



New South Wales Teachers Federation

a branch of the Australian Education Union
AEU NSW Teachers Federation Branch ABN 86 600 150 697



5 April 2019

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Mental Health Inquiry
Productivity Commission
GPO Box 1428
CANBERRA ACT 2601

By email: www.pc.gov.au/inquiries/current/mental-health/submissions

Dear Sir/Madam

Re: The Social and Economic Benefits of Improving Mental Health

I refer to the *Productivity Commission Issues Paper* and provide you the attached submission on The Social and Economic Benefits of Improving Mental Health for your consideration.

Please direct your inquiries about this submission to Angela Catallo, Professional Support Officer. She may be contacted

Yours sincerely

John Dixon
General Secretary

Attachment



**AUSTRALIAN EDUCATION UNION
NEW SOUTH WALES TEACHERS FEDERATION BRANCH**

SUBMISSION TO

AUSTRALIAN GOVERNMENT PRODUCTIVITY COMMISSION

ON

**THE SOCIAL AND ECONOMIC BENEFITS
OF IMPROVING MENTAL HEALTH**

Authorised by

**John Dixon
General Secretary
AEU NSW Teachers Federation**

5 April 2019

THE SOCIAL AND ECONOMIC BENEFITS OF IMPROVING MENTAL HEALTH

QUESTIONS ON HEALTH WORKFORCE AND INFORMAL CARERS

What changes should be made to how informal carers are supported (other than financially) to carry out their role?

Many young carers are taking on these responsibilities while still attending school. Schools are well aware of the extra pressures this places on their students and attempt to provide appropriate support. Young carers are just one of the groups of students who would benefit if schools were more adequately provided with access to trained school counsellors.

What would be some of the benefits and costs, including in terms of the mental health, participation and productivity of informal carers and the people they care for?

If young carers had adequate access to trained school counsellors to ensure that as students they were effectively supported with their own mental health needs while enabling them to achieve their educational potential, this would be a means to ending cross generational low productivity.

QUESTIONS ON SOCIAL SERVICES

Are the disability support pension, carer payment and carer allowance providing income support to those people with a mental illness, and their carers, who most need support? If not, what changes are needed?

One change which is needed is to ease the transition from Workers Compensation Weekly Payments to disability support payments. In NSW the current Workers Compensation Payments cease for all but the most severely injured at mandatory set points of 130 or 260 weeks after injury. Workers with an ongoing mental illness, who have not returned to work at this point, are, in reality, in need of ongoing income support. For all or most of the time they have been receiving weekly payments they have also been working with a rehabilitation provider who is tasked for supporting them in their search for work, possible retraining and other supports aimed at returning them to employment. If these supports have not been sufficient to enable them to return to employment this should be seen as evidence of their ongoing health needs and present if not ongoing need for income support.

The experience of the first group of workers in this situation in early 2018 was that the paperwork and multiple applications, first for New Start and then later for disability payments was onerous. A streamlined system would benefit the injured worker and reduce workload for Centrelink staff.

Is there evidence that mental illness-related income support payments reduce the propensity of some recipients to seek employment?

Using our experience in supporting members on Workers Compensation weekly payments, Federation would argue that this is not the case. The fact that a weekly payment is available is not a barrier to encouraging permanently employed teachers to return to work. Workers Compensation payments only stay close to take home pay for 13 weeks for most NSW workers, so are designed to be an incentive to return. Barriers to an early return to work are more often to do with the difficulties in finding suitable placements and the lack of understanding of mental health issues by those in the workplace.

How could mental illness-related income support payments better meet the needs of people whose capacity to work fluctuates over time?

Improved flexibility in reporting mechanisms while on Centrelink payments. For a teacher with fluctuating mental health, employment as a day to day casual and short term temporary placements can allow them to work when well and have the flexibility to take time for treatment when needed.

Centrelink's Newstart payments have no flexibility to allow for those with chronic but intermittent incapacity to access payments for the periods they are too unwell to be employed. Such inflexibility can be a disincentive for seeking casual and short term temporary employment.

QUESTIONS ON JUSTICE

What mental health supports earlier in life are most effective in reducing contact with the justice system?

Increased provision of mental health services in all public schools as provided by professional school counsellors who have been trained as both teachers and psychologists.

What interventions in the justice system most effectively reduce the likelihood of re-offending, improve mental health and increase prospects for re-establishing contributing lives?

Effective education programs with a wide range of subjects and choices for inmates. Prior to 2016 prisoners in NSW had access to fully trained teachers who provided education across a wide range of subjects and settings. At the time the NSW State Government was planning to reduce prisoner access under the misnamed 'Better Prisons Initiative' the Community Justice Coalition released a briefing paper which outlined the rights to advantages of the education available at that time.¹

The Community Justice Coalition reminded us that education is a right under Article 26 of the *Universal Declaration of Human Rights* and

Furthermore, Article 6 of the United Nations Basic Principles for the Treatment of Prisoners states, that "all prisoners shall have the right to take part in cultural activities and education aimed at the full development of the human personality." Education does not merely refer to intellectual and academic progression, but rather, as a multifaceted concept that targets and promotes opportunity, growth, wellbeing and awareness, which is vital to rehabilitation. It should involve access to a variety of structured programs and unstructured learning hubs from which individuals can choose. The availability of choice provides individuals with the freedom of self-directed learning so that they can pursue interests directed at their own betterment and enrichment. It is through education that prisoners and forensic patients can increase the likelihood of successful and smooth reintegration into society upon release.

The briefing paper also contains examples of prisoners who were accessing education while in gaol and the opportunities it was providing for their rehabilitation.

What evidence is there about the long-term benefits and costs of these interventions?

An example of the effectiveness of education based programs for prisoners with mental illness was that run at Long Bay prior to the introduction of the 'Better Prisons Initiative'. This program was run in collaboration between trained teachers and the prison staff. A measure of the success of this

¹ http://www.communityjusticecoalition.org/images/12082016_PrisnrEdForumPpr.pdf

program is that it was nominated as a finalist in the 2013 Premiers Award for Public Service. The program from the awards night reads:

Jeanine McGlinn

General Manager, Long Bay Hospital

Corrective Services NSW | Attorney General & Justice

Jeanine McGlinn is the General Manager of Long Bay Hospital, where offenders with mental health disorders coupled with antisocial behaviours are incarcerated. These offenders lacked activities which promoted prosocial behaviours. Through Ms McGlinn's implementation of monthly social events, offenders were given an opportunity to be released from their cells to participate in creative activities. During these events offenders write songs, create music and art works, write jokes, poems and literature, and sing and dance. Through this they experience being autonomous individuals with goals, thereby increasing their self-worth.

Jeanine did not waver in her courage to persevere with the program and the offenders are now developing into goal orientated and self-directed community members.²

QUESTIONS ON EDUCATION AND TRAINING

What are the key barriers to children and young people with mental ill-health participating and engaging in education and training, and achieving good education outcomes?

The barriers continue to be a shortage of effectively trained and supported counsellors, teachers and allied health professionals within the mainstream and special education settings across the public school system. These barriers would best be overcome by the full implementation of School Resource Standard funding to all public schools.

Is there adequate support available for children and young people with mental ill-health to re-engage with education and training?

Federation's 2017 submission to *The NSW Legislative Council Inquiry into the provision of education to students with disability and special needs in government and non-government schools in New South Wales*³ recommended that the State Government:

Continues and expands funding allocations and provision of dedicated specialist services which support: the personal care of students with disability at school (including the management of complex health care needs); transport to and from school; and assistance in coordinating or managing life stages, transitions and supports.

The expansion of support for all students, but especially those with mental ill-health is dependent upon increased funding in line with the loading for students with disability funding.

Do students in all levels of education and training have access to adequate mental health-related support and education? If not, what are the gaps?

No they do not. Mental health related support for students in schools and TAFE colleges is best provided by school counsellors who have dual qualifications as psychologists to provide mental

² <http://www.publicserviceawards.nsw.gov.au/winners/2013-winners>

³

<https://www.parliament.nsw.gov.au/lcdocs/submissions/57182/0143%20Australian%20Education%20Union%20New%20South%20Wales%20Teachers%20Federation%20Branch.pdf>

health support and as teachers to provide educational input and the work closely with schools and colleges to facilitate effective access to education.

At present, the number of school counsellors placed in public primary and high schools across NSW is insufficient. As a result not all students in need of this support are able to access a school counsellor in a timely manner.

Do teachers and other staff in schools and education facilities receive sufficient training on student mental health? Do they receive sufficient support and advice, including on the quality and suitability of different approaches, to adequately support students with mental ill-health?

Though many schools do provide access to courses such as 'Accidental Counsellor' or 'Mental Health First Aid' for teachers with a welfare role (such as year advisors), many teachers find themselves unprepared when faced with the challenge of teaching students with mental health concerns and would welcome further training and support.

Teacher professional learning in NSW Public Schools is linked to each teacher's Professional Development Plan and the Professional Teaching Standards. Standard 1, Know students and how they learn, includes at proficient level:

1.1.2

Use teaching strategies based on knowledge of students' physical, social and intellectual development and characteristics to improve student learning.

and

1.5.2

Develop teaching activities that incorporate differentiated strategies to meet the specific learning needs of students across the full range of abilities.

Training and support needs to be readily available to teachers of students with mental health needs to enable them to be aware of when approaches and support may work best in their classrooms.

QUESTIONS ON GOVERNMENT-FUNDED EMPLOYMENT SUPPORT

Which State or Territory Government programs have been found to be most effective in enabling people with a mental illness to find and keep a job?

Second chance education available at publicly funded TAFE Colleges.

How could employment outcomes for people experiencing mental ill-health be further improved?

Fully fund public TAFE Colleges. Re-establish and strengthen access to relevant and affordable second chance education. This should include access not just to literacy and numeracy, but to courses leading to employable skills. With sufficient funding these colleges could also provide counsellors and disability support to students to enable them to integrate into the educational setting and then to paid work.

QUESTIONS ON MENTALLY HEALTHY WORKPLACES

What types of workplace interventions do you recommend this inquiry explore as options to facilitate more mentally healthy workplaces?

Workers must be provided sufficient time to complete their work and should not be continually faced with increases in workload and expectations. This matter led to Federation commissioning research and 18,234 of our members took part in the survey. The resulting report, *Understanding Work In Schools: The Foundation For Teaching And Learning 2018 Report To The NSW Teachers Federation Susan McGrath-Champ/Rachel Wilson/Meghan Stacey/Scott Fitzgerald*,⁴ points out the effects of increased workload on our teachers.

These effects included:

- Too much effort, contradictory demands,
- limited autonomy
- Impact upon career aspirations
- Difficulty attending to family commitments and work-life balance
- Limited opportunity to take breaks
- Impact on teaching and learning
- capacity to develop and sustain quality teaching and learning is hindered by administrative demands

The study concluded that it is not enough to consider interventions school by school but that there is a need for a systemic response:

FUTURE DIRECTIONS: THE NEED FOR A SYSTEMIC RESPONSE

While the finding that teachers are spending the bulk of their daily work time on matters directly related to their teaching and to students' learning is affirming, the implications of this study's overall findings are not encouraging. These implications can be seen most clearly in the section of this report on the effects of workload increase. Teachers reported two distinct effects — first, effects on teachers, including their time, career aspirations, family commitments and work-life balance; and second, effects on opportunities for teaching and learning in schools.

We emphasise that while distinct, these two effects are also inextricably linked. The administrative demands currently placed on schools are debilitating, curtailing teachers' scope to focus on teaching and learning and having serious implications for the sustainability of the teaching profession.

The weight of the evidence in this report makes this clear, and negative impacts on students are likely to ensue.

As this survey has shown, teachers value their work very highly, and the current policy milieu does not allow teachers to do this work justice in their own eyes. We conclude that it is in the interests of the Department and wider community to value teachers' work, and a planned, systemic response is required to alleviate the unnecessary administrative demands placed on teachers. Among other things, this should include teachers' nominated, preferred response of a reduction in face-to-face teaching to allow teachers the time and space to work together and do what they want to do — teach.

⁴ https://www.nswtf.org.au/files/18438_uwis_digital.pdf

What are some of the advantages and disadvantages of the interventions; how would these be distributed between employers, workers and the wider community; and what evidence exists to support your views?

The advantage of interventions which allow a worker time to effectively complete the core of their work, in this case to teach, is a reduction in workload stress. This in turn will lead to lower rate of absenteeism and lower rates of claims for psychological injury.

Present rates of Workers Compensation claims for psychological injury in the NSW Public Sector are higher than the community standard. According to SafeWork NSW:

Mental diseases such as anxiety and stress disorders, depression, reaction to stressors:

- 11.6% of all claims
- 40.3% total claim costs
- 3.5 times average claim cost - \$59,125 vs \$16,997 per claim
- average time off work - 33.7 vs 13 weeks
- 2.6 times average weeks off work

This high level of claims has been noted by SafeWork NSW and has led to the development of a separate NSW Government Sector Plan.⁵

What are some practical ways that workplaces could be more flexible for carers of people with a mental illness? What examples are there of best practice and innovation by employers?

Increased understanding of the rights of carers to access accumulated sick leave as carers leave once family and community leave has been exhausted.

What role do industry associations, professional groups, governments and other parties currently play in supporting small businesses and other employers to make their workplaces mentally healthy? What more should they do?

Unions, including the Federation continually communicate and negotiate with employers concerning the health and safety needs of our members. This includes the mental health needs of our members. A current example is that we are providing detailed written feedback to the NSW Department of Education in regards to the changes they have made to their Employee Assistance Program.

Are existing workers' compensation schemes adequate to deal with mental health problems in the workplace?

Supporting those who have been psychologically injured to return to work is one area where difficulties are sometimes the result of the Return to Work/Recovery at Work policies and practices of the employer rather than the legislation or scheme. This is one area where communication between the Federation, SafeWork NSW and the Department of Education's Health and Safety Directorate led to an improvement for our members.

Psychological injuries in the workplace are often based in interpersonal conflict and perceived bullying. It is not unusual for medical advice to be that the teacher is well enough to begin a return to work, but at a different school. The improvement was a change in policy which allows for an injured worker to be placed at another school for the short to medium term as part of their

⁵ <https://www.safework.nsw.gov.au/resource-library/whs-roadmap-documents/NSW-Government-sector-plan>

recovery. The provision of same job same employer, but at a different workplace provides a mentally safe workplace for the injured worker to recover at work.

How could workers' compensation arrangements, including insurance premiums, be made more reflective of the mental-health risk profile of workplaces?

Aspects of the workers compensation arrangements are written with wording and presumptions which are based on a physical injury. An example is the NSW SafeWork Certificate of Capacity. Distinct choices are available to the Nominated Treating Doctor to specify physical capacity including lifting, standing and walking. No such suggestions are provided for listing triggers, concerns or capacity for a worker with a psychological injury. There is a small space for 'other considerations' but the example provided, 'keep wound clean and dry', also refers to a physical injury, thereby reinforcing this presumption.

QUESTIONS ON REGULATION OF WORKPLACE HEALTH AND SAFETY

What, if any, changes do you recommend to workplace health and safety laws and regulations to improve mental health in workplaces?

The recent SafeWork Australia Review of the Model Health and Safety Laws included the following: Recommendation 2: Make regulations dealing with psychological health.⁶

This recommendation is to:

Amend the model WHS Regulations to deal with how to identify the psychosocial risks associated with psychological injury and the appropriate control measures to manage those risks.

Reasons provided for this by Ms Borland included:

I found that there is a general acceptance that the definition of 'health' in the model WHS Act explicitly includes psychological health. However, I also found that there is a widespread view that psychological health is neglected in the model WHS Regulations and Codes.

and

A common landing point for our discussions on psychological health was that there was a need for some 'architecture' to build on the foundations laid by the primary duty of care under s 19 and other duties in the model WHS Act.

What evidence is there that the benefits would outweigh the costs?

While there will be a cost to SafeWork Australia to research, write and publish a Regulation on Psychosocial risks there would be an overall reduction in costs to business and government. A clear regulation which educated employers and workers as to how to support colleagues and avoid potential risks would lead to improved workplace practices and a reduction in psychological injuries. An increased awareness of mental health issues would also lead to a greater understanding of risks for those with pre-existing or non-work related conditions and help those people to maintain employment and avoid reoccurrence or further injury.

What workplace characteristics increase the risk of mental ill-health among employees, and how should these risks be addressed by regulators and/or employers?

Federation addressed these concerns in our submission to the SafeWork Australia 2018 Review of the model WHS laws 2015-2017.⁷ In part our submission stated that:

⁶ <https://www.safeworkaustralia.gov.au/doc/review-model-whs-laws-final-report>

⁷ <https://engage.swa.gov.au/32134/documents/78426>

The current WHS laws, regulations and codes of practice fail to provide sufficient regulation to ensure a safe system of work in the area of psychological risks and hazards. Psychological injuries are often a result of unrealistic workloads and overloads as well as bullying within the workplace. The laws as written do not provide effective processes to encourage improvements in the actions and attitudes of the PCBU to create workplace cultures which lead to a reduction in bullying and interpersonal conflict.

As there is no regulation for PCBU's to follow, they often fail in their due diligence and duty of care to provide a work place that is not only physically but psychologically safe for their employees. A regulation would provide clear information to the PCBU on their obligations and support workers in pursuing safer workplaces. Appropriate enforcement action would ensure that these risks are given a priority that is not currently in evidence.

The Auditor-General, Margaret Crawford in a report on 15 December 2106 stated "The Department should consider the effectiveness of workplace health and safety strategies for addressing the rise in psychological injuries."⁸

The Audit office report identifies that the total number of claims relating to psychological injuries has increased by 32.5 per cent, from 467 in 2014–15 to 619 in 2015–16. The associated cost of these claims has escalated by 71.5 per cent, from \$15.1 million to \$25.9 million over the same period.

⁸ Auditor General's Report to Parliament (Volume Thirteen 2016) Report on the Education cluster.
<https://www.audit.nsw.gov.au/publications/latest-reports/volume-thirteen-2016-report-on-education>