



ACT
Mental Health
Consumer Network

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Submission:

Inquiry into the Employment of People with Disabilities

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SUBMISSION: INQUIRY INTO THE EMPLOYMENT OF PEOPLE WITH DISABILITIES

This submission has been prepared by the ACT Mental Health Consumer Network in response to the Standing Committee on Health, Ageing, Community and Social Services Inquiry into the Employment of People with Disabilities.

About the ACT Mental Health Consumer Network

The ACT Mental Health Consumer Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is a member based organisation committed to social justice and the inclusion of people with lived experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

The Network sought input from our members who generously contributed written stories for the Inquiry into the Employment of People with Disabilities. This submission also draws on the experiences of our members in recent years.

Overall comments

Many mental health consumers are among the most disadvantaged in our society, often without stable or safe accommodation and living on very low incomes. Many consumers have expressed to us their desire to be involved in paid employment; however, they are unable to manage the many hidden costs associated with seeking and maintaining employment. Further, consumers face numerous barriers in seeking and maintaining employment, for example many face social issues such as housing availability, social exclusion, stigma and discrimination to name a few. When consumers are able to secure employment, there is usually little or no support offered to them to be able to maintain their employment and their mental health.

Different needs of People with Disability

It is widely acknowledged that people with mental illness are more likely to manage their illness and maintain a contributing life when they have secure employment and appropriate housing. The needs of people with mental illness are very different to those living with other forms of disability. In our view, one of the most critical issues to address in order to increase the number of mental health consumers entering and remaining in the workplace is having individualised support that meets the specific needs of consumers. There needs to be more services offered to support mental health consumers to obtain and maintain employment and programs, assisting the

person to manage their illness to be able to participate fully in the community through employment.

Network Members regularly point to the challenges associated with securing and maintaining employment while managing mental illness. A large number of mental health consumers rely on the Disability Support Pension (DSP) and are therefore expected to survive on very low incomes. This creates significant difficulties for consumers juggling essential costs such as rent, utilities, groceries, child care and medical treatment whilst also seeking employment with limited resources at their disposal. Our members regularly inform us that as mental health consumers they are constantly stigmatised, discriminated against and treated without respect when accessing disability employment services.

Reasonable Adjustments

Research has shown that effective, productive, healthy and safe workplaces are ones that

- *identify and implement workplace support and adjustments to meet individual workers' needs; and*
- *implement effective, long-term broader organisational strategies to create an inclusive and flexible workplace.* (Workers with mental illness: a practical guide for managers, p.11¹).

Reasonable adjustments enable workers to carry out their job to the best of their ability, making them productive members of the workplace. This is true for all people with or without a disability, however mental health consumers have different needs to people with other types of disability. As one consumer told us:

There is a desperate lack of information about reasonable accommodations for people with mental illness in the workplace. I have a background in disability and I found this very difficult to find (Consumer 1).

For mental health consumers, paid employment often fails to provide flexible environments to enable them to manage their life with mental illness. Taking sick leave tends to be perceived as meaning that the employee has a low work ethic. In our experience, many employment opportunities require fixed hours leaving little room for flexibility in case of decline of mental health or side effects of medication. The following two consumers' experiences:

¹ https://www.humanrights.gov.au/sites/default/files/document/publication/workers_mental_illness_guide_0.pdf

I was offered permanent, part-time work with a Disability Employment Service. I spoke with a supportive manager and CEO about flexibility I may need to manage my work and health, and this included flexible work hours (start and end times). Several years later I moved to a different position within the organisation. It was ironic that although as an employment consultant, I had supported jobseekers and workers and liaised with employers to negotiate flexible work arrangements, now I was informed by my new manager that within the type of industry we were working in, part-time work wasn't practical and that it wasn't convenient for me to have flexible work hours. Although this had been addressed when I was initially offered the job, unfortunately it hadn't been written into the work contract. I was given some limited flexibility, but was told that it was an inconvenience to others. Some strategies which could have been implemented to make my work more flexible without causing 'difficulty' for others were not accepted. After around 12 months in this new position, due to stress and the management style, I found my health deteriorating and on several occasions found myself in tears at work. Since I wasn't feeling well, it was difficult to 'fight' for my rights to flexibility and reasonable adjustment. In fact, it seemed even harder since I was working for a Disability Employment Service, which I felt should have been modelling best practice. I accessed the EAP scheme through work and ended up getting counselling through a mental health plan. My health, resilience and an ability to cope didn't improve until I found another employment position.

Consumer 2

I had two experiences with employment last year. In the first I was at pains to be honest and let my employer know about my mental health issues so that they knew why I was applying for a low level job. Unfortunately they seemed to forget that and only looked at my previous, more senior, work experience, which was many years ago now. When I got the job I found that they did not follow the entry level duty statement that was advertised and instead expected a much higher level of performance than I was able to give. The support that was advertised in the job vacancy simply was not there and I just drowned in their unrealistic expectations. If they had mentored me and trained me as the job advertisement had stated, and if they had stuck to the basic duties of the duty statement instead of expecting me to do anything, then it could have worked. As it was, it was just very bad for my mental health.

Consumer 3

Stigma and Discrimination

Regrettably, many consumers wanting to enter into the workforce face and deal with discrimination and stigma on a daily basis. They experience stigma and discrimination as early as when seeking employment and later whilst maintaining their employment.

This is often exacerbated when they choose to disclose their mental illness. One consumer wrote that their

... recent experiences of attempting to find employment when reporting that I have depression has been one of profound frustration. A major employment agency asked intrusive and inappropriate questions, leaving me feeling insecure...

(Consumer 4); and another consumer wrote

I was given some limited flexibility, but was told that it was an inconvenience to others... (Consumer 2).

As indicated in this statement, this made her feel like a burden to her team and organisation. Below are two other experiences that highlight the challenges many consumers face.

I am 55 years old and am currently on long term medical leave from my job as a Commonwealth Public Servant. I was initially diagnosed with an anxiety disorder and sleep apnoea in early 2013. I then had a graduated return to work lasting for about 6 months. One major issue was that I did not receive any useful rehabilitation on this occasion. I was also not offered any advice on potential workplace accommodations.

I continued to experience some difficulties in performing my work and on my own initiative obtained an assessment by a neuropsychologist. She provided a report which included suggested accommodations [adjustments] which I then shared with my employer. They did not accept the report because the APS does not accept reports from anyone other than medical practitioners. They required me to attend an assessment by an occupational physician. This assessment did not recommend providing any accommodations and only suggested that my employer [should] reduce my level. When my employer sought to do so I obtained at my own expense a report from another medical practitioner (on the advice of the union.) My employer accepted this report but did not agree to provide any of the accommodations proposed in the first report. As a result of both stress and expense of multiple medical examinations and the lack of any accommodations on top of at that time undiagnosed memory issues I experienced high levels of anxiety, depression and suicidal ideation.

Consumer 1

After a particularly bad episode of repeated depression, my manager (EO of the not for profit organisation) told me to go to see our HR Officer (who I was advised was independent and in-confidence). At this meeting, they asked whether it would be OK to contact my psychiatrist. I said sure, I had nothing to hide.

Following this I had some time off due to mental illness, during which I worked at the office because I needed to finish off items of work for an event. I was asked not to come to the event – just look after you! Day after the event, I was invited to meet the HR manager at a local coffee shop. Thinking that I was going to discuss a return to work plan, instead I was asked to resign, and asked to sign the paperwork there and then. I refused, and asked why. Reply: concern that I was a danger to people in the office and there were problems with my work. I left the café feeling terribly fragile – if my parents were not visiting, I am not sure what would have been the result.

I met with the EO and HR, discussed their issues: performance issues (performance reviewed every 12 months, always a perfect review, also letter from outgoing President thanking me for excellent work); their generosity allowing shorter hours when I asked (when I did that on request of the workplace as they were trying to save money and jobs) and I couldn't work full time in what was a full time job (my psychiatrist stated that I should continue to work the hours I had been doing). I demanded the maximum payout as set out in the employment conditions, and won.

Consumer 5

Safe and Healthy Workplaces

We all have a right to work in safe and healthy workplaces. Indeed, by law, employers are required to provide and maintain a working environment that is safe and without risks to health, including psychological health. However, the 2016 report entitled *Psychosocial Safety Climate and Better Productivity in Australian Workplaces: Cost, Productivity, Presenteeism, Absenteesim*² presents an estimate that productivity losses associated with low levels of management commitment to psychological health and safety in the workplace comes at a cost to employers of \$6 billion per annum here in Australia (Safe Work Australia website). Given these figures, it is needless to say that for many mental health consumers the workplace is a big contributor to the deterioration of their mental health condition/s or the development of mental illness. The following experience outlines one consumer's workplace experience:

² <https://www.safeworkaustralia.gov.au/news-and-events/news/new-research-reports-released-workplace-mental-health-australia>

Working 70 hour plus weeks, including weekends, I strove towards ensuring a program would be delivered on time. Working with five different stakeholders, and over 100 suppliers, I was on the phone on demand all day and travelling interstate at least twice a week. At one stage I was supervising 25 people doing my own work as well. Abusive calls from the Ministers Office, feelings that I was never good enough for the Assistant Secretary, and a First Assistant Secretary advising that I had made a career limiting move (I had missed one of their changes on a Brief). One day, out of the blue, I sat at my desk and started crying, tears streaming down my face as I continued to work. Eventually I realised that I was done, there was nothing else I could offer the workplace or anyone else. So I went home, went to bed, and stayed there for months. My Dr's were of great support and I used up all my leave – personal, annual, long service – all at half pay. It was 6 months later that I was admitted to Ward 2N. While I was in hospital, an amazing peer of mine got things in place for Comcare to consider my case, and I was very lucky that I was accepted. I have not been able to continue to work for the public service, despite heroic efforts to do so, but hope one day to go back, but never to that Department.

Consumer 5

Employers

The Network appreciates that there are currently a number of supports available to employers through Disability Employment Services, JobAccess, the Employment Assistance Fund and the National Disability Resource Coordinator. Our concern is that employers themselves are often not aware of these supports. We therefore recommend that more resources be utilised to inform employers of the available supports and that more resources be provided to make it easier and more attractive for employers to access the supports. The Network agrees that short-term training and/or employment in the workplace can be a pathway into regular employment.

Consumers can develop valuable skills through short-term appointments, however, the lack of continuity and certainty of employment can erode the benefits of undertaking such an appointment. It is clear that there needs to be stronger support and clearer pathways if these time-limited opportunities are to translate into ongoing employment.

We accept that there are currently numerous pathways for people with disability, such as RecruitAbility - a scheme that aims to attract and develop applicants with disability and facilitates cultural changes in selection panels and agency recruitment. However, mental health consumers still face barriers with schemes such as these. The following are two consumers' experiences:

[my] experience was applying for a Federal Public Service job under Recruitability. I got an interview, as a Disability applicant, but at the interview I was confronted with public service-specific questions that excluded my experience which was largely outside the public service, especially recently. I felt that the questions were framed to recruit from within and that they were just going through the ropes of interviewing me because they had to; I did not feel that they were genuinely trying to hear about what I as a person with a disability could offer. They did not contact my referees.

Consumer 3

My recent experiences of attempting to find employment when reporting that I have depression has been one of profound frustration. A major employment agency asked intrusive and inappropriate questions, leaving me feeling insecure; I have received no reply from any application for roles that do include 'lived experience' as a desired quality; and the competition for roles that do require 'lived experience' is fierce. Whilst I have had the opportunity of casual work and reimbursed volunteer work, e.g. committee meetings, finding secure, permanent employment has, to date, been unsuccessful. Eventually, I decided to form my own company mainly to provide personal training services, but currently to work as a contractor delivering newspapers.

Consumer 4

Conclusion and Recommendations

The Network is pleased that the Standing Committee on Health, Ageing, Community and Social Services is keen to debate and address the alarmingly low employment rate of people with disability, especially within the ACT Public Service (2.2 percent as at June 2016). As the consumer-led peak organisation representing the interests of mental health consumers in the ACT we are grateful for the stories shared by our members which have shaped this submission. One consumer outlined what could have been improved in their situation:

What could have been done better:

- 1.) Access to information and support for me to understand the process and my options in dealing with my employer. The union was the only one who provided any assistance.*
- 2.) There is a desperate lack of information about reasonable accommodations for people with mental illness in the workplace. I have a background in disability and I found this very difficult to find.*
- 3.) Finally I think there was a tendency to see my issues as a medical condition and not a disability with an accompanying view that it should be finished rather than my needing accommodations on an ongoing basis to manage them effectively.*

Through speaking to consumers and listening to their stories the following recommendations have emerged to address this alarmingly low rate of employment:

1. Reasonable adjustments should be made right from the start – including during the recruitment process, selection and appointment;
2. Employers need to foster safe and healthy workplaces that are supportive and inclusive for all employees throughout their employment;
3. Mental health should be prioritised equally with other health and safety issues;
4. Employers should address stigma and discrimination through education and awareness raising;
5. There need to be better supports for workers to maintain their employment and good mental health; and
6. Improve human resource processes to help employees raise their mental health in a safe, non-judgemental environment.