endorsed by the government-supported Mentally Healthy Workplace Alliance. Nevertheless, there is no requirement for consistency or an evidence base for the interventions, and at worst they are little more than 'window dressing' as the ACTU survey suggests. Although these initiatives are a step in the right direction, the emphasis is on the individual employee and needing to make them more resilient or 'tougher'. There is little or no acknowledgment by many employers that they have a legal responsibility to provide a safe workplace environment which does not place staff under unreasonable stress and increase the risk of mental health problems.

Recommend that the Mental Health Commission only endorse corporate workplace mental health programs where employers demonstrate a commitment to addressing factors which place undue stress on staff (for example, limiting unpaid overtime and not expecting that emails be attended to when the employee is not at work).

Recommendation 4

Recommend that corporate workplace mental health programs adhere to minimum, evidence-based standards, and only be endorsed where employers acknowledge their own responsibility to address factors which place undue stress on staff (for example, limiting unpaid overtime and not expecting that emails be attended to outside work hours).

Recommendations for Productivity Commission Interim Report on Mental Health

1	Agree common statistical definitions and calculations relating to psychosocial disability, and harmonise these across all government departments and agencies, including the Department of Health, Department of Jobs and Small Business, Department of Social Services, ABS, and AIHW.
2	Ensure the NDIA recognises the critical importance of psychosocial rehabilitation and vocational rehabilitation, and educates and incentivises NDIS planners and service providers to promote and offer these services, with commensurate funding mechanisms to ensure successful outcomes.
3	Support for innovation in provision of employment services for people with mental illness, including IPS and related cognitive remediation and social skills training, as provided by the WISE Ways to Work program.
4	Recommend that corporate workplace mental health programs adhere to minimum, evidence-based standards, and only be endorsed where employers acknowledge their own responsibility to address factors which place undue stress on staff (for example, limiting unpaid overtime and not expecting that emails be attended to outside work hours).

9 December 2019