

Key Points

There are some points of central concern to the RANZCP, elaborated in greater details in the submission itself, and include:

- Potential impacts on the proposed welfare reform on vulnerable people, in particular those currently eligible for the Disability Support Pension (DSP) and a Carer Payment.
- Proposed harsher requirements and sanctions for people on a working age payment.
- The call to make DSP available only to people with a 'permanent disability'. This risks leaving a large number of people with complex needs, and in the case of mental illness significant and enduring psychosocial disability, but who do not fit this definition vulnerable and worse off under the proposed changes.
- The creation of a false dichotomy between 'permanent impairment' versus 'episodic disability' or 'permanent impairment but a partial capacity to work'. From a psychiatry perspective, this is indicative of a lack of understanding of the complexity of chronic mental illness and the myriad impacts of this on a person's life and capacity.
- The proposal to move a large number of people from DSP to working age payments will have knock-on effects for carers that not have been adequately explored.
- The focus on ensuring that carers maintain links to the job market may be at the expense of recognising and facilitating the crucial role that this group already fulfil.
- Fears have been expressed for the future for young people with a disability not considered 'permanent', or who are deemed to have a 'partial capacity to work'. Under the proposed changes many of this group will be left with periods of no income at all. This would have a profound effect on the young person, their family, community, healthcare providers and society at large.
- The lack of information around how the proposed early intervention and capacity building aspects of the proposed welfare reform will be designed, funded and carried out.

Responses to key areas outlined by the Interim Report of the Reference Group on Welfare Reform to the Minister of Social Services

Pillar One: Simpler and sustainable income support system

Simpler architecture

- **What is the preferred architecture of the payment system?**

The RANZCP supports the move to create a simpler architecture for the payment system, making more user-friendly. This could include reducing the number of payments and supplements and making the application process more straightforward and accessible.

This support is, however, conditional on ensuring that no one will be worse off under the proposed changes. The RANZCP has serious concerns that the changes will in fact adversely affect certain groups, particularly those with mental health issues, as expanded upon below.

Recommendation 1

A simplified payment system should be only be implemented insofar as it does not disadvantage already vulnerable people.

- **Should people with a permanent impairment and no capacity to work receive a separate payment from other working age recipients?**

No. The RANZCP feels that creating a divide between people with a permanent impairment and no capacity to work and those with an 'episodic' disability or partial capacity to work is problematic. The RANZCP has two overarching concerns, expanded upon below:

1. It would not account for the complexity and wide-reaching impacts of mental illness:
 - i. **Unpredictability:** One of the most misunderstood aspects of chronic or enduring psychiatric disability or psycho-social disability is the so-called episodic nature of the illness. Incidence of mental illness is often rapid, with little cognition at the outset, and can be totally disabling. Swift intervention is imperative, often requiring hospitalisation and then rehabilitation. This can last many months, sometimes a lifetime. It is very difficult to predict how and when symptoms will manifest, making it problematic for people suffering from mental illness, even if it is 'episodic' in nature, to maintain steady employment.
 - ii. **Inter-episode problems:** Even between acute episodes, problems can and do occur. Diagnosing and treating mental illness is often far more complex than treating physical ailments, with recovery an ongoing and uneven process. As a result of this, capacity to work is unreliable and interrupted and it can be difficult to maintain steady employment.
 - iii. **Co-morbidities:** The proposed changes do not adequately reflect the chronic and multiple diagnoses that are common for people with mental illness. These diagnoses are often associated, yet distinct and not easy to quantify. This can include physical health co-morbidities that shorten life and some which cause multiple and enduring complications, adding to the disability. Many of these physical health issues develop as a side effect of medication or as the result of a lack of access to quality health services. These can be exacerbated by the use of drugs and alcohol in an attempt to reduce, either knowingly or not, resultant emotional suffering.
 - iv. **Lowered life expectancy:** The prevalence of physical health issues for people with mental ill health is well documented, including in a recent report released in New Zealand (Te Pou 2014). The issue is so serious and prevalent it has led to a decline in life expectancy for people with mental health issues in developed countries, compared with mostly steadily increasing life expectancy for people who do not have a mental illness (2014). This provides a strong indication of the multiple and complex issues that people face, even if their disability is not considered 'permanent'.
 - v. **Lack of clarity in diagnosis:** From a diagnostic standpoint, the difference between diagnosis and prognosis and how these link to vocational function is rarely clear cut. Defining 'permanent disability', especially regarding mental illness is a complex, and potentially an imperfect undertaking. The RANZCP feels that more information around how this will be undertaken is required.
2. Should the proposal to move a large number of people with a disability onto a working age payment be implemented, organisations such as Centrelink and job network providers will need to make significant adjustments to accommodate for associated changes in service delivery. For example, working age payments typically require far more regular appointments, reporting requirements and contact with job network

providers. Before changes are implemented the following things should be addressed, as a starting point:

- i. **Greater numbers of workers with relevant training:** The proposed changes will likely see a vast increase in the number of people with a disability required to engage more intensively with Centrelink and related services. Of this group, there will be many, including those with mental illness, presenting with complex behaviours and diverse needs. The RANZCP is concerned that workers at Centrelink, job network providers and associated services do not currently have the specialised skill set necessary to respond to this.
- ii. **Programs and systems with inbuilt flexibility:** The unpredictability of mental illness and the overall lower than average physical health and well-being of this group make it difficult to keep to set appointment schedules and reporting deadlines. Mental illness and psychiatric medication can lead to issues such as memory loss that further complicate this. To avoid setting many up to fail, welfare requirements will need inbuilt flexibility to accommodate this.
- iii. **Accommodating varying levels of literacy and numeracy:** Increased contact with Centrelink often means more forms, reports and other paperwork to complete. People with acute mental illness on average have lower levels of educational attainment and corresponding lower than average literacy and numeracy (Waghorn et al., 2012). People with an intellectual disability, from culturally and linguistically diverse (CALD) backgrounds or the visually impaired will similarly encounter barriers here. Ways of accommodating these diverse needs should be carefully planned if the reporting requirements are to be increased for many of this group.
- iv. **Ways of accommodating various barriers to technological access:** Firstly, many people with a disability are also financially disadvantaged. They do not own technology like computers, smart phones or tablets that are becoming increasingly necessary for online submissions and other reporting requirements. Secondly, as expanded upon above, people with mental health issues often do not possess the requisite literacy and numeracy to negotiate online processes. At present, the alternative of contacting Centrelink via telephone can often lead to wait times of over 90 minutes, with high levels of expense and stress associated. Thirdly, increased reporting requirements and a growing emphasis on online processes disadvantages people living in remote and rural areas where internet access and telephone reception is often weak and inconsistent. This would disproportionately impact on Aboriginal and Torres Strait Islander peoples.
- v. **Ways of accommodating various barriers to physical access:** For people with certain psychosocial disabilities, psychiatric disorders and physical impairments, presenting at Centrelink or job network provider services can be problematic. Negotiating public transport, queues and unfamiliar environments can be distressing and, at times, impossible.

Recommendation 2

People with a permanent impairment and no capacity to work should *not* receive a separate payment to other working age recipients who are living with a disability that may be considered 'episodic' or who are believed to have a 'partial capacity to work'.

Recommendation 3

Should the proposed changes be implemented, significant adjustments will be necessary to accommodate the sharp increase in engagement required of with people with a disability. This includes:

- ensuring that there are enough workers with adequate training to cater for the needs of this group when interacting with Centrelink, job network providers and other associated services.

- incorporating flexibility and accessibility into programs. This includes flexibility with regards to the unpredictability of mental illness, lower levels of numeracy and literacy amongst this group, lessened access to the requisite technology and physical barriers to compliance.

- **How could supplements be simplified? What should they be?**

The RANZCP has no comment on this question.

- **What are the incremental steps to a new architecture?**

The RANZCP stresses the need to proceed with caution and only once adequate safety nets have been put in place, as the Interim Report identifies: 'some transitional arrangements will be necessary to prevent hardship'. Further, more information is needed on how the system will respond to increased contact with greater numbers of people, including some with significant mental health issues and other vulnerabilities.

With regards to the new architecture itself, the RANZCP fears that the proposed changes to the DSP, Carer Payments and Newstart will cause a great deal of adversity for a large number of vulnerable people. This includes in particular DSP recipients under the age of 35 whose eligibility for the pension may be up for review, young people under the age of 30 who are unemployed and now may face a six month period of no income support at all and carers who may face losing their payment if the person for whom they are caring loses theirs. The RANZCP does not support these changes as part of the move to a new architecture.

Recommendation 4

That any changes made towards a new architecture should be incremental and pursued with caution and only after careful consideration of the following:

- Whether adequate supports and safety nets have been put in place to circumvent issues that people may encounter in the transition to a new welfare architecture.
- Whether the programs and systems have the capacity to accommodate the proposed changes, as discussed in more detail above.
- Whether the changes will cause undue hardship for vulnerable people.

Fair rate structure

- **How should rates be set, taking into account circumstances such as age, capacity to work, single/couple status, living arrangements and or/parental responsibilities?**

The RANZCP welcomes the Interim Report's identification that 'allowance rates are too low to effectively support recipients to achieve a basic acceptable standard of living'. The RANZCP supports plans to have a tiered working age payment system with rates that reflect the diversity of recipients and provides adequate levels of remuneration and support, particularly for those who may be on a working age payment but who have a disability.

Recommendation 5

Rates should be set at a level that will support people to achieve an acceptable quality of life, including taking into account the impact and complications of living with or caring for someone with a disability. In the instance of people with mental illness, a full understanding of the complexities and multiple barriers to engagement and working should be applied when deciding upon an adequate rate.

Common approach to adjusting payments

- **What might be the basis for a common approach to adjusting payments for changes in costs of living and community living standards?**

The RANZCP has no comment on this question.

Support for families with children and young people

- **How can we better support families with the costs of children and young people to ensure they complete their education and transition to work?**

The RANZCP has no comment on this question.

- **In what circumstances should young people be able to access income support in their own right?**

The RANZCP has no comment on this question.

Effective rent assistance

- **How could Rent Assistance be better targeted to meet the needs of people in public or private rental housing?**

The RANZCP has no comment on this question.

Rewards for work and targeting assistance to need

- **How should means testing be designed to allow an appropriate reward for work?**

The RANZCP has no comment on this question.

- **At what income should income support cease?**

The RANZCP has no comment on this question.

- **What would be a simpler, more consistent approach to means testing income and assets?**

The RANZCP has no comment on this question.

Pillar Two: Strengthening individual and family capability

Mutual obligation

- **How should participation requirements be better matched to individual circumstances?**

The RANZCP welcomes the Interim Report's recognition of the importance of early intervention and capacity-building in designing participation requirements. This is in keeping with Australia's national framework for taking a recovery-oriented approach to mental health (Commonwealth of Australia 2013).

The Interim Report's statement, that 'a more individualised approach would mean a person's capacity is assessed and requirements are tailored to their particular circumstances' is supported by the RANZCP. More information is required as to how this approach will be formulated, what assessment tools will be used, and how each individual will be drawn into this process. This is particularly pertinent for people with mental health issues and other disabilities, whose capacity for communication and negotiation may be impacted.

Recommendation 6

In keeping with the Interim Report, participation requirements should be designed to suit each individual and their capacity.

Recommendation 7

More information about the assessment tools used to measure individual requirements is needed. Such tools should be able to fully accommodate and capture the complexity of individual circumstances, particularly those with a disability.

- **How can carers be better supported to maintain labour market attachment and access employment?**

Carers fulfil an invaluable role in supporting those with a mental illness. The presence of a carer has been shown to reduce relapse rate, improve social function and increase employment rates of those they are supporting (Parker et al., 2010). The importance of this role should be fully recognised and supported by the welfare system.

Carers face a myriad of their own challenges, including increased rates of mental illness, trauma, social stigma and self blame (Barton and Jackson, 2008). This is on top of other more generalised barriers including the difficulty commonly faced in re-entering the workforce after a period of absence, discrimination faced by older workers and the difficulty of updating skills.

As above, the RANZCP supports the Interim Report's proposal to support carers 'to prepare for and be supported through the transition to work after the caring relationship has ended or changed substantially'. However, approaches to this should not leave carers worse off and should not be undertaken prematurely. The changes should be realistic, reflect the importance of the carer role, and reflect an awareness of the challenges this group faces.

The RANZCP also has concerns for carers who are currently supporting someone on a DSP who may face being moved to a working age payment. Should this occur, in many cases it is possible that two members of a family or kin unit will lose a significant portion of their regular income at once. This could have potentially significant and detrimental impacts.

Recommendation 8

Carers should only be supported to maintain labour market attachment and access employment in a manner that is achievable and realistic. This approach should not be pursued to the detriment of their caring role.

- **What is the best way of ensuring that people on income support meet their obligations?**

There is a large body of evidence to show that obtaining work is one of the highest priorities for people with mental illness (Killackey, 2013), however employment rates amongst this group are very low (Waghorn et al., 2012). This would indicate that the high portion of this group in receipt of income support is the result of significant barriers to engagement, not an unwillingness to 'fulfil certain conditions or requirements that reflect social norms'.

The best way of ensuring that people with mental illness who are on income support meet their obligations is to:

1. make these obligations realistic, achievable and flexible to individual circumstances; and
2. provide adequate training, services, supports and skilled workers to deliver these.

Sanctions, including suspensions and penalties would risk causing undue stress and hardship. This could lead to the exacerbation of existing mental health issues, creating a snowball affect whereby mental ill-health leads to non-compliance, leading to greater stress and worsening mental ill-health, leading to a greater likelihood of non-compliance.

The RANZCP welcomes the Interim Report's identification that 'protections would be required for vulnerable people'. More information is needed on how vulnerability is measured, and what such protections would look like.

Recommendation 9

Emphasis should be placed on supporting people to fulfil their individual capacity, rather than on obligations and sanctions for non-compliance. There is extensive research indicating that people who are able to work prioritise employment very highly. If people are not meeting their obligations the cause may be to do with the suitability of the obligations, not an unwillingness to meet expectations.

Recommendation 10

Obligations should be designed to be realistic and achievable according to individual circumstances, including taking into account the full range of barriers that people face, particularly those with mental illness.

Recommendation 11

In the case of people with a disability, particularly those with mental illness, there should be a significant degree of flexibility inbuilt into welfare-related obligations. This flexibility would support this group to meet their obligations in a way is more likely to have a higher success rate and avoids undue hardship.

Recommendation 12

As discussed in more detail above, to meet their obligations, many groups, including those with mental illness, will need to be supported to develop the skill-set necessary to negotiate Centrelink reporting, job applications, work for the dole schemes, job network provider requirements and associated tasks. The Interim Report's emphasis on early intervention and capacity-building over sanctions and penalties would go some way to achieving this in the long term and is welcomed by the RANZCP.

• In what circumstances should income management be applied?

The RANZCP welcomes the Interim Report's proposal to take a 'case management' approach with disadvantaged young people; however more information is required as to how this would look, and who would be delivering the case management. Having income management as a part of this, however, should only be approached with extreme caution.

The author of the Interim Report, Patrick McClure, has been quoted as identifying the purchase of items such as alcohol as an issue that may be circumvented with income management (Jabour, 2014). The RANZCP suggests that denying access to things considered harmful such as alcohol or tobacco, rather than giving people the tools to make healthier choices, is not consistent with the early intervention or capacity-building approach that the Interim Report promotes.

Further, for many people with mental health issues, alcohol, tobacco and other drugs are often used in an attempt, either knowingly or unknowingly, to mitigate the often huge emotional pain encountered when living with a disability. To remove these 'crutches' without the requisite rehabilitation and education could be harmful. This would be even more serious

for people with an alcohol or other drug dependency and for whom an unsupervised withdrawal from their substance of dependence could be dangerous and, in extreme cases, fatal.

Recommendation 13

The RANZCP supports a holistic, 'case management' approach to working with disadvantaged young people; however more information is required on how this will look and who will deliver such a program.

Recommendation 14

Having income management as a part of this approach should be very carefully considered. The RANZCP suggests that capacity-building and early intervention should always be prioritised over more heavy-handed, top-down measures that, in this case, has the potential to disempower and even harm vulnerable people.

Early intervention

- **How can programmes similar to the New Zealand investment model be adapted and implemented in Australia?**

The RANZCP has no comment on this question.

- **How can the social support system better deliver early intervention for children at risk?**

The RANZCP has no comment on this question.

Education and Training

- **What can be done to improve access to literacy, numeracy and job relevant training for young people at risk of unemployment?**

The RANZCP supports the Interim Report's recognition of the importance of early intervention in training young people at risk of unemployment. As the Interim Report identifies, '15% of Australian high school students will experience some form of mental health condition before they complete year 12 or equivalent'. For some this may create significant barriers to finishing schooling and achieving levels of literacy, numeracy and other skills that will assist them to find employment.

Young people with mental illness are at particular risk of unemployment later in life. Supporting this group to acquire higher levels of literacy, numeracy and other relevant skills is important, and the RANZCP welcomes the Interim Report's expressed intentions in this area. A coordinated, multi-sectoral approach, incorporating government, schools, support services and mental health specialists where necessary, will be required here.

The RANZCP stresses that this would be a long-term, resource-intensive and complex undertaking. Adequate investment should be made for this to be successful, and time should be allowed for results to show. Interim safety nets, including adequate income support, must be maintained to prevent undue hardship while these approaches are in their early stages.

Further, for some young people, for example those with acute psychiatric illness or intellectual disability, finishing school or acquiring significant levels of numeracy and literacy may not be realistic or appropriate. In these instances, flexible, responsive and multi-pronged programs will be required to support these young people to enter employment in a way that is meaningful and suitable, or to not enter employment at all as the case may be.

Recommendation 15

To improve access to literacy, numeracy and job relevant training, requisite resources and time should be invested into education programs for young people most at risk of unemployment, including young people with mental illness.

Recommendation 16

A coordinated, multi-sectoral approach will be required, incorporating government, schools, support services and mental health specialists where necessary.

Recommendation 17

It should be recognised that attainment of ongoing, remunerative employment is not realistic for everyone, and may not even be an appropriate goal in all cases. A robust and supportive welfare system must be readily available for this group.

- **How can early intervention and prevention programmes more effectively improve skills for young people?**

Of particular interest to the RANZCP are early intervention and prevention programs in the area of mental health and psychosocial development. According to the World Health Organization's four-level, whole-school approach to change, 20-30% of young people would benefit from targeted psychosocial intervention, along the lines of mental health education, examining knowledge, attitudes and behaviours (Dickinson et al., 2003).

Early intervention and prevention programs that include psychosocial interventions can improve the skills and long term potential of young people by decreasing the prevalence of mental illness, reducing severity and delaying onset. It can also lead to a much wider community understanding of the personal and social issues which underpin mental illness (Burns and Hickie, 2002). This in turn could lead to decreasing stigma in the workplace and other institutions and greater employment opportunities for people with mental health issues.

The RANZCP supports the Interim's Report identification of early intervention and prevention programs for young people, and would encourage the development of a strong mental health and psychosocial approach in this area. Such programs stand to improve the overall development and adjustment of young people, which would in turn see a number of the Interim Report's goals in the areas of increased employment and self-sufficiency met.

Recommendation 18

With regards to mental health, early intervention and prevention programs can more effectively improve the skills of vulnerable young people by decreasing the prevalence of mental illness, reducing severity, delaying onset, educating the broader community, promoting recovery and fostering independence.

- **How can a focus on 'earn or learn' for young Australians be enhanced?**

The RANZCP has no comment on this question.

Improving individual and family functioning

- **How can services enhance family functioning to improve employment outcomes?**

The RANZCP has no comment on this question.

- **How can services be improved to achieve employment and social participation for people with complex needs?**

The RANZCP supports the Interim Report's goal, to support people with mental illness to achieve employment and social participation. The RANZCP commends the 'wrap around' model described in the Interim Report, whereby a holistic approach is taken 'with the individual and family to develop plans for them to reintegrate into the community, building social support and following education and employment pathways'.

As above, however, the RANZCP stresses the complexity of this approach. To successfully develop adequate 'wrap around' services for everyone with complex needs is a large scale, multi-sectoral and long term project. More information is needed regarding how this will unfold; for example specifics are required regarding who the stakeholders will be, the cost of the undertaking, timeframes and steps towards implementation.

Recommendation 19

Adequate resources, time and commitment to developing and implementing the proposed 'wrap around' services needs to be invested for this approach to work.

Recommendation 20

Interim measures and safety nets should be put in place to avoid people with complex needs experiencing undue hardship while such a project is in its developmental stages.

Evaluating outcomes

- **How can government funding of programmes developing individual and family capabilities be more effectively evaluated to determine outcomes?**

The RANZCP has no comment on this question.

Pillar Three: Engaging with employers

Employment focus – making jobs available

- **How can business-led covenants be developed to generate employment for people with disability and mental health conditions?**

The RANZCP has no comment on this question.

- **How can successful demand-led employment initiatives be replicated, such as those of social enterprises?**

The RANZCP has no comment on this question.

Improving pathways to employment

- **How can transition pathways for disadvantaged job seekers, including young people, be enhanced?**

The RANZCP notes the Interim Report's commitment to supporting transitions into employment for disadvantaged job seekers and welcomes the opportunity to provide feedback in this area, particularly with regards to how this interacts with mental health:

- **The role of government:** The RANZCP commends the Interim Report's recognition of the role of 'government funded employment services, improving skills, improving the transition from school to work [and] using support services' with a view to supporting job seekers to transition into employment. Studies show that a whole-of-

government, coordinated and multi-pronged approach is required to support people living with the burden of mental illness to fully engage with the workforce (Waghorn et al., 2005). The RANZCP would like the opportunity to have more information about how this will be designed and implemented, in particular with respect to how job seekers with mental illness will be catered for.

- **Relocating for employment:** The call to provide 'job seekers with opportunity to move to where jobs are' should only be pursued with a high degree of caution, especially when it comes to job seekers with mental illness. In these instances, people often have important support networks involving family, community, health practitioners and other services in their local area. To remove vulnerable people from these networks has the potential to be destabilising and to have significant impacts on their mental health, treatment and recovery.
- **Partnering with employers to decrease mental health stigma:** The RANZCP further welcomes the identification of the importance of partnering with employers to 'raise disability awareness in their organisation and develop specialised strategies for increasing disability employment'. There is much work to be done in this area, with stigmatising views about mental illness in the workplace continuing to be the rule, rather than the exception (Harvey et al., 2013).
- **Making space for recovery:** The Interim Report's commitment to supporting disadvantaged job seekers to enter the workforce and fully participate is positive. The RANZCP cautions however, that this should be done in a genuinely holistic and measured manner. The positive effect of employment on the well-being, recovery, self-esteem and independence of people with mental illness is well-documented (Harvey et al., 2013). However, this will not be relevant for everyone with mental illness all of the time. People will be at various stages of the recovery journey at different times, and this pathway is almost never linear. People with mental illness should not be moved into the workplace at the expense of their health and well-being.
- **Safety nets and flexibility:** Adequate supports and safety nets should be put in place for times when working is not realistic or optimal from a recovery standpoint. In these scenarios, pressures such as reporting requirements and sanctions on welfare payments should be lifted in order to avoid added stress and the potential to exacerbate mental ill-health.

Recommendation 21

Holistic programs that would support disadvantaged job seekers to enter employment should be supported with a long term commitment of adequate time, resources and funding. As recognised in the Interim Report, the government has an important role to play here.

Recommendation 22

Relocation of job seekers to 'where the jobs are' should only be pursued with high degrees of caution, especially in instances where the job seeker has mental health issues.

Recommendation 23

Partnering with employers to raise awareness of disability and to challenge stigmatisation is a positive development which the College supports.

Recommendation 24

Pathways to employment should be pursued only where it contributes to the overall well-being of the individual. In the case of mental health, this can change frequently and rapidly. Welfare and job seeking requirements should have inbuilt flexibility and allow for exemptions when compliance is not realistic or appropriate from a recovery perspective.

- **How can vocational education and training into real jobs be better targeted?**

The RANZCP has no comment on this question.

- **How can approaches like Individual Placement and Support that combine vocational rehabilitation and personal support for people with mental health conditions be adapted and expanded?**

The RANZCP commends the Interim Report in putting forth Individual Placement and Support (IPS) programs as a sound, evidence-based option for transitioning people with mental illness into the workforce. Contemporary research indicates that IPS programs have had significant success in supporting people with often acute mental illness to join the mainstream competitive labour market (Killackey, 2013).

Major barriers to implementing these types of programs in a mental health setting do still exist, however. These can include 'paternalism and a lack of knowledge, leadership and integration' as well as 'high caseloads, unstable funding, lack of relationships with willing employers, stigma and a lack of encouraging legislation' (Solar, 2014).

To expand and improve such approaches, a strong commitment and willingness to invest time, resources and funding is required. Further, to ensure programs achieve their aims, outcomes should be monitored carefully and across a significant time period. It has been found that employment placements can still frequently breakdown after IPS interventions. For people with mental illness, reasons for this can include complex, deep-seated and systemic factors such as: 'stigma, low self-esteem/self-efficacy [and] motivation' (Killackey, 2013).

Recommendation 25

As above, appropriate levels of investment, training and commitment of resources will be required into the long term to ensure that IPS has genuinely positive outcomes for job seekers and employers.

Recommendation 26

As above, the RANZCP recommends that adequate interim measures and safety nets should be put in place in the early stages of implementing long term programs like IPS to avoid people with complex needs experiencing undue hardship while project are in their developmental stages.

Recommendation 27

Implementation of IPS should be part of a multi-pronged approach to supporting disadvantaged job seekers. Part of this approach will necessarily include flexibility, exemptions and support when a person is unwell or otherwise unable to participate.

Supporting employers

- **How can an employment focus be embedded across all employment and support services?**

The RANZCP supports the Interim Report in recognising that vocational rehabilitation is a key element of the recovery journey for people with mental illness. However, at some stages on this pathway, employment will not be the realistic focus of their engagement with welfare and support services. These instances could be during acute episodes, inter-episode issues, or problems stemming from associated but separate co-morbidities. In these instances, it would be potentially harmful for stringent obligations and sanctions to be enforced. Any new welfare architecture will need to have measures inbuilt to accommodate for this.

Recommendation 28

At some stages, particularly for people with mental illness, employment will not be the realistic focus of all employment and support services. Flexibilities and safety net measures should be built into the welfare architecture to accommodate for this.

- **How can the job services system be improved to enhance job matching and effective assessment of income support recipients?**

The RANZCP has no comment on this question.

- **How can the administrative burden on employers and job service providers be reduced?**

The RANZCP welcomes the Interim Report's recognition that the administrative burden on employers and job service providers should not be overwhelming for any new program to be successful. The reduction of red tape, simplification of complex systems and making the system more user-friendly represents a positive step forward for the welfare system.

The RANZCP would add that the administrative burden should also be reduced for job seekers, particularly those with mental illness. For this cohort, for whom literacy and numeracy might be low, communication skills might not be fully developed and who have experienced stigmatisation and/or institutionalisation, excessive administrative tasks can be alienating, overwhelming and counterproductive.

The RANZCP is concerned about recent reports in the media suggesting that job seekers may be required to apply for 40 jobs per month, as well as participating in a 15-25 hour per week work for the dole program (Hurst, 2014). A policy like this threatens to overwhelm both employers and job seekers, and may see the job market flooded with inappropriate applications and the further marginalisation of disadvantaged people.

Recommendation

Reducing red tape and administrative burdens when it comes to placing disadvantaged people into work could be enhanced by ensuring that unrealistic requirements of job seekers are not enforced.

Pillar Four: Building community capacity

Role of civil society

- **How can the expertise and resources of corporate and philanthropic investors drive innovative solutions for disadvantaged communities?**

The RANZCP has no comment on this question.

- **How can the Community Business Partnership be leveraged to increase the rate of philanthropic giving of individuals and corporate?**

The RANZCP has no comment on this question.

- **How can disadvantaged job seekers be encouraged to participate in their community to improve their employment outcomes?**

The RANZCP suggests that disadvantaged job seekers are already motivated to participate in their community in important ways. Community-based organisations and other grassroots

programs provide invaluable support to people with mental illness, improving their overall health, well-being, independence, employability and capacity to contribute.

There is always space to further expand community engagement, especially amongst particularly marginalised groups, Aboriginal and Torres Strait Islander communities, rural communities and culturally and linguistically diverse groups. A healthy, functioning, adequately funded and inclusive civil society has the potential to lift the overall health of all members, and this has associated benefits for employment rates.

Recommendation 29

People with mental illness are, in some instances, already engaging productively with their community, and the benefits of this have been observed. For this trend to continue, the government should continue to support its civil society to flourish and access the resources needed to provide quality services.

Role of government

- **How can community capacity building initiatives be evaluated to ensure they achieve desired outcomes?**

The RANZCP has no comment on this question.

- **How can the income management model be developed to build community capacity?**

As expanded upon above, the RANZCP has fears that income management can be disempowering and the antithesis to a capacity-building approach. Further information is required as to how such measures would be rolled out and who would be affected.

Recommendation 30

Income management should be carefully considered against the principles of capacity-building. Ideally, vulnerable people should be supported to learn how to make healthier and more positive choices with regards to purchases, rather than being prohibited certain things from the top down.

Role of local business

- **How can communities generate opportunities for micro business to drive employment outcomes?**

The RANZCP has no comment on this question.

- **How can mutuals and co-operatives assist in improving the outcomes for disadvantaged communities?**

The RANZCP has no comment on this question.

Access to technology

- **How can disadvantaged job seekers' access to information and communication technology be improved?**

As explored above, access to information and communication technology for disadvantaged job seekers can be complex. Barriers frequently encountered include:

- Poor connectivity in remote and rural areas, disadvantaging Aboriginal and Torres Strait Islander peoples disproportionately.
- Lower than average levels of literacy and numeracy amongst populations including those with mental illness and culturally and linguistically diverse populations meaning that websites and other content are difficult to negotiate. Further, lack of exposure to technology means that many of this group are not computer literate.
- Many people with mental health issues are socioeconomically disadvantaged and do not own the requisite technology.

Recommendation 31

Online content should be simple and easy to access or download even with a slow and intermittent internet connection.

Recommendation 32

Online components should be accessible for people with diverse levels of numeracy and literacy. Content could have an easy English component, be available in a variety of languages and have audio options for the visually impaired, for example. IT training should be made available for people who are not computer-literate.

Recommendation 33

Providing free public computer booths, or boosting existing resources in public libraries and community centres could be considered to enhance access to technology of disadvantaged job seekers.

Community Resilience

- **What strategies help build community resilience, particularly in disadvantaged communities?**

The RANZCP welcomes the Interim Report's recognition that 'local community environment plays a critical role in lifetime levels of participating socially and economically, individual adult and family wellbeing, and early childhood development outcomes'.

Community strengths and resilience are also closely linked to good mental health and recovery principles. As outlined in the World Health Organization's *Promoting Mental Health* report, 'mental health is the foundation for well-being and effective functioning for an individual and for a community'. The report goes on to show that mental illness is 'associated with indicators of poverty, including low levels of education, and in some studies with poor housing and low incomes' (Herrman et al., 2005).

With respects to the welfare focus of the Interim Report, strategies that would help build community resilience, particularly in disadvantaged communities with a high prevalence of mental illness, include:

- Putting safety nets in place that would circumvent poverty – namely robust income support, employment services and, where appropriate, welfare payments that would afford an adequate quality of life.
- Supporting access to education in these areas, including supporting young people from remote areas to finish school and, as identified in the Interim Report, linking school leavers to employment.

The RANZCP supports the Interim Report in identifying and promoting these two key areas and acknowledges that such an undertaking is ongoing, multi-sectoral and complex. Insofar as the parameters of the Interim Report are concerned, community resilience can be promoted by ensuring that those who are most vulnerable are adequately supported. To this end, the RANZCP commends the recognition that 'allowance rates are too low to effectively

support recipients to achieve a basic acceptable standard of living and to fulfil their participation obligations’.

Recommendation 34

The RANZCP advocates that for community resilience to be developed in disadvantaged areas, safety nets and supports must be put in place to ensure that these communities are not exposed to poverty. Welfare support and, where appropriate, access to education, training and employment opportunities are central to achieving this.

- **How can innovative community models create incentives for self-sufficiency and employment?**

As has already been touched upon above, employment tends to be incentive enough for most people. For disadvantaged populations, including people with mental illness, attaining employment is identified as the most important goal (King et al., 2006). Employment comes with innumerable associated benefits, including receiving an income, engaging with the community, building self-esteem and learning new skills.

Further, the capacity for self-sufficiency, to care for oneself, to contribute to family and the community, to be respected by others and to have a sense of achievement are understood to be ingrained human needs, as depicted in Maslow’s hierarchy of needs and other canonised learnings.

Recommendation 35

Self-sufficiency and employment do not need to be incentivised. Rather, the capacity-building and early intervention approach favoured in much of the Interim Report should be rolled out in a way that would support each individual to realise their own potential in this area.

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