

Comments in response to the Productivity Commission's Draft Report on Mental Health

NDS provides the following comments on the Productivity Commission's October 2019 Draft Report on Mental Health. The comments cover four elements of the Report's Reform Area Four – Increasing the participation of people with mental illness in education and work.

Effective outreach for disengaged school students

Most young people with mental health issues tend to have experienced an interrupted educational background. Approximately 1/3 of people with psychotic disorders have completed their year 12 equivalent, and about 20% have basic literacy problems¹. These contribute to poor employment outcomes.

The vast majority of mental illness has its onset in adolescence and early adulthood and is common in this age group. An early intervention approach that ensures integration of supports for education, training and employment is required. Young people with disability are much more likely to develop a mental illness. Research has shown that up to 40% of people with cognitive disability have mental health problems.²

Mental health issues can cause young people to leave school, be significantly over-represented in the juvenile justice system, to be employed sporadically if at all, and to frequently have negative connections within and to their communities.^{3 4}

In 2003, 63% of people with psychological disability reported no post-school educational attainment compared to just over half of people with physical disabilities (ABS 2003). High school completion for people with mental illness are between 32% and 62% depending on illness. This compares to a Year 12 completion rate of 78% for all 20-24 year olds in 2010. (ABS 2011)

¹ <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-p-psych10>

² Bond C/o Youngminds (2014) Children and Young People with Learning Disabilities - *Understanding their Mental Health for department of education*

³ Brown, Kim (2009) "Connecting Youth and Communities: Customized Career Planning for Youth with Psychiatric Disabilities," *The Journal of Sociology & Social Welfare*: Vol. 36 : Iss. 4 , Article 7.

⁴ Orygen Youth Health Research Centre 2014, *Tell them they're dreaming: work, education and young people with mental illness in Australia*, Orygen Youth Health Research Centre, Melbourne, Jan 2020,

Currently, educational interventions are piecemeal, lack coordination and resources and are dependent on local champions. This results in poor outcomes.

In order to address the widespread disengagement of school students with mental illness and to assist them effectively transition into the workforce after leaving school, effective outreach activities could include a focus on career development, customised transition planning, work experience, and employment opportunities, all driven by the individual's strengths and interests and support needs. This requires linkages between vocational rehabilitation and mental health services as well as workforce investment promoting the collaborative funding of employment and transition activities for each student.

Improve employment support program assessment tools for people with mental illness

As of 31 December 2019, there were 111,714 people in DES with those with a primary mental illness diagnosis making up 41% of the total caseload. Over half (63,850) are in ESS and so meet the criteria of “people with permanent disability who need ongoing support in the workplace”. In addition, as of 31 December 2019, just under 20% of the jobactive caseload of 924,000 were participants with disability. As no specific breakdown of primary condition is provided for these participants, an accurate number of those with a mental illness cannot be determined. However, it is highly likely that a significant number of jobactive participants would also include those with an undiagnosed/undisclosed mental illness, as well as the subset of participants with disability whose mental illness has been disclosed.

The most disadvantaged jobactive participants identified through the Employment Services Assessment (ESAt) are assisted through Stream C and comprise 16.5 per cent of jobactive participants. Stream C participants have multiple and complex barriers that need to be addressed so they can take up and retain a job. These barriers may include physical and/or mental health issues, or low capacity to work.

The ESAt is the key gateway and assessment tool for jobseekers accessing Commonwealth employment programs (i.e. DES and jobactive). The Commonwealth Government has recently commissioned a review of DES participant assessments focussing on the reliability, validity, utility and efficiency of the ESAt process as well as opportunities for improvement.

NDS recommends that in order to enhance the effectiveness of ESAts for participants with a mental illness, complementary services that provide necessary interventions should be included in those assessments. Evidence demonstrates that inclusion of and access to psychosocial interventions can significantly increase the rates of job placements achieved by participants with a mental illness⁵.

To achieve a DES outcome, a participant's ESAt identifies a benchmark of employment hours they must achieve, based on their future capacity to work. These benchmarks may not accurately identify a realistic future work capacity due to:

⁵ Coppin, D., Ciarrochi, J., Sahdra, B., & Rosete, D. (2019). Evaluation of the Treatment Utility of a Jobseeker Segmentation and Intervention Program.

- a low understanding of the episodic nature of mental illness by the assessors
- a lack of any relationship between assessor and jobseeker – e.g. unwillingness of jobseekers to discuss invasive details of ‘Worst Day’ circumstances
- assessments being conducted over the phone or in high stress environments such as Centrelink offices⁶

Benchmarks place pressure on jobseekers to achieve a set number of hours based on an assessor’s interpretation of their work capacity, determined in an entirely abstract context.

It is imperative that the ESA is enhanced to effectively identify an employment hours benchmark that reflects more accurately the participant’s motivation to work and their subsequent work capacity.

Increase the appropriateness of job plans for those people with mental illness who are using employment services

The current [DES Grant Agreement](#) includes a specific section on Job Plans developed between the participant and the service provider. Job Plans are intended to set out “an individualised pathway to sustainable Employment for each Participant. Each Job Plan will be tailored to the needs of the individual Participant, will outline the agreed activities to be undertaken to gain or maintain sustainable Employment.” In addition, Job Plans must also “contain terms that are specifically tailored to address the Participant’s level of disadvantage, individual needs, barriers to employment and Partial Capacity to Work, having regard to the particular Program Services the Participant is receiving”.

In order not to penalise providers offering long term pre and non-vocational support, and to enhance the appropriateness of Job Plans, NDS recommends that the DES program recognise health promotion and activities that reduce social isolation within a Job Plan as positive performance by a provider.

Staged rollout of individual placement and support programs to job seekers with mental illness

The concept of Individual Placement and Support (IPS) as a model of service delivery in Australia is not new. In the early 1990s, the Department responsible for disability employment programs block funded Individual Supported Jobs (ISJ) services to complement the existing Competitive Employment Training and Placement (CETP) program that was rolled out across Australia in 1987.

Services were generally small, community based, not for profits and were focused on assisting people with significant barriers to employment access paid employment. The focus of ISJ was to assist the individual to determine the type of employment position that suited their skills and interests, find that position and engage in one to one support for as long as the person needs that support. Employment consultants were trained in job search activities and on the job activities such as task analysis.

⁶ Worklink Group 2019. How People with a Mental Illness in Disability Employment Services are Predisposed to Failure.

The move away from block grant funding to case based funding in the early 2000s effectively turned the focus from one on one, on the job support to a desk based labour market program. This has had negative consequences for many cohorts including participants with mental health issues.

NDS recommends that any staged rollout of the IPS model be initially implemented on a trial basis. It should include a group of eligible providers and participants and a specific funding model taking into account the unique needs of the participant group.

Provider eligibility:

Individual placement and support (IPS) is a framework with very specific requirements. Eligible providers should have skilled staff that work within the IPS model principles and additionally have an established relationship with a clinical mental health team. Providers should use evidence based vocational supports, have a sound approach to addressing work readiness and a formal approach to provision of in-work support.

Participant eligibility:

Most participants will have dual diagnoses, but mental health should be the primary condition. Participation by jobseekers should be voluntary and they should not be suffering any illness at the time of their engagement.

In addition, a sound procedure for disclosure of participants' conditions should be investigated. Non-disclosure may often result in poor outcomes due to the inability of service providers to actively provide on the job supports, for example. In this initiative it is especially important that the client is encouraged and supported to disclose, for example through appropriate counselling.

Funding for individually tailored support:

Funding should be individualised and, for convenience, be acquitted at the end of the trial period. The current DES Risk Adjusted Funding Model is incongruent with the IPS model as it does not provide adequate funding for the job search and on the job training required to produce long term employment outcomes. An alternative funding model such as the School Leaver Employment Supports (SLES) model funded under the NDIA should be investigated.

Funding should cover costs such as engagement of expert case managers, additional time for more intensive case management, purchase or supply of vocational support services, more time in the workplace providing on the job support as well as support to workplace, and evaluation activities.

A short validated quantitative measure(s) of change in mental wellbeing and quality of life should be used, to allow for comparison of performance as well as providing an independent measure of the success of the initiative. The measure(s) should be applied at regular intervals so a change over time can be compared.

Job retention is the critical issue. Accumulation of time in work to count towards the 13 and 26 week outcomes is also essential and should include breaks of up to 30 business days during both the 13 week period and the 26 week period, to take into account the episodic nature of mental illness and the impact this can have in retaining and sustaining employment. Flexibility around permissible breaks should also be allowed and the time extended to 8 weeks.

Ideally, funds allocated to participants who do not require extensive support or who are suspended or exit the trial should be retained to support existing or new participants.

The trial should be evaluated by an independent agency and participant providers expected to actively participate. The evaluation should include a quantitative and qualitative data analysis. Ideally, an economic analysis of IPS which examines the economic savings of placing young people into work should also be included. This will be relevant for the quantification of delivery costs as a service/support model for the NDIA.

Interventions should be evidence based and aimed at preventing poor mental health and illness and a part of effective support and treatment.

Access to technical assistance for providers

Many employees in the DES sector have little experience or training in dealing with complex employment needs.⁷ A Department of Social Services. (2014) evaluation of DES identified the need for better training and skills for support staff so staff can better provide employees with disability appropriate supports.⁸

Both NDIS and DES providers have high turnover of staff, who often lack skills and qualification in how to implement good employment supports. Technical Assistance Centres can provide transition and employment professionals with a rich source of theoretical and practical knowledge, resources and activities.

In Australia, there are no government-funded technical assistance bodies to research, support and evaluate good practice. There is a need for a body (or bodies) not only to conduct research into employment and education/training practices but to disseminate practical advice based on research findings on good practice in all aspects of effective school to work transition, particularly collaboration between mental health, school etc.

There is a need for support to ensure all sectors, schools, post-school service providers and NDIS service providers have access to evidence-based practice, and support to possess the knowledge and skills necessary allowing them to collaborate effectively, using evidence informed practices to improve transition outcomes.

⁷ Burns, C., & Lawn, S. (2013). Disability employment services in Australia: A brief primer. *Australian Journal of Rehabilitation Counselling*, 19(1), 46-56.

⁸ Department of Social Services. (2014). Evaluation of Disability Employment Services 2010- 2013 Final Report. Disability and Carers.

Consequently, NDS recommends that the findings of the following studies be implemented in order to assist rollout of the IPS model:

- Implement the opportunities identified from the evaluation from the [KPMG report into Individual Placement and Support \(IPS\)](#)
- Implement the recommendation in the 'Tell them they're dreaming report'.⁹

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National Disability Services is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes 1,100 non-government organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.

⁹ Orygen Youth Health Research Centre 2014, *Tell them they're dreaming* (Op. Cit.)