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By email: [janine.bush@parliament.vic.gov.au](mailto:janine.bush@parliament.vic.gov.au)

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Dear Ms Bush

**RE: Inquiry into Workforce Participation by People with a Mental Illness**

There is a clear need for more effective programs and initiatives which encourage people with a mental illness to secure and retain employment. This is apparent not only in Victoria, but across Australia and internationally.

Policies designed to improve the currently low level of workforce participation by people with mental health problems must be prioritised so that we can address the fact that they are more likely to suffer adverse social, economic and health outcomes than the rest of the population.

With an estimated one in five Australians suffering mental illness at some stage during their lifetime (AIHW, 2006: xii), the low rate of employment of people with a mental illness has consequences for a large portion of our population, not only for the sufferers but their families and the broader community as well.

- **Previous studies and published research**

Research already undertaken by the Commonwealth Department of Education, Employment and Workforce Relations (DEEWR) identifies a number of factors which determine the level of workforce participation by people with a mental illness as well as specific measures which can assist them in finding and retaining employment. Accordingly I would draw your attention to the publications available from the Department's website.

In addition, Dame Carol Black's UK review *Working for a healthier tomorrow* (2008) highlights the connection between work and health and confirms that employment can improve health outcomes, encourage participation in society, promote independence and increase financial stability.

- **Low rate of workforce participation of people with mental illness**

The DEEWR literature review demonstrates that high levels of unemployment and non-participation in the labour force prevail among people with mental illness in Australia with labour force non-participation of around 70 to 78 per cent among people with psychotic disorders. While this level of participation is comparable to that in other countries with developed market economies, we must do more to address what is a worrying characteristic of our country.

The Department of Families, Housing, Community Services and Indigenous Affairs 'Characteristics of Disability Support Pension Recipients 2010' report warns that in future people with mental illness (who are on average younger in age) will be the largest category of people receiving disability pensions. The economic argument for finding better ways to keep people with mental illness in the workforce is self-evident.

- **Barriers that people with mental illness experience in gaining and retaining employment**

People with mental illness can face considerable impediments in their attempts to secure and retain employment. Mental health problems can impact on the sufferer's confidence and mood, level of motivation and behaviour in social situations. The episodic nature of some mental illnesses necessarily means that symptoms can affect these people at unpredictable times.

Each of the characteristics of mental illness can impact on a person's ability to communicate during interviews for employment, their day to day performance, and consequently, may diminish the likelihood of their finding and retaining work on an ongoing basis. Similarly, medication side-effects can affect a person's ability to perform in the workplace.

It should also be borne in mind that people with episodic mental illness conditions may be capable of working independently for a period of time before requiring in-work support; and sufferers of mental illness may experience long periods where they are unable to work, followed by similarly long periods where they can function relatively well (Brown, J (2011) *Working towards self-reliance: three lessons for disability pension reform*, The Centre for Independent Studies). Employment support programs should be designed with regard to these facts.

Sufferers of prolonged mental health problems are at higher risk of experiencing social exclusion and of developing physical illnesses: individuals with bipolar disorder, for instance, are at double the risk compared with the general population of developing heart disease and type 2 diabetes (Mind Australia, 2011). Poor physical health can arise as a consequence of the effects of mental illness on lifestyle as well as prescribed medication and can negatively impact on a person's ability to stay in employment.

For a comprehensive examination of the barriers experienced by people with mental illness in finding and retaining employment, see paragraph 4.3 of the DEEWR literature review. The underlying conclusion must be however that the barriers are not insurmountable and that action must be taken to spread this message in a way that resonates with every member of our community.

- **The role of governments in supporting the workforce participation of people with mental illness**

Steps must be taken to enhance community understanding of the experiences of persons whose lives are affected by mental illness. Greater awareness should foster an understanding of the nature of mental illness and its treatment and recovery processes. The way that mental illness is perceived by the community, including potential employers, can have a significant bearing on the level of workforce participation by people with mental illness.

The role of the Government in fostering awareness and educational initiatives is critically important and should include ongoing public awareness campaigns to improve community understanding of mental health issues and reduce the stigma associated with mental health problems. Concurrently, public education campaigns should be targeted to preventing and reducing substance abuse in people with mental illness, and promoting good health and resilience in young people at school and the wider community.

Effective policies should also be created to give mental illness sufferers greater access to education, supported community-based housing and public housing, and social support.

In particular, people with mental health problems need improved employment support and post-employment support. The aim of these initiatives must be to increase the employment rate for people with a mental illness to at least that of people with other forms of disability.

A number of authors suggest that individual work placement and support programs should view employment as part of an individual's rehabilitation and reintegration into society (Daniel Perkins, 'Activation and Social Inclusion: Challenges and Possibilities', *Australian Journal of Social Issues* 45:2 (Winter 2010), 267-287). This policy has reportedly worked successfully to integrate people with mental illness who are seeking employment into the workforce in the United States and Europe.

Brown argues that 'tailored case-management can take into account the differing levels of impairment and work capacity' of each individual and ensure that people seeking employment 'are not unfairly penalised simply because the circumstances of their disability (or illness) have changed.'

- **Supporting the role of primary care, mental health and community services in improving the workforce participation of people with mental illness**

The Government needs to establish more psychiatric-specialist employment service providers and ensure that these services link to community health services to enable adequate clinical support. GPs, psychiatrists and community based facilities must also be given greater assistance to identify and help those who present with mental illness, and to help with their rehabilitation back into the community.

Statistics compiled by the Australian Bureau of Statistics indicate that one-third of the population estimated to have a mental disorder accessed mental health services in 2007 and this was done predominantly through a GP consultation (ABS 2009). GPs are typically the ones who respond to the initial presentation of illness, make a clinical assessment and then take responsibility for following it through with other health professionals and support services.

GPs also fulfill a vital role in identifying early signs of any physical health problems in people with mental illness and provide timely advice and treatment options.

Coordinated community-based services, including both primary care and specialised community-based mental health services, are essential in reducing the need for hospital admission and re-admissions and have the capacity to diminish the severity of illness over time. These services must be enhanced, supported, properly funded and better coordinated.

If you would like to discuss any of the matters raised in this submission, please contact Elizabeth Muhlebach, Policy Officer, on (03) 9280 8754 or [elizabethm@amavic.com.au](mailto:elizabethm@amavic.com.au).

Yours sincerely



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