

REVIEW OF MENTAL HEALTH EMPLOYMENT ISSUES

**For the Mental Health Co-ordinating Council
(MHCC) Employment Sub-Committee**

**Researched and written by Susan Biggs
June 2000**

This paper is intended to assist discussion and consideration of some of the issues hindering the best possible employment service for people with a psychiatric disability.

© Susan Biggs, 2000

Foreword

It is timely that this study was commissioned by the Mental Health Co-ordinating Council, as Australia is going through major changes in its Social Welfare System. This report focuses on one area of this System – the employment services available to people that have a psychiatric disability. The intention of the report is to assist discussion and consideration by service providers and government of future development of policies and services to assist this target group. It is also intended to act as a catalyst in the industry's contact with government.

Along with the federal government's focus on presenting a framework for change (*Participation support for a more equitable society*) to the Welfare System, it is also undertaking pilot programs all around the country to try and improve the services that are currently being offered to recipients of social welfare. Some of these trials are explained in this report. There is an MIFS pilot in Brisbane and Victoria due for completion in June 2000. DEWSRB completed an evaluation of the Job Network program in June 2000. Clubhouses are being evaluated and the report is due in July 2000. There are trials that will commence in August 2000 to interview some Centrelink clients and refer them to relevant agencies. The evaluation of case based funding is due to commence in June 2000 and will go for 18 months.

This report is a combination of the views and ideas of many people in the mental health industry that gave their time freely to talk to me at length about ways the system needs to change. These people are listed at the back of the report. Special thanks go to Nic Bolto from PEP who is the Chair of the Employment Services Sub-Committee. He gave his time all the way along the way to help with my understanding of the issues and passed on his enthusiasm and commitment to the issue and to the consumers he serves. He also read the draft report cover to cover providing excellent comments and feedback.

Susan Biggs

REVIEW OF MENTAL HEALTH EMPLOYMENT ISSUES

Executive Summary

Aim of the research

The aim of this research is to articulate the concerns that the mental health industry have in four key areas - Case based Funding; Centrelink assessment models; areas of unmet need; and advantages and disadvantages of specialist mental health employment services. Concerns around these issues hinder employment services for people with a psychiatric disability offering the best possible service.

Research approach

A literature review was conducted, followed by an exploration of a variety of perspectives to identify and understand issues of concern. These perspectives were obtained through:

- face to face and telephone interviews with service providers mostly in NSW but some in ACT, Victoria and Queensland,
- visits to service providers to informally chat to staff and consumers, or to attend formal regular meetings,
- telephone interviews with academics and activists in the area of mental health,
- face to face and telephone interviews with government representatives from DEWSRB, FACS and Centrelink,
- telephone interviews with employers,
- attendance of a consumer meeting,
- attendance of a mental health rally, and a
- Telephone survey with Job Network providers.

There were also a number of telephone interviews with Job Futures members to discuss membership of this organisation and attendance at a meeting of service providers to hear a Job Futures representative discuss membership.

The project was devised, monitored and reviewed by the Employment Issues Sub-committee of the Mental Health Co-ordinating Council.

Findings

Case-based funding

The research found that there is disagreement in the industry about the benefits of case-based funding. Some believe it is a good change while others believe it will not work and will create a conflict of interest for service providers. There is certainly a feeling that case-based funding is inevitable but needs to be improved if it is to work successfully.

There was consensus that there needs to be accountability by the service provider to the government to ensure that:

- all clients are catered for equally regardless of how hard they are to place,
- clients are found appropriate jobs according to their skills, not the first job that comes along in an effort to place the client as soon as possible,
- clients are catered for after they get a job, that is support should not be withdrawn once a client begins employment,
- a portion of funding is provided for training and to enhance employability such as the obtainment of a licence, for example a forklift licence, and
- Records of work experience are transparent and funds that are spent are justified.

The majority of the industry believes that:

- there needs to be flexibility built into the assessment and timeframe for placing clients,
- education, training, work experience, leisure activities, and voluntary work should be seen as valid an outcome as is paid work, and
- Case-based funding needs to cater for time taken with some potential clients pre-Centrelink registration, as the time involved can be quite substantial,

There was a belief amongst those that are currently undertaking the trial that there needs to be a review of the current requirements. For example:

- two opportunities only to start a job is sometimes not enough for people who have a psychiatric disability,
- the amount of time that people have to stay in work over an 18 month period may be unrealistic for someone with an episodic illness, and
- The administration requirements and delays are unacceptable.

A number of service providers were concerned about the impact of Case-based funding on infrastructure costs. This needs to be addressed through discussion and training. There also needs to be recognition by the government of the hardships that some organisations may experience while changing over from a block grant to Case-based funding. There should also be recognition by the government that this way of funding will encourage the use of casuals at the expense of permanent staff. The use of casuals is already extremely high in the Australian workforce. While being a casual may suit some employees and employers, it can also be very difficult not only for the employee that does not have permanent work but also for the employer that is used to a stable,

consistent workforce. Clearly a client should be able to expect that they will see the same case manager every time they visit the service. This is particularly the case with a client group that may be insecure about their skills and abilities, and place a great deal of emphasis on developing a relationship with their case manager.

Centrelink assessment

There is a huge stigma associated with having a mental illness. Many people choose not to disclose their illness for fear that it will prevent them or make it harder for them to obtain work. These people miss out on the services offered to people with a disability. There is a strong belief in the industry that the system forces the Centrelink client into a choice between disclosure and service. There is a problem with a system where the level of service is determined by the level of disclosure.

There was consensus in this research that the Centrelink forms are inadequate to establish the real issues of a person who has an episodic illness. There was a belief that personal contact is much more likely to establish an individual's specific issues. The existing forms are considered:

- Intrusive. Some people are very concerned about writing personal information down, particularly if they think it is for the 'government',
- To have inappropriate questions for someone with a fluctuating condition. On the day that they go to Centrelink a job seeker might be feeling fine and they answer very positively, but this may not be a realistic answer and may understate the problem,
- Inadequate because they rely on the persons literacy skills and memory.

While the particular service offered and Case-based funding levels are based entirely on the forms, many people are being inadequately serviced and funded. It was suggested that evaluations should be done by an individual face to face with the client, either at Centrelink or at an employment agency. If this is not possible then a specific form for people with an episodic illness or disability might be better than the current forms. This could be de-stigmatised by offering the same form to people with other episodic conditions such as back problems or Multiple Sclerosis.

The other area that concerned anyone, who had contact with Centrelink, was the inadequacy of health professionals, and in particular doctors, in their reporting role. A health worker is required to fill out a professional's report as part of the WAT tool Centrelink require many people with a disability to complete. Doctors are busy people and they have particular attitudes (like all of us) to disability – sometimes not particularly sympathetic. On the other hand, they often want the best for their patient and so can put a positive slant on their patient's abilities. All of this can mean the form is completed incorrectly. Centrelink say that doctors

are more candid and comprehensive on the phone than when completing forms but often there is no time to call a health professional. There was a suggestion that the form should include instructions on how to complete it and what the patient can expect if the form is completed correctly. There was also a strong feeling that health professionals need training in how to complete the forms.

The industry believe that Centrelink need more resources to:

- follow up on scores that appear to be incorrect,
- to refer clients on to employment services in a reasonable time period and
- To provide to the client an individual case management service.

There is also a belief that Centrelink requirement and systems are onerous for people with a psychiatric disability. For example:

- casuals having to notify the office every time they change their times,
- the ten jobs per fortnight those on Newstart Allowance are required to apply for, and
- Obtaining an employer signature at an interview for proof of attendance (only required in some circumstances).

Unmet need

There was an array of unmet needs that were discussed. They are:

- not enough services in general for people with psychiatric disabilities and more specifically there is not enough employment assistance for this group,
- not enough jobs for people with psychiatric disabilities and not enough educated employers who are willing to give people with disabilities a job,
- Non English speaking people with psychiatric disabilities are underutilising services. It is sometimes difficult to send them to English classes as they may find it hard to learn in a classroom setting. Without English there are very few jobs they can do. More NESB workers are needed,
- people with less extreme mental illnesses such as depression or anxiety are less likely to disclose so are over-represented in the group that miss out on services,
- Likewise people with a high skills base are also less likely to disclose so miss out on services. If they do attend employment services having disclosed their illness, they are likely to be placed in a job that does not recognise their skill levels,
- Amongst young people there is a high demand for services. It is important to offer them these services early before they suffer loss of self-esteem through many job rejections,
- Older people are less likely to be employable. Once a person with a psychiatric illness is in their mid-forties finding work becomes extremely difficult,

- consumers said there needs to be more pre-employment training for building self-confidence and acquiring work-related skills such as presentation and negotiation skills,
- ey also thought there should be more flexible work practices such as job sharing so they could rely on a partner to fill in for them if they had an episode requiring hospitalisation or home rest while in employment, and finally
- There is concern that there is not enough accommodation for people who have a mental illness and support for carers who care for people with mental illnesses.

Specialist services

Six generic Job Network case managers from three different Sydney-based services were contacted. Four said they see people with mental illnesses and these job seekers represented about five to ten percent of their clients. Although two of those interviewed said they were psyche trained, they all agreed that they would tend to refer them on to somewhere else that was more equipped to deal with people with mental illnesses. They were very positive about the idea of having a sub-contracted mental health employment service they could refer on to, although were careful to say that management would make this decision. One said people with mental illnesses tended to become inactive clients and would be given a support service rather than a job search service. Although another one believed it was no difficult to place these clients and two others said it depends on the person and their motivation.

There was a great deal of discussion and strong feelings in the industry regarding the need for specialist services for people with a psychiatric disability. There were two disadvantages of specialist services cited by the interviewees but on balance these were few compared with the advantages that the mental health industry believes there are. The disadvantages are:

- The stigma associated with a service that just caters for people with a psychiatric disability. It may be a turn off to a job seeker to go to a service that just deals with clients with a mental illness,
- They are more expensive to operate and staff get burnt out quickly.

There was a feeling amongst some service providers and consumers in particular that a specialist service within a generic one overcame the problem with the stigma associated with just providing a specialist service. The client who chose not to disclose to Centrelink could enter through the generic service and then if they chose to disclose to their case manager after gaining their trust, they could be transferred to a specialist case manager within the same organisation. This would also overcome the issue that many clients have about disclosure to the outside world, in particular employers. (As the referral to the employer would come from an agency that deals with a diverse range of people.)

The advantages of specialist services include:

- clients get opportunities that they may not in generic services,
- clients get case managers who have the values, skills and experience to deal with their specific problems,

There was a strong feeling that Job Network's way of working was not an appropriate one for people with mental illnesses. Some of the arguments are the same as those against Case-based funding in FACS funded services. They are:

- the time period of one year to find a job is not long enough for people with a mental illness,
- case loads are too high, and therefore
- clients that are hard to place tend to get inappropriate jobs or get 'creamed and parked',
- there is no ongoing assistance once the client is placed in employment, and
- The monitoring by the government of Job Network is 'lacklustre'. There needs to be standards of excellence put into place to ensure a quality program.

Conclusions

The conclusions are the researchers opinion that is based on the many comments received by the mental health industry during this research.

- All employment services should be funded and administered through the one government department and in keeping with the government's Welfare Reform agenda 'service delivery should be seamless and tailored to individual need over the long term.'
- The evaluation of Case-based funding needs to take into account the issues raised in this report, in particular the conflict of interest issue. The client's interests are not served if the employment agency finds work for them quicker than they might otherwise, to ensure the agency receives speedy payment. The work that is found needs to be appropriate and the client needs to be job-ready.
- The term 'disability officer' and 'Disability Pension' should be changed to reduce stigmatisation. The Welfare Reform document refers to 'One-to-one service officers' and 'Participation Payments'.
- Current Centrelink profiling tools should be changed. In keeping with the government's Welfare Reform document people should be assessed for their needs rather than their 'relative labour market disadvantage or capacity for work'. The existing questionnaires are limited by their design and by the amount of information people feel comfortable revealing. They are also a point in time measure and can miss indicators such as episodic illness. Face to face interviews are less threatening and more likely to reveal needs.
- Health professionals need to be partners in assisting job seekers into the most appropriate employment services to meet their needs. Filling in a form and being unaware of its use is not the best way to get information on the job seeker's needs. Telephone interviews with health professionals (with the

client's permission of course) are a much better way of collecting information on a client's needs.

- A comprehensive strategy should be designed by the Employment Sub-Committee to deal with unmet needs.
 - ⇒ Some of these unmet needs require funding for more services, more workers etc;
 - ⇒ some require convincing employers to provide more jobs for people with mental illnesses – perhaps a speaking campaign;
 - ⇒ some require changes to Centrelink processes to ensure all job seekers with a disability including those with less extreme mental illnesses have access to appropriate services;
 - ⇒ Some require employment services themselves to change to ensure they are offering services to all groups of people including, older, younger and NESB people and are also offering enough job-ready programs.
- The Employment Sub-committee should establish the effectiveness of specialist services versus generic services for placing people with mental illnesses in employment or training programs, that is, the difference in outcomes between the two types of services. How many people with psychiatric disabilities are placed in appropriate employment or training and for how long, in each type of service? DEWSRB may have this data already.
- The Employment Sub-committee should meet with Tony Abott, the Minister for Employment Services, to discuss
 - ⇒ the first six months of Job Network Two,
 - ⇒ the findings from this report,
 - ⇒ the possibility of sub-contracting to Job Network,
 - ⇒ tender versus appointment of Job Network Three providers, and
 - ⇒ His view on membership of Job Futures and improvement of funding chances.
- The Employment Sub-committee should raise the profile of the industry by approaching a patron and sponsors and use personal stories in the media to illustrate the success of specialist employment services.
- Services should review and seek alternative sources of funding.
- The Employment Sub-committee should explore sub-contracting arrangements with Job Network Two providers.
- Services should join Job Futures before the third round of funding is announced in order to have a better chance of accessing Job Network Three funding.
- If the government is not going to provide funding to specialist psychiatric employment services in NSW, then it needs to ensure generic Job Network providers take account of the issues raised in this report in relation to their inadequacy in dealing with job seekers who have a psychiatric disability. In particular it is not adequate for job seekers to be 'creamed and parked' no matter how hard they are to place and Job Network providers must be made to be accountable for a quality program which displays standards of excellence.

Contents

Forward

Executive summary

Introduction

Research terms of reference and methodology

Brief history of disability and employment

Current funding and mental health employment programs

Employment service models

Case-based funding

Centrelink assessment models

Areas of unmet need

Specialist mental health employment services in Job Network

Welfare Reform

Summary of issues and proposals

Contacts and resources

Introduction

People with a mental illness are among the most vulnerable and disadvantaged in our community. They may experience stigma and discrimination in many aspects of their lives¹. For some people it is transient and occurs once only, for others it recurs throughout their lives. The Australian Bureau of Statistics (1997) reports that almost one in five (18%) Australians would have experienced a mental disorder at some time in the previous 12 months.² Twenty percent of those on the Disability Support Pension have a psychiatric disability. Eight percent have a psychiatric disability that impairs their normal life. Three percent of Australians have an intellectual disability. Mental illness is by far the disability that affects a higher proportion of the population.³

People with mental illnesses are represented in all types of workplaces and many experience no or limited employment disruption throughout their working lives, but for others, employment concerns remain a serious issue. People with psychiatric disabilities generally have high rates of unemployment. They need access to appropriate training, job opportunities and services that can assist them with this. Without this support, they can remain reliant on inadequate income support. More than this, they can miss out on the self-esteem, sense of contribution and social interaction that work provides. Without social networks and support in their lives people are vulnerable to emotional disruption, possible relapse and exacerbation of symptoms.⁴

This report uncovers some of the problems and difficulties associated with the way that services are funded and provided for this group of the population. Within it are a number of recommendations for changes that have come from consumers of the services and people working within the industry.

¹ Human Rights and Equal Opportunity Commission 1993 pp 908, 925

² Mental Health and Wellbeing Profile of Adults Australia 1997 ABS Catalogue No. 4326.0

³ Reported at the Employment Sub Committee of the MHCC, April 2000

⁴ Bolto N, Nadin P and Reynolds F, The View Ahead: Psychiatric disability employment services. A presentation on key issues and possible solutions. ACROD Convention 19 Nov 1999

Research Terms of Reference and Methodology

This study was commissioned by the Mental Health Co-ordinating Council (MHCC) Employment Sub-committee. The Terms of Reference were to:

- review literature on employment models for mental health consumers including - clubhouses, mobile work crews, open employment, supported employment (and business services);
- explore the impact of case based funding on mental health employment services;
- review Centrelink assessment models for determining levels of assistance to consumers of mental health employment services;
- explore areas of unmet need for consumers of mental health employment services including - multiple disability, people with psychiatric disability from a NESB, mental health consumers with a high skills base;
- determine advantages and disadvantages of specialist mental health employment services in relation to generic employment disability services incorporating recent cuts to specialist mental health employment programs through Job Networks intensive assistance scheme;
- frame mental health employment services within the current Welfare Reform debate; and
- Provide a report to the Mental Health Co-ordinating Council Employment Sub-Committee.⁵

The tasks undertaken were:

A literature review conducted through using resources from the MHCC library, the internet and a number of other sources such as service providers;

Attendance of a number of meetings including those with the employment sub-committee, Job Futures, consumers, service providers and the mental health rally held in February 1999;

Face to face and telephone interviews with over 40 individuals and organisations including service providers, government representatives, employers, academics and consumers;

Telephone interviews with six Job Network case managers from three service providers; and

The compilation of a report with the findings of the study.

At the back of the report is a list of all the contacts that were made and resources that were used for this research. In most instances the report deliberately does not subscribe comments to particular individuals or groups in the interests of confidentiality.

⁵MHCC Terms of Reference

Brief history of disability and employment

There have been a long history of government reports and reviews of disability and employment, and the best ways to deal with it. This brief history is taken from Paul Cain's paper, *Two decades of reporting on the income support and employment needs of people with disabilities*.

The *Handicapped Programs Review 1985* report identified that paid employment was one of the seven specific outcomes that was important for people with a disability.

The *Disability Services Act 1986* states that 'people with disabilities have the same right as other members of Australian society to services which will support their attaining a reasonable quality of life'. (Principle 4) Objective 3(1) states that 'Services should have as their focus the achievement of positive outcomes for people with disabilities, such as increased independence, employment opportunities and integration into the community'. Objective 3 (4) says 'Programs and services should be designed and administered as to promote recognition of the competence of, and enhance the image of, people with disabilities'.

The Social Security Review (1986-88) Issues Paper No 5 Towards Enabling Policies: Income Support for People with Disabilities examined the relationship of social security payments with other relevant community services and labour market programs. The Review stated that "the task of reform is to reformulate the payment in such a way that the concept of performance is removed, that the conditions are fundamentally changed to allow for part-time and reduced productivity employment and supported employment in a variety of work settings and that people's attempt to move off income support and into gainful employment are adequately and appropriately supported' (p142). This Review proposed a number of good changes in response to the increasing rate of people with disabilities on income support as a percentage of the population, and in terms of longevity in welfare dependence. This increase was occurring when the report was prepared and continues to increase today and is largely the reason why the current federal government is proposing wide ranging welfare reforms.

The Disability Reform Package (DRP) 1991 proposed joint delivery of services by DSS, DEET and DSH. Despite the fact that this package showed some positive results for consumers completing support programs, such as the establishment of special Commonwealth Rehabilitation Service (CRS) units to assist people with psychiatric and drug related disabilities, recipients of the Disability Support Pension continued to not only increase but at a greater rate.

In *1995 Working Solution*, a report on the Commonwealth Disability Service Program (which was established from the DS Act) stated the 'Government must decide whether its commitment is to some eligible people with a disability or

whether it has a commitment to offer support to all eligible people with a disability.’ (P3)

Paul Cain says in his report, ‘the concept of mutual obligation should extend to all people with a disability. The rhetoric of providing places and support to allow people with a disability to achieve their full potential will only be a reality when there is a commitment to a greater number of support places and more targeted assistance for people with a mental illness’.

In 1996 the More Intensive and Flexible Services (MIFS) pilot began in Brisbane and North Central Victoria. This program was largely developed in response to the DRP's shortcomings. Although the DRP was evaluated in 1995 as being largely successful, there were particular groups of customers who had not had adequate access to services and who were unlikely to be assisted through the vocational assistance provided through the DRP without other intervention. These groups included (among others) people with unstable conditions, such as those with psychiatric disabilities who have not been stabilised with medication, and people with substance abuse problems who have not successfully undergone treatment. The MIFS pilot aimed to maximise work outcomes of Disability Support Pensioners who do not get access to current vocational programs because of special needs. The pilot was extended for 18 months and is due to be completed in June 2000.

Paul Cain comments in his paper that like DRP ‘those who sought to engage with the program benefited from the programs’. He says the greatest achievement of the MIFS Program was that it showed that ‘people with a disability benefited from targeted and co-ordinated individual assistance to find their way through the range of services’. Services responded to pre-vocational needs that may have been hampering access to employment and education. They provided a case management approach that took a holistic perspective.

The federal government's Interim Report of the Reference Group on Welfare Reform, *Participation Support for a More Equitable Society March 2000*, outlines a new system for welfare in this country. If the vision that is articulated in this document is to be achieved, that is ‘a case management approach that takes a holistic view’⁶ then they are to be congratulated.

⁶ Paul Cain, Two Decades of Reporting on the Income Needs of People with a Disability, an unpublished paper

Current funding and mental health employment programs

Both the state and federal governments fund mental health services. Different departments within both tiers of government also fund them. Most of the funding that pertains to employment and mental health comes through the federal government from the Department of Employment, Workplace Relations and Small Business (DEWRSB) and the Department of Family and Community Services (FaCS). DEWRSB funds the Job Network program and FaCS funds the disability services program.

Potential clients for the DEWRSB or FaCS services are required to enter the system at Centrelink. It is here that they go to enquire about work and register for benefits such as unemployment benefits or the disability pension. Centrelink categorises the job seeker depending on their employability. This is assessed through the job seeker completing a questionnaire, which is known as the Job Seeker Classification Instrument (JSCI). This document identifies personal characteristics such as Aboriginal and Torres Strait Islander status, English speaking ability, geographic location and age, which correlate with the likelihood of becoming long term unemployed. It also establishes whether the person has an ongoing disability, medical condition, illness or addiction that has made it difficult to get a job or affects their ability to work.

Job seekers who are streamed to secondary classification because they have a disability and because of their JSCI score, undertake a workability assessment through a Work Ability Tables (WAT) tool. This measures their ability to undertake a job (such as ability to understand work instructions and ability to lift and move objects). The WAT measures the extent to which the individual's disability will hinder his or her capacity to undertake work. It generates an index of workability in the form of a score (in a range of 0 to 99). A job seekers WAT score is the primary means of streaming clients between DEWRSB and FaCS funded programs. All job seekers scoring above 50, indicating a moderate to severe impact disability, are streamed to FaCS funded services. Job seekers without a disability or with a disability with a low to moderate level of impact will be streamed to DEWRSB funded Job Network services. Some clients fall close to the middle score and in these cases the JSCI score may be used to differentiate clients.⁷

DEWRSB 'data indicates that 79.8% of job seekers who disclose a mental health problem and undertake the WAT's are identified as having a disability with a moderate to severe impact on their capacity to work. These job seekers are referred to FaCS for specialist assistance. The remaining job seekers (20.2%) are referred to Job Network'.⁸

⁷Job seeker Classification Instrument, Job Network, DEETYA 1998

⁸Letter to Helen Soper, PEP from Mariian Pettit, DEWRSB, 29 March 2000

DEWSRB funded Job Network providers offer three levels of assistance. Job Matching offers basic labour exchange services, Job Search Training helps job seekers improve their job search skills, and Intensive Assistance provides more individualised assistance to those who are harder to place in employment. The JSCI identifies job seekers most in need of Intensive Assistance and classifies these people into three funding levels. Those who are classified with the most significant barriers to employment attract the highest funding level.

FaCS funded employment services for people with disabilities offer more intensive individualised assistance to clients. They have more ability to do longer term, more intensive work with a client, preparing them for work and assisting them maintain employment.

The Community Support Program (CSP) is a whole-of-life job-ready service. Clients who are very difficult to place in employment can be streamed to a CSP program, and then when they are ready, into a disability employment service program. These services used to be funded for three years but recent changes have meant that they now only have 18-month contracts.

Under the *Privacy Act 1988*, job seekers are not required to disclose their mental health disability and many choose not to. The decision about whether to disclose or not, is affected by the associated stigma, the episodic nature of the condition and the diminished insight of some people suffering mental illness. So there is no definitive way of identifying job seekers with a mental illness. It is quite probable that some will be referred inappropriately to Job Network services. Job Network providers can lodge reviews of job seeker classifications with Centrelink if a job seeker discloses their condition after referral⁹ but these reviews cost the Job Network provider \$800 as Centrelink recruits the services of a vocational psychologist to do the review. If the job seeker asks for the review Centrelink covers the costs.

There have been two significant changes to the funding of mental health employment services in the past 6 months.

First, there are no longer any Job Network providers who specialise in providing employment services for people with mental illnesses in NSW. Five of these services were operating prior to the last round of funding. None of these were re-funded despite sound performance and operational activity.

Second, there has been a case based funding pilot operating since the end of 1999 for disability employment services. This pilot is being trailed in 68 regions throughout NSW with just over half in the Sydney area.¹⁰ Jocelyn Newman has said that 'this new trial aims to ensure that specialist disability employment

⁹ Ibid.

¹⁰ Disability Programs, FACS, Case-based funding trials, <http://www.facs.gov.au>

funding is better linked to demand and the needs of individuals and we expect that up to 2000 people will benefit'.¹¹ Currently there is a 30% increase in the participation levels for people with a mental illness in this trial compared to participation in the block grant funding. If the pilot proves successful, the federal government's aim is to replace block grants, which these services currently get, with case based funding, not dissimilar to the way Job Network is now funded.

¹¹Disability programs, Department of Family and Community Services, Case-based funding trial regions, <http://www.facs.gov.au>

Employment service models

There are a number of different employment service models that assist mental health consumers to access training and work opportunities in Australia. The existing models in NSW are:

- Open Employment Services providing employment on the open market,
- Business Services providing supported employment through mobile work crews,
- Enclaves or Sheltered Employment Services providing supported employment in a workshop setting, and
- Clubhouses, which provide work experience and supported employment through a Transitional Employment Program (TEP).

Bolto, Nadin and Reynolds have said that 'Many of the current models available are not able to meet the needs of a significant number of mental health consumers. There is an urgent need for the use of more models within this sector. Many people with a psychiatric disability cannot be assisted or are assisted in a limited way and limiting way by the services which are currently available'. They also say that services are separate and compartmentalised and don't work well for people who don't fit defined criteria or those who have high or fluctuating needs.¹² The following provides an idea of the range and scope of models and examples of each.

Open Employment

Progressive Employment Practices (PEP) was started in 1994. It is an example of an organisation that provides assistance to people with a psychiatric disability in their endeavours to find and maintain paid employment in the open market. They have offices in Hornsby and Gosford with an outstation in Wyong. Most clients are referred to PEP through Centrelink or mental health case managers. The potential client attends an open morning that occurs once a month or makes an individual appointment to see a PEP employment consultant. The consultant then works with the client to help them find a job. They have a good record of clients keeping their job for an average of 18 months. A large number of clients need ongoing support once they have a job.

FaCS funds the organisation as a disability employment service. In the past it also received DEWSRB Job Network funding to provide intensive assistance to job seekers who may or may not have a mental illness. One of the major benefits of having these two services side by side was that if clients disclosed they had a mental illness after having come to Job Network, PEP were able to stream them into the disability employment service with little disruption. Here they could receive more intensive and appropriate support and assistance.

¹² Bolto N, Nadin P and Reynolds F, The View Ahead: Psychiatric disability employment services. A presentation on key issues and possible solutions. ACROD Convention 19 Nov 1999

CARE is another disability employment service. They have 17 staff and two Centres - Enfield who assist 240 clients per annum and Rockdale who assist 120 clients per annum. Like PEP, CARE is FaCS funded to find clients with a mental health disability work on the open market. Clients can self-refer or be referred by health workers or Centrelink. They fill in their forms at Centrelink and then have an interview with the agency. The agency assesses their history, if they meet eligibility requirements, (that is, they have a mental illness), whether they are motivated to work and how well they are. At the assessment they are given an indication of what will be expected. They are then referred to an employment consultant who helps them to apply for jobs or a training consultant who helps to organise training courses for them.

The majority of clients obtain work within 6 months. Once they get a job, the assistance that is provided varies depending on need. Most people do not want further assistance but some may need ongoing help. Sixty six percent of clients maintain employment. The average across the state for disability is 68%.

Business Services

Westworks is a business service providing supported employment through mobile work crews. The NSW Department of Health funds the co-ordinator and FaCS funds a trainer. The trainer works with the clients and co-ordinates them to operate as a small business. They work in groups doing gardening or cleaning, offering their services to local residents and businesses. The work groups are called mobile work crews. The income that is received covers an award wage for the clients, a rehabilitation workers wage and an office person's wage. The rehabilitation worker does independent employment plans for each client. Currently Westworks have ten clients on their books. FaCS requires the clients to work at least eight hours per week. Clients do not have to come through Centrelink. They could be referred through a case manager. The aim is for the clients to eventually move on to a job in open employment.

Westworks have put in a submission to DEWSRB under the Regional Assistance Program to fund a small business project. They want to employ someone for 12 months to do a business plan and help clients to set up their own business. The aim is to create new jobs as an alternative to accessing job network positions. If the initial program works well, they will apply for more funding to expand it.

At the Ryde Community Mental Health Service in the Community Recreation, Education Access, Training and Employment (CREATE) team, training and support is provided to people with a psychiatric illness who are employed by one of their supported employment teams. These teams are known as MARS Inc businesses and are mobile work crews that provide gardening services to local residents and businesses as those at Westworks do. CREATE also assesses individuals and assists them to access disability employment services and Job Network providers that help them to find work on the open market.

Enclaves or Sheltered Workshops

Clients are provided with supported employment on-site, usually packaging work or mail-outs. Case managers or other services and agencies refer clients. New Horizons provides work for clients with intellectual and psychiatric disabilities as well as frail aged. It started at Macquarie Hospital. It provides a supported environment whereby it is all right for the client not to come in if they are not feeling up to it. The agency try's to sort out a different way of working if something does not suit the individual. They believe that the environment provides a stigma and discrimination free zone where clients can feel comfortable.

New Horizon's clients are paid according to a supported wage system. The Industrial Registrar has to be happy that the person is receiving a percentage of a normal award wages and they then get the Pension to top this up. The client starts at a base rate and the wage goes up depending on their competency rates. All their activities are timed to assist with evaluating their competency. New Horizons has 70 clients. They have had some people go on to open employment but this is unusual.

Clubhouses

Clubhouses have been operating for over 50 years. They operate according to principles of empowerment, member ownership and community spirit. They have a non-medical focus. The clubhouse model exists internationally and adheres to international standards. It has been in Australia for eight years. Clubhouses are prevocational and based on the principle that people need to be needed. They are run equitably and members share in the responsibility of running the clubhouse and collectively have ownership of it. They operate according to work ordered days which is based on a number of units. These units include the kitchen unit, the communications unit and the employment unit.

One of the features of clubhouses is the operation of Transitional Employment Placements (TEPs). These are placements in the open employment market and are a flow on from the prevocational program for members that have developed the confidence to embrace the next step of the process. The clubhouse owns the position and it is often shared between different members. If the member in the job cannot make it for some reason, the job is covered by another member or by a staff member.

Pioneer Clubhouse has been operating since 1994. It was the first clubhouse to open in NSW. It operates on a full-time, five-day per week basis. The Clubhouse uses work as the basic activity to build a community of value, self-respect and meaningful relationships. Pioneer's TEP has been operating for 3 years. It has over 250 registered members and an average of 35 people attending a day. The auspicing body, the Schizophrenia Fellowship of NSW receives its funding from the NSW Department of Health and they undertake the financial management.

Along with PEP, Pioneer was one of the specialist organisations that did not get their Job Network funding renewed in the last round.

CARE have recently opened a clubhouse called the Tomorrow Makers Clubhouse. It is operating every Wednesday from 9 to 4pm. Like all clubhouses, they will have a kitchen, communication, social, fundraising and employment unit. They hope to build up the times of operation once it starts attracting members.

The NSW Department of Health is currently undertaking a review of clubhouses. The consultants, Keys Young are due to present the report at the end of June 2000. Its aim is to examine the nature and effectiveness of the Clubhouse model of psychosocial rehabilitation for people with chronic mental illness

The outcomes for mental health consumers for each model depend on whether the model is suitable to the individual. This will depend on their history, motivation, skills, experience and abilities. It may also depend on the particular consultant within the model that the consumer deals with. Consumers interviewed for this study raised the issue that sheltered workshops can be very valuable for some people but that their wages and conditions need to be improved radically.

Consumers also said that if they were feeling unstable or a bit paranoid, coping in the workplace was hard. They felt that supported employment should be an option available to everyone with a mental illness. FaCS conducted a national survey of people with disabilities and their families to measure satisfaction with disability services. Both supported employment services and open employment services were reviewed.

Trieste in Italy is undertaking an experiment with an innovative and interesting model of employment for people with mental illnesses. They have four worker's co-operatives and anyone with a psychiatric disability can work in them. They also employ people who do not have a disability. One of their aims is to promote employment for people with psychiatric illness and to integrate them into the community via the workplace. They have negotiated with unions and workplaces so that people receive proper rates of pay (a change from the previous situation). The formation of the co-operatives was a result of all the hospitals being opened up. They can no longer hold people against their will, although patients can still stay as guests and about 60 people stayed on as guests when the hospitals were opened. The co-operatives are partly owned by mental health services and partly by ex-patients. All the funds from the closure of the hospitals were put into programs and all the mental health consumers kept the goods and land.

The co-operatives operate a whole range of business ventures including cafes, restaurants, vegetable growing, a leather goods factory, a furniture workshop, a seagoing yacht for rent, a bicycle rental service, a hotel, a beauty shop, and a radio station. There are also a number of creative workshops held including

theatre and video making. Video making is often used for public relations for the service. This social reform has broken down a great deal of barriers as more community awareness has been developed and the stigma of mental illness has been decreased.

According to Richard Warner, Professor of Psychiatry at Boulder, Colorado, and collaborator with the Trieste group, the Trieste consortium of worker co-operatives produce about three million pounds worth of goods per year whilst Pordenone, a nearby town working on similar lines, manage a production of five million pounds. These extraordinary outputs will clearly have a beneficial effect on the local economy. While Trieste consortia are subsidised by approximately 50% by mental health services, in Pordenone the subsidy is only 10%. Tim Kendall believes 'there are few places in the world that have, with such conviction and hope, altered the way (those with mental illnesses) are viewed and treated.'¹³

¹³Kendall T, Trieste: The Current Situation, <http://www.shef.as.uk/-psysc/hraj/trieste.html>, 1 June 2000

Case-based funding

Case-based funding trials began at the end of 1999 for FaCS funded disability employment services. One hundred and eighty seven services nationally are trailing it across the country. Twenty seven of these, including CARE and ACTIVE, are continuing to get their block grants but are keeping records as though they were receiving case based funding for individual clients. They are participating in the virtual trial. One hundred and sixty others are participating in the funded trial. 121 Employment is one of these. They are accepting some clients under their block grant and others under case based funding.

The evaluation of the program will commence in June 2000. It will be conducted in two stages over a period of 18 months. Stage one will analyse data. An interim report will be completed by November 2000. Stage two will analyse whether trial objectives have been achieved. It will report on the effectiveness of case-based funding in assisting job seekers find and maintain employment. The final evaluation report is due for completion by November 2001. As part of stage two, a cost attribution study will be done to examine infrastructure and financial records of a sample of service providers. This will determine the total costs associated with achieving employment outcomes for job seekers. The study will inform the determination of appropriate levels of payment and funding bands for the case-based funding model.¹⁴

The amount of funding an agency currently receives under case-based funding depends on the score the client receives when they fill in the Job Seeker Classification Instrument (JSCI) at Centrelink. The case-based funding formulae is as follows:

JSCI score 8-33

Commencement

\$3,750

Outcome (26 weeks employment over an 18 month period)

\$1,250

Maintenance

\$3,500

JSCI score 33-44

Commencement

\$5,625

Outcome (26 weeks employment over an 18 month period)

\$1,875

Maintenance

\$5,250

JSCI score 44-94

¹⁴Disability Programs, FaCS, Case-based funding trial regions. <http://www.facs.gov.au>

Commencement
\$8,250
Outcome (26 weeks employment over an 18 month period)
\$2,750
Maintenance
\$7,700

The following comments are feedback on case-based funding from the mental health industry

Pluses of case-based funding according to the industry

According to service providers, the government's aim is to use case-based funding to make services more responsive to clients needs, particularly in sheltered workshop situations where clients needs will have to be assessed and met on a more individualised basis.

The government believes, as do some of the service providers that it will give consumers 'more clout' and perhaps be a deterrent to 'parking' people. It may mean the client will get more attention. Some services believe it is good to be funded for the amount of people being serviced. There is also a view amongst some organisations that it could be financially beneficial to them because of the numbers of clients that go through their service. JobCo who is participating in the trial in Melbourne say it is good for them because they will receive more funding than they do under their block grant. They believe this is because they are well known and 'get lots of clients coming through the door'. They have got good outcomes (doubled in the last year and have increased their targets) because of past pre-vocational courses they have conducted. Workways in Canberra is another agency who believes case-based funding is good for their organisation. Like JobCo, they say that this may be because they have a large caseload. Each caseworker has 20-30 clients on their books. NOVA Employment also believes they will be better off financially but this will depend on JSCI scores and therefore the amount of funding they get. If clients are scored relatively low compared to their needs, then they will be providing more intense work with relatively low funds and therefore be out of pocket.

There is a view that case-based funding may be more accountable, that the government needed to be more pro-active in making block grant funding more accountable. One service provider who has worked with case-based funding in Job Network before, believes that it can be a good way to operate but only if the case load is not too heavy. She says it provides a motivation to get jobs for people. One service said that the current case-based funding model is better than the previous one, which had a maintenance phase, which was inflexible.

There was a view from one of the academics that were interviewed that although the government claims case-based funding will be better for services, their major aim is to equalise historically inequitable funding.

Negatives of case-based funding according to the industry

Conflict of interest

There is a general feeling in the industry that case-based funding creates a conflict of interest between working with the client and attracting funds. Because there is pressure to get an outcome as quickly as possible, that is a job, clients may be placed in employment earlier than they should be - before they are ready to sustain ongoing employment. Those who are hard to place may not be taken on as clients at all because funds may not be forthcoming. Consumers themselves said that agencies may prefer to take clients who can consistently look for work rather than those who may be getting sick frequently.

The industry generally believes that, as with Job Network, when accessing funding is outcome focussed, the "cream of the crop" get jobs. Clients that take longer to service, get 'parked'. Commercial realities mean services will weigh up the cost/benefits of action and inaction on behalf of the client and decide whether it is worth doing more.

If CARE had been receiving money under case-based funding (instead of just participating in the virtual trial) they would have received significantly less than they would have under their block grant. They believe that if they are to obtain the amount of funding they need to continue operating at the same level, they may need to take people that they know will be unlikely to get a job just so they have higher numbers through the door. Currently they do not assist people that are either ineligible (that is do not have a mental illness), or unaware and unrealistic about what a job entails. Also they would need to speed up the time that clients take to go through the process of getting employment. They would need to move through the system faster and remove clients from the caseload as soon as possible, to ensure those case managers could take on new people and continue to have a reasonable caseload. They believe this will mean that they won't be able to help people to maintain a job and will not be available if old clients who are in employment ring in a panic and need support. This is exacerbated by the fact that small caseloads are important to provide the support that is needed for people who have a mental illness.

Difficulty of providing appropriate funding levels

One service was concerned about the adequacy of funding to deal with individuals that may be more difficult to place than they appear to Centrelink. They mentioned that WAT and JSCI scores could understate problems. Tick the box questions are an unreliable way to get to the heart of the problem. These forms also rely on a client's memory being good. Funding is based on these

forms and if the forms are not doing the job well enough then funding may be provided inappropriately.

Some people require different levels of service at different times. Case-based funding means clients are funded at specific levels throughout the process unless the service applies for a reassessment. This is time-consuming, expensive and cumbersome but without this reassessment a client may miss out on the more intensive assistance they need.

Strict Timeframes

The timeframe that agencies are given to find the client work was a big issue for all the agencies that are trialing case-based funding. The timeframe is not considered to be enough. One employment agency said they have had a client since 1994 who has never had a job. He has taken a long time to become job ready but is finally getting there. They are concerned that under case-based funding, people like this client would not be catered for. He would be considered too difficult to place and would have to be referred on, perhaps just when he was getting to the point of trusting the case manager and being able to take the next step to a job. Although another agency said that the timeframe was a big concern (particularly in regional and rural areas where there are fewer jobs) and that they believed that if a client is taking seven years to get a job they should not be with an employment agency but should be referred to a more appropriate service.

The block grant allowed for the flexibility that is required to service different kinds of clients. Some people require very little assistance while others are very time intensive. The client group by nature is very unstable and it is difficult to know whether they will stay in a job or stay with the agency after the initial commencement payment has been made. If the client gets sick for a period of time this could blow the timeframe out completely.

Priority on paid work as quickly as possible

There is a belief that case-based funding detracts from the rights of the individual, as the only acceptable outcome is a paid job rather than a broader outcome which focuses on quality of life which could include leisure, work experience, training, university or voluntary work. Education is an outcome in Job Network's Intensive Assistance. Also, as in Job Network, clients can be put in jobs that are underneath their skill level that is whatever job is on offer, rather than a job that is part of their rehabilitation. This may be a good outcome for the government but not for the person. And in the long run it may not be a good outcome for the government as the person is more likely to leave the job and go back on income support.

Funding accountability

One service provider who had worked in Job Network before believes there needs to be strict accountability for the funding as otherwise unscrupulous organisations will do what they can to maximise profits instead of paying for client

services or training. She gives an example of a Storeman and Packers course offered through the local skillshare. Job Network case managers were asked to pay \$150 for the forklift driver's license but their organisation did not want to outlay this money. They said they would hire a trainer and he would teach the clients but this never happened. Out of the 10 people in the course only 2 clients found jobs. This service provider was very critical of the organisation as they received \$1,500 per person from the government but would not spend one tenth of this on a license that would have meant their clients had a greater chance of finding work. She says this was because they were interested in maximising their profits.

The same situation could also arise with non-profit organisations. Most organisations will rely on case-based funding to fund their infrastructure costs including staff salaries and office expenses. The continuation of their service is always going to depend on the decision to spend money on their infrastructure (particularly if funding is tight with no fat in the budget) or on the individual client.

The ex-Job Network case manager also believes that exploitation needs to be guarded against. She gave another example from her previous workplace where one of the Job Network case managers used clients to renovate his house. He said he was providing practical work experience. She says that using clients as free labour to put in new carpet or to paint the office is occurring much too often.

She believes that if case-based funding is to work, there needs to be some accountability built into it. There must be an amount set aside for training, job skill classes, contingencies like obtaining a license etc; records need to be transparent; work experience opportunities need to be transparent; and the money that is spent needs to be justified.

Up-front infrastructure costs and cash flow fluctuations

The concept of case-based funding, according to service providers, is that the client comes with money attached which will therefore make the service more accountable as well as allowing the client the opportunity to choose their service. Some agencies believe that this will not be the case, that clients can already choose but that they can only choose out of what's available and if the block grants are cut, this may mean some services will no longer be able to afford to operate. This will reduce consumer's choices.

Many other people who were interviewed agreed that case-based funding did not adequately address infrastructure costs. Getting money for individuals makes it very difficult to set aside enough money to establish and maintain an office. Agencies are concerned about having to provide a service for people without any funding up front. They are not used to this way of working. They believe there will be difficulty in balancing books without block funding. There is a belief that the bigger organisations will get bigger and the small ones will disappear.

Case-based funding does not provide for consistency of funding throughout the year. In November and December, CARE says that their referrals drop off which would mean that their income would be reduced at this time. It is important for them to have a trainer and staff on hand who are skilled and experienced. Cash flow fluctuations could threaten this stability as agencies may have to put staff off during quiet times or alternatively have staff that are casuals able to come in when required. This does not allow for consistency of staff numbers and affects the quality of assistance provided to clients and the employment conditions provided to staff.

Also, the case-based funding system does not allow for regular training of staff, which is essential because of the high turnover in the disability industry (less than 12 months.) The last round of funding the government gave for training was in 1995-96 and the feedback was very good. Training would see an improvement in the service offered and the numbers of people placed in employment.

Ability of the funding to deal with client's pre-Centrelink registration needs, post-placement needs and episodic illness

If a potential client visits an employment service as their initial step in finding work, the block grant allows the service the time to discuss with the client what their options are and how to approach Centrelink. Case-based funding does not allow for this. 121 Employment says that it can take up to one hour to organise the potential client to go to Centrelink. If the person is from a Non-English speaking background (NESB) it is even more time consuming. In theory services are not supposed to assist potential clients before Centrelink scores them, but in practice services do assist potential clients, sometimes speaking to Centrelink on their behalf.

Consumers were worried that they would not receive the help they needed once they were in a job. They were concerned that once they had employment and the grant finished they would be on their own regardless of whether they had another episode of their illness.

Telstra employs people with psychiatric disabilities in a TEP program in Melbourne through the Bronwyn Place Clubhouse. They also work with Diversity At Work (DAW) who they say do 'a brilliant job' in linking them up with potential employees who have a disability. DAW work with specialist disability employment services around Australia to link their clients up with employers. Telstra employ a number of people with disabilities and these employees have case managers from specialist employment services to ensure everything runs smoothly. Telstra fear that the employee may not get the support they need under a case-based funding model as the funding may not be there to assist clients well into a job placement.

If an employee's job is in jeopardy, for example if the job was re-classified and the employee in the position was no longer able to undertake the tasks involved, the employee may be terminated. If this were the case, Telstra said without

support for this person through a specialist agency trained to deal with his or her disability, they would feel morally obliged to assist the ex-employee financially. The fact that this assistance was not available to other employees without a disability may become an issue of equity within Telstra that they would like to avoid. For this reason they are very supportive of employees with a disability having post employment support through the employment agency.

The client gets two opportunities to start a job within the limited timeframe of case-based funding. Some people might drop out of employment after a short period and they are allowed only one other chance after that, to be able to use the employment agencies services to help find another job. There is an attitude in the industry that this is not flexible enough and although it might be adequate for people with an intellectual disability, it is not adequate for someone with an episodic illness. Some people need to have regular breaks from work and during these breaks they require assistance again. This is a particular concern if people fall out of employment at financial milestones. Many agencies believe that block grants may be better for services that are dealing with people with an episodic illness because of the fluctuating need of clients that must have ongoing support. Many feel that the government requirement that clients stay in work for 26 weeks over an 18 month period, rather than the previous requirement of 3 months over an 12 month period, is unrealistic for people who are rehabilitating or have an episodic illness.

Administrative problems and delaying clients

121 Employment who are one of the organisations on the case-based funding trial say consumers and service providers were consulted about the trial but although the process was explained to them, they were not shown how it would work in the implementation stage. He said the implementation of it 'is the most horrendous process in 14 years of working'. The process currently in place is complex, and training and resources are not adequate to deal with it. Although Centrelink staff had done their best, training wasn't competency based and they are not confident in administering the system. Centrelink staff were ringing 121 Employment to ask what 'screen' to use and to ask them to give clients a score. They did not have a clear understanding of the process (although this has improved) and 121 have been required to give them direction. The staff have been told one thing one time and another thing the next time. They say Canberra do not have enough staff to deal with case-based funding adequately. The Department's answering machine was on for four weeks and it took two weeks for Canberra to get back to them to say that a photocopy of a particular document was not adequate - that they needed the original. Meanwhile clients wait for services to be offered to them, ringing regularly to find out there is another hold up.

NOVA Employment is also participating in the trial in two of their offices. They say the worst aspect of it is the administration. 'It is confusing and clogged' and they are very slow to be paid. Payment has dragged out particularly in Canberra.

They sent paperwork off in March and received payment in June. This would have caused cash flow problems if they were not able to rely on other staff in other sections of the organisation. For a smaller organisation these delays would be critical to their survival.

121 Employment also believe the trial was put in place at the wrong time of the year, that is, mid-November which is the wind-up time for Christmas. Although there are more casual jobs over the Christmas period on offer, there is a general drop in permanent employment. The organisation signed up at the end of December but put the process in place in January/February. They were told it was a two-week turnaround to get a job seeker classification score but it took six weeks. They had to keep putting keen clients off because they could not help them until they got their score, as any work done with clients or potential clients in this period is not funded. CARE agrees that one of the hardest aspects of the administration of case-based funding has been the need to continue to chase Centrelink to get client's scores.

According to 121 Employment, the process is held up by the incredibly bureaucratic amount of paperwork that is required. They say clients need 21 pieces of paper before they can use the service including scores and workability tables. He says, potentially clients can fill in nine extra forms than previously, including claim forms, consent forms, non-acceptance forms, commencement claim forms, individual employment plans, two employer forms - employer assistance form and signature form, suspending forms, exiting forms, maintenance forms and extension claim forms.

Unlike 121 Employment, CARE do not have a problem with the forms. They say they are reasonably easy to deal with as they are all on the one computer server. They said that although there is a doubling up of some forms, because some get filled in by the employment consultant and some by the assessment units, it breaks up the workload and makes it easier. Also they try to fill them in as soon as possible after they come in, so it doesn't become a backlog.

In the first 3 weeks of the trial, 121 Employment did nothing but deal with case-based funding issues, even though they continue to get their block grant throughout the trial period, which covers some of their clients. It was necessary for the organisation to change and add to their quality system so it could cope with the amount of paperwork.

They also believe that people, who find things confusing, have difficulty working with Centrelink or bureaucrats or are paranoid, may be at a disadvantage particularly under the new funding model.

121 Employment believe that the concept of case based funding is positive but do not think the way it has been implemented is working, although they believe it has potential to work. They do not think it is potentially better than the block grant

system but realistically, it is here to stay. They have concerns about the stability of the organisation in the long run under case-based funding arrangements.

Need to disclose to the Commonwealth

The guidelines and consent forms under the new case-based funding system say that any information that the client discloses can be provided to the 'Commonwealth'. This may be daunting for some clients, particularly if they are paranoid or concerned about the stigma attached to mental illness and prefer to keep their condition private. 121 Employment said that these forms have deterred people from seeking their assistance and in some cases people have just hung up when they have heard this on the phone. They have one client who they could not convince to sign a form because of his level of paranoia.

Centrelink assessment models

Two years ago Centrelink assessments of job seekers were done by a Disability Panel but it was decided that the panel was unfair as it relied on a group of people assessing who was most likely to get a job. The government believed that a fairer system was to require clients and their doctors to self select the level of service they require, so a system has been devised that means anyone can access a FaCS funded service as long as they score over 50 on the workability tests. If they score under 50 they get streamed to a Job Network provider. See the section on Funding and Programs in this report for details on how the JSCI and WAT tools quantify a person's ability and need for services.

As part of their welfare reform program the federal government is undertaking trials around the country to establish better ways to assist people find work and improve their quality of life. One such pilot is being conducted in South Australia, Victoria and NSW. It is due to start at the end of August 2000 and will run for two years. This pilot is in part due to the problems encountered by the demise of the Disability Panel. There are currently a minority of people with a disability that go through the current Centrelink process and end up at an employment service. Many get nervous or feel disempowered and drift out of the system. Many are on the DSP and are therefore not required to work so there is no pressure or support to get them back in the system and into a job. This pilot attempts to bring back the more personalised service that was offered through the Disability Panel so as to provide more support for people who are the most disadvantaged when it comes to accessing work. It aims to provide extra assistance without denying client choice. The two pilot sites in NSW are in the Central and Far West regions. Commonwealth Rehabilitation Service (CRS) staff in these areas have been employed by FACS as assessors. These staff assess people who score over 50 on the WAT tool, that is people who would normally be referred to a FACS funded service. Some are on the DSP and some will be on the Newstart Allowance. The assessor discusses all the job seekers needs, not just their need for employment. This may include their involvement in the community generally and their accommodation needs. The assessment is voluntary and is offered to the job seeker after they fill in their forms. They are then interviewed (away from Centrelink if possible so as to distance the assessor from the bureaucracy of government) and an activity screening is conducted. From here appropriate community services are located for them which may include a speciality employment agency. It is the view of CRS that the mental health consumers will probably benefit in particular from this trial as it will provide them with a 'little bit of extra support' as sometimes the issues concerning them most are not employment related but issues such as relationship breakdown.¹⁵

Stigmatisation that occurs with disclosure and seeing a 'Disability Officer'

¹⁵ Heather Pickering, CRS Australia, Service Development Team

The CEO of Centrelink, Sue Varden, has said, 'Customers individual circumstances will be taken into account' when they are seeking a job. According to a Centrelink officer, this does not always happen for a number of reasons. It is very difficult to quantify someone's disability particularly those that have stigmas attached to him or her such as mental illness. One of the problems is that people do not want to disclose they have a mental illness, as they believe this will lessen their chances of getting a job. This impacts on the level of service they are offered. The system forces people into a choice between disclosure and service. In all other aspects of their lives they are told to focus on the positive but to receive services they are forced to focus on the negative. There is a problem with a system where the level of service is determined by the level of disclosure.

One service provider noted that a major floor with the assessment tools is that they rely on disclosure and he asks 'why would anyone looking for a job reveal they had schizophrenia for example?' If a person discloses, they get immediately categorised and they may only ever have one episode in their life. One consumer of mental health services said she did not fill out Centrelink forms because she felt she would be forced to see a specific agency when she wanted to see a generic one. She ended up getting a job through the newspaper. One agency said that clients are very unhappy about being required to fill in a WAT questionnaire so they can be referred to the agency from Centrelink rather than through a health professional or self referred. Many of their clients refused to fill in the WAT score, as they did not want to disclose to the government that they had a mental illness. This was particularly pertinent because it was in Canberra and many of the clients had public service jobs. Thirty clients left the agency rather than fill in the questionnaire. FaCS subsequently came to this particular agency to get verification that all clients that were being serviced had a WAT score.

Centrelink require people who have a disability to see a 'Disability Officer' and fill in a form that only those with disabilities fill in. It asks them questions like 'can you move things around? This procedure causes some people to feel labelled and stigmatised. Young people in particular might find this difficult and may not be prepared to put themselves in this position by disclosing their illness.

The report that Macarthur Personnel undertook on the WATs tool identified the problem with stigmatisation. Many people will not identify themselves as having a disability so they often did not even get to the WAT score stage. They also did not want to stand in line waiting for someone called a 'Disability Officer'.

One service commented that a number of clients go on Newstart Allowance rather than the Disability Pension because the word 'disability' is stigmatised. Their psychiatrist does not want them to be stigmatised and clients do not want this for themselves. This agency suggested that the name of the Pension should be changed.

Inadequacy of assessment tools

The assessment tools are not adequate. They are not sensitive enough to pick up the circumstances people are in or the severity of their circumstances. They are bureaucratic and sometimes irrelevant for people with mental illnesses and do not capture the impact of mental illness on the ability to work. Services said that asking 'do you have a problem moving things?' is not going to find out issues such as 'is your level of confidence high enough to withstand office politics?' They said the questions are too general, for example the question on inappropriate behaviour in the workplace. This could refer to being withdrawn or depressed but this is not specifically stated.

Forms are a difficult way to get the information required. They do not provide history, extenuating circumstances or individual specifics that are easier to establish with personal contact. One consumer said that the Centrelink forms were very intrusive into his private life. He said if the questions were asked verbally in an interview, he would feel more comfortable than writing down information about himself. Filling in the forms correctly also relies on the job seekers level of literacy

One service also mentioned that WAT and JSCI scores understate the problem. Tick the box questions are an unreliable way to get to the heart of the problem. These forms also rely on a client's memory being good. Funding is based on these forms and if the forms are not doing the job well enough then funding might be provided inappropriately.

The President of ACTIVE, David Abelo, believes the Centrelink forms are a social construct and many people do not know what to say when they are asked if they have a disability. He believes that it would be better to get agencies to do the assessment but that as this would be more expensive it is not politically likely.

Forms are intrusive for someone with a mental illness especially if they haven't used the Centrelink system before. They tend to scare people away. Sometimes they take the form away to fill in and never come back again.

Specific questionnaire for psychiatric illness

The Macarthur Personnel report on the WAT tool states that there needs to be a more specific questionnaire designed for psychiatric illness. Some service providers agree that there should be a separate form for people with a psychiatric disability.

Another suggestion was that there needs to be a specific WATS assessment form for people with a fluctuating illness not just for people with mental illnesses so as to try and de-stigmatise it a bit. People with multiple sclerosis and back injuries might also fill it out.

Clients tend to go to Centrelink on a day they are feeling good and confident. So when they fill in the forms they do not necessarily reflect the overall situation.

They should be told to fill in the forms as if it were their worst day. Some employment agencies try to encourage doctors to fill in the forms when the person is ill, not when they are feeling well.

Overall the industry's response to the Centrelink questionnaires was that forms need to be reviewed, the process needs to be reviewed and the questions asked need to be more pertinent to people with mental illness.

Doctors

The Macarthur Personnel report on the WAT tool highlighted that the doctor filling in the assessment form often did a less than adequate job. The consultant who worked on the report thought the form should have questions on the effect of medication on the job seekers ability to work.

Centrelink say Doctors like to 'make out' that the person is getting better and can hold down a job. They are not deliberately being difficult but they are often ignorant of what the forms are for. Over the phone they will give a more comprehensive picture but Centrelink staff do not have time to ring them all the time.

Doctors do not see people every day and sometimes are not sympathetic to people going on benefits and will score accordingly. One Centrelink doctor was described as believing 'that she has an aching back and still comes to work, so why can't everyone'. Another doctor was described as 78 years old and believed 'that if he was still working at his age, then everyone could work'.

Consistency of attitudes is a problem. Some doctors don't believe in welfare support at all, and some don't believe a person should be on the Disability Support Pension and still work. They think the pension is a safety net to catch those that are unemployable. Doctors are also very busy and might not be able to take the time needed to score correctly or alternatively they might be trying to help the client be positive and believe that if they score well they will be more likely to get a job.

The industry generally believes there needs to be more communication with doctors in regard to scoring. The majority view is that they don't tend to know how to do it and often come up with a wrong score. Knowledge of the tool itself has a great bearing on how it is scored. But service providers say it is impossible to educate every health worker on the assessment tools. It was suggested that the form contain instructions addressed to health professionals so they have a clearer idea of what the aim of the form is and how they should go about filling it in.

Education is needed for general practitioners, caseworkers and psychiatrists. There was a suggestion that seminars could be run in local areas, perhaps by

Centrelink. It was also suggested that tapping into doctors outreach education might be a way to inform doctors about the forms.

There was a suggestion that instead of a form there should just be a doctor's verbal or written assessment, but the problem with this is getting busy doctors to spend time on an assessment - although the new Medicare schedule entry provides for re-funding of doctors who do collaborative care. (The two new entry's are initiating collaboration and participating collaboration)

Centrelink staff

A Centrelink officer noted that it is very difficult to make people understand that it is in their interests to disclose. He said that sometimes people might not score over 50 in the workability test and so can't be sent to a FaCS funded specialist employment service even though it is clear that they might need it. Sometimes it is just because the form has been filled in inaccurately by the customer's doctor, so Centrelink then have to get more information from the customer. This therefore leaves it up to the Centrelink officer's discretion as to whether they pursue the issue - some will and some won't.

Sometimes Centrelink with the client but many go by without the correct score. Centrelink staff need to be more aware of the issues and need to 'go the extra distance', that is, talk to the client, clients doctor, case manager or even the employment agency. If the customer understands why the forms need to be filled in the way they do, they are more likely to do it properly.

Centrelink resources are shrinking and this means Disability Officers have less time to give to clients to ensure they have scored correctly. Some officers are now only working 50% of time on disability related areas. The three or four weeks that it takes for Centrelink to get forms back to services are a problem. Some services are taking clients without waiting for the forms to be returned to them which, in theory they should not be doing.

Some consumers say they have had unfortunate experiences with Centrelink staff. They claimed they had been ignored and treated rudely by belligerent staff. They complained about the letters that they received which they believe use scare tactics. They say Centrelink have a long way to go in customer service and in learning communication skills. They also said that an individual case manager within Centrelink to help find employment would be a good idea just as there is a case manager for the Pension.

If a client is unable to get the Disability Support Pension, the employment agency can refer them to the Centrelink doctor. Often these doctors are not adequately trained to assess mental illness. Agencies believe that there needs to be either a psychiatrist on site or Centrelink need the ability to refer the client to an expert in psychiatry.

Centrelink requirements and systems

Clients on the Disability Pension who are working as casuals, have to notify Centrelink every fortnight of the different hours they have done. This is very time consuming and for someone with a mental illness can be quite daunting.

Centrelink requirements on people with a mental illness can be onerous, for example for those on Newstart Allowance; the need to apply for ten jobs in a fortnight may be particularly difficult. Clients can negotiate with a customer service officer to decrease this number but the client may not know they can do this; may not have the skills to negotiate this; or may not get a sympathetic customer service officer.

It may also be onerous for people with a psychiatric disability on Newstart Allowance to ask employers that interview them to sign a piece of paper saying they were there. These employer contact certificates are not obligatory (they are used if there is doubt about the person's desire to work), but an unsympathetic customer service officer may require it.

Some services complained that the focus in Centrelink seems to be on breaching people. They said Centrelink tends to focus on the small percentage of people that do not want to work rather than the vast majority who do.

The other complaint was that the systems don't communicate with each other. DEWSRB funded Job Network is very separate from FaCS funded disability services. There is an unnecessary division.

Areas of unmet need

Not enough services

One service provider commented that 'if we make the assumption that all those on a pension can work, there is a huge unmet need'. They ask the question, 'Is it unmet need or unmet service?' They believe there are not the services in place to meet the needs of people with a psychiatric disability and that mainstream Job Network is not designed to take account of this unmet need.

One industry commentator said that people with 'minor' mental illnesses can not get someone to case manage them because services are under resourced. In some areas 'you can't get through the door unless you're psychotic or suicidal'. There are waiting lists for many services. It is four to five months for the Individual Supported Jobs (ISJ) Program. PEP have 70 people on their waiting list to attend their program in Gosford and the state government is considering closing the rehabilitation centre which will put more pressure on PEP. According to Westworks, there are an estimated 2000 people in the Wentworth area who are in need of supported employment services and Westworks can cater for ten only. The Area Health is working towards doing more intervention work and stopping the fire engine approach, but much more needs to be done.

One agency said this under-resourcing is a relatively recent change but it has meant that case managers are now only seeing people in crisis situations, as this is all their resources will allow for. This means that anyone who is not in a crisis situation has to 'self-manage'.

The lack of funding in health means that clients who have been discharged from hospital will receive six weeks of follow up. After this they are on their own. According to a Centrelink officer there are not enough specialist mental health employment services to deal with the need.

Not enough jobs

The other side of the equation is jobs. Some agencies said there are not enough jobs available for people wanting supported employment. Consumers say that there is not enough suitable, worthwhile work around in the open market. They also say there are not enough employers that don't 'treat you like an idiot just because you've got a mental illness'. They say it is also important to have employment that can accommodate time off when they have an episode or are not coping. They also want more part time work options, saying that some people want to work ten hours per week and some 30 hours per week. They want more options to job share so that if one job share partner can not go to work, the other partner can cover for them.

Consumers also raised the issue of education for employers to help them understand about mental illness with the hope of less discrimination. They say that the atmosphere of a workplace is very important, that is, a culture of understanding amongst all the employees. Someone suggested the idea of

having a range of small businesses throughout Sydney that people with mental illnesses know that they can go to and feel comfortable with. While saying this, there was a feeling that consumers do not want to be categorised and treated with 'kid gloves'. They want understanding but they want to be treated just like anybody else.

One service provider said that once clients do have a job, it is sometimes difficult for agencies to support them while they are there, as their health case managers do not always inform employment agencies when their client is in hospital or having another episode. This means the agency cannot intervene for the client with the employer and the client is in danger of losing their job for just not turning up. There needs to be more communication between the parties.

NESB people

'Research indicates that NESB people in NSW under-utilise a range of different mental health services'. 'Often they are unaware of the various services that are available or what to expect from mental health service providers'.¹⁶

Many NESB people come from a culture that is not used to the idea of welfare. Some people are nervous about using translating services, as they don't know who is on the end of the phone and whether they may know someone in common. For a lot of NESB people a huge stigma is attached to psychiatric illness and their families tend to hide them away. More education is needed for these families.

According to one service that is currently trialing case-based funding, because case-based funding is so bureaucratic, NESB people may be at a disadvantage under this system.

Because workers who speak languages other than English tend to attract clients who speak the same language, more NESB workers are needed in the industry.

The other issue for NESB people is that if they can't speak English they are not job ready. But people with a psychiatric illness may not be able to access English classes because of a lack of information about their whereabouts; their anxiety about being in a classroom situation or their inability to sit through the time the class takes. There is a role for specialist agencies to either assist people learn English or access classes for them.

A Centrelink officer said there was nowhere to send NESB people if they haven't got English skills. It is possible to get an interpreter but this is not going to help the customer, as there are no services that they can access. It is possible to send them to English classes but sometimes these are too difficult for them to learn. Without English there are a limited number of jobs available so they either end up in sheltered workshops or their family looks after them.

¹⁶The Transcultural Mental Health Centre Brochure

One service provider said that although they have an interpreter at the first interview if they have a NESB client, they cannot afford to provide interpreters or provide special services after the initial assessment, this will be exacerbated with the introduction of case-based funding. They refer NESB people to the Transcultural Mental Health Centre in North Parramatta but they don't provide an employment service. Their role is to educate, conduct research, be a consumer advocate and do a limited amount of clinical work. Employment agencies can access their assistance to help with an assessment of a NESB client. They Transcultural Mental Health Centre do 120 in-services per year for agencies and would spend on average six hours with each client.

Less extreme mental illnesses

Clients with less extreme mental illnesses such as anxiety or panic attacks may also have unmet needs. These clients may not have disclosed their mental illness because of the fear of being stigmatised. In the past they may have been able to obtain Intensive Assistance from Job Network at PEP for example. Once they felt comfortable and developed a trusting relationship with the case manager, they may have been happy to be re-classified for a disability employment service. This was easy to do with limited disruption to the client as the service was provided by the same agency. These people will no longer get this option as they tend not to score over 50, so they will be screened to a generic Job Network service and will cope as best they can, finding it difficult to do ten job applications a fortnight.

Multiple disability

There is a significant population of people with a multiple disability, for example psychiatric and intellectual disability or psychiatric and Attention Deficit Disorder (ADD). Deaf people have three times more likelihood of having a mental illness. Co-morbidity (more than 1 thing impacting on health and well being) makes job seekers more difficult to employ. There are a few joint disability employment services such as Nova Employment but most services are not able to deal with dual diagnosis.

High skills base

There is a particular problem with disclosure for people with a high skills base. Agencies say that part of attracting these clients to the service is to offer to help them work in their specific area. Most FaCS funded services do not cater to people with a high skills base. The danger for a job seeker with a high skills base, of disclosing that they have a psychiatric disability, to a Job Network provider is that they will be asked to take any job they are given. This may not appeal to them. Services need to be based on individual's needs. Telstra believes there is less evidence of people with higher skills getting jobs. This may be because it is harder to place people, it may take more time, there may be less experience in mental health services with these consumers or it may be more

difficult for a service to 'sell' a person to an employer. It may also be that people with a high skills base are less likely to disclose their illness for fear of not being able to get a job.

Young people

The longer someone has lived with their condition, the easier it is generally to adapt to their position. Young people who have their first psychotic episode at a time when they are choosing a career and making goals, find it difficult to adjust and decide what they want and what to do. NOVA Employment who cater for people who have various different disabilities, say they have waiting lists in some areas, particularly for services needed by young people. They say 'the quicker they can get to them the better - before they are harmed by the selection process' of job hunting. They have recently established a school speaking program about their services.

Older people

By the time a person with a mental illness is in their mid forties their chances of getting a job are almost impossible. Agencies are much more likely to attempt to place a young person in employment. After a consumer is forty years old there is a view that there is not much point in rehabilitating them as there will be no work anyway. A number of people with mental illnesses are cut out of work because of their age but they are too young to attend old age services like Activity Centres. One academic that was interviewed told a story about a man who was given redundancy at the age of 48. He worked in a specialist area and there was not much chance of him getting another job. Because he has been out of work now for a significant period of time, his mental health is deteriorating. While he had a regular job it was under control.

Needs related to gaining employment

Consumers say pre-employment stages need to be improved, that is people need to be given skills and confidence so they are prepared for a job and feel equal in the workplace. This would include communication skills, improved self esteem and presentation skills such as what to wear and what to say. All of this is essential before they are ready to start looking for a job.

They also believe there should be more liaisons with consumer groups about what they think, by government, academics and services.

Accommodation for people with psychiatric disability is a huge unmet need in the community. A number of people need supported accommodation, they can not be on their own. An industry view expressed was that 'the Richmond Report has not worked and has left enormous holes'. If people do not have adequate or appropriate accommodation, this exacerbates employment problems.

There needs to be more support for carers of people with mental illnesses. They need other families they can talk to.

Specialist mental health employment services in Job Network

The current situation

After the last round of Job Network funding, there is no longer any specialist employment services for mental health consumers in NSW. There is however specialist employment services for every other disability. Five specialist employment services in the Sydney area, for people with a mental illness, lost their funding. One of these was Real Jobs. Like the others, they were very successful in placing people. They were a four and a half-star agency (the highest rating in the area) and financially viable. They had to close the doors of a service that had a caseload of 200 clients, most of who were people with a psychiatric disability. Michael Longhurst's view from Real Jobs is that the big church groups were disenfranchised and Tony Abbott wanted to go back to pastoral care models and the small agencies were the casualties. He does not think it was a deliberate de-funding of psychiatric services. The government told him that Real Jobs were to be de-funded because they were not located in multiple sites.

At the mental health rally in Manly on the 25 February 2000, Tony Abbott, Federal Minister for Employment Services, said that he wanted an 'open market' and a 'level playing field' when it comes to employment services. He said that to change this he needed evidence that Job Network 2 is not working for people with mental illnesses. He said he was prepared to 'keep tabs on the situation' but in the meantime he was going to 'give the other mob a go'. In a letter sent to PEP on 29 March 2000 his Department reiterated his sentiments saying 'The Department will closely monitor the situation for job seekers with mental health problems in the Sydney region'.¹⁷

Rob Ramjam from the Schizophrenia Fellowship is positive about the review that Tony Abbott claims he will do on the effectiveness of generic services in dealing with people with a psychiatric illness to be done in June 2000. He believes that if client servicing for this group is proven to be a problem, there may be a specialist stream of funding made available for organisations to tender for. Tony Abbott did the same with Aboriginal people and within Job Network there is now a stream of funding specifically for Aboriginal people.

At the Rally Mr Abbott suggested that specialist services might examine the idea of becoming sub-contractors to generalist services and this was one of the issues explored with some Job Network case managers in telephone interviews.

Survey of Job Network providers

¹⁷ Letter written by Marian Pettit, Director, Referral Support Section Services and Strategies Branch, DEWSRB, 29th March 2000

As part of this research, telephone interviews were done with three different Job Network providers in six different locations. All of these agencies provide Intensive Assistance. The aim was to gain an understanding of the extent to which these organisations are working with people with a psychiatric disability, the success they are having finding them work, whether they have the expertise they need, and whether they would be interested in sub-contracting to groups who do have specialist expertise. The answers are summarised in the table below.

Questions	Wesley Mission	Salvation Army	MTC Solutions/ Futures	W
Do any of your clients have a mental illness?	Gary: No, Centrelink refer them elsewhere. Sometimes they may slip through because they didn't answer the question correctly. Simon: 5-10% of caseloads.	Marina: From time to time we get people with a mental illness. In the past we have had a few but we wouldn't know, as people don't disclose. Centrelink assessment tools would ensure they would normally be allocated to specialist services. Colleen: A small percentage of case loads - 10% maybe.	Victoria: Yes, we around 10-20 a ye The Centre system does allow for appropriate classification and find out about mental illness wh we get them on books. Robyn: No	
What do you do with clients who have got a mental illness?	Gary: We are not equipped to handle people with a mental illness. We would refer the client to a counselling service or refer them back to Centrelink for a Special Needs Assessment (SNA) Simon: Sometimes the doctor has filled in a form to say they don't have to look for work for 1-2 months.	Marina: We would refer them to a state government funded organisation like CARE if there was a problem and we would do a co-managing situation. I have had 2 clients with a mental illness. One got a short-term job, which is all her illness would allow for. I then lost track of her. Another went on to disability pension. Colleen: When consultants get a difficult person to place, they provide a support service rather than a full on search service. Many are not job ready	Victoria: We are funded to c assistance. would refer them counselling v might come back us and say they not job ready. would then re them back Centrelink who wo put them on pension or provid medical certifica Our contract doe give us time to do ready work with client. Sometimes put them in	

		because of medication or their life circumstances. Sometimes they become inactive clients. One was sent back to Centrelink for re-assessment because they were not ready for work. Sometimes we get them ready for work if it's achievable but if they can't function in everyday life they'll struggle keeping a job.	search training for weeks and then help them find a job. Robyn: Don't know what we would do if we had someone with a mental illness as we've never had anyone before. Maybe some might go to a specialist service.
Does it take longer to place people with a mental illness and is it more likely they won't stay in the job?	Gary: not applicable Simon: They are the same as the general population of clients in terms of how quickly work can be found. It depends on the person's skills, experience and motivation. But generally Job Network is not geared towards the amount of support needed for job readiness that a person with a mental illness might need before looking for work.	Marina: Depends on any other barriers the person has got and on the job they are going for. Colleen: It takes longer to find work for some. Some we can never help and then we try to get the right agency to refer them to. I took one guy off our books and got him onto the NOVA books. It is harder to place people with a mental illness. Some get placed but then it falls through and they get another job. They have a low retention rate. I have assisted some and it has worked to their advantage being in a generalist service as there wasn't focus on every little thing that's wrong with them. They weren't held back from opportunities. This is unusual though, most need more support than the organisation can offer, I wouldn't want to see more than the 10% of people we now get	Victoria: For the time that Centrelink sends them back to us, we would put more time in helping them find work. I am new but on my last job I had a 68-72% placement rate overall. If it is a good job match, the person does not have a problem staying in work. Some people with mental illness require more time than others don't which is the same for all clients. Robyn: not applicable
Does the organisation have	Gary: Not applicable Simon: I am a	Marina: I have psych training so am well aware of	Victoria: I don't think so but I just started

<p>the skills and experience to deal with people with a mental illness?</p>	<p>psychologist and another one of the consultants in the office is also a psychologist. This would be unusual. I don't think the other offices would be as skilled as mine would but we are available to assist the other offices if necessary. There is a facility where a person can be referred to a more specialised service if they're on Disability Pension but it would be unusual for us to see anyone on a Disability Pension</p>	<p>the episodic problem of the disability. Most of our offices have occupational psychologists on staff or an experienced staff member who would know how to deal with clients with a mental illness. Colleen: We are not doctors. We don't know anything about medication. We are not designed to meet the needs of mental health problems. Although we embrace it as part of our role, it depends on the individual consultant and whether they do the best thing by the client. We encourage them to do this.</p>	<p>Robyn: We don't any so I don't know</p>
<p>Would the organisation be interested in subcontracting work or clients to specialist organisations?</p>	<p>Gary: Personally I don't have a problem with this and in fact it would be a benefit to me but it would be up to the organisation as a whole. Simon: This might be useful but the need for it would be very fluctuating, for example, I haven't had many people with mental illnesses in the last 3 months.</p>	<p>Marina: This might be a good idea. It would depend on the terms of the funding contract. Colleen: It is a good idea. There needs to be more support out there. The ones we can't help are the ones who need a lot of supervision. The Area-Manager would make this decision.</p>	<p>Victoria: It would be useful to subcontract to someone with experience and someone that knows more than I would. Robyn: Not sure would have to discuss with the manager.</p>

The following summarises the response from this small survey.

Of the six Job Network case managers contacted, two have not case managed people with mental illnesses and three said five to ten percent of their case loads are clients with mental illnesses.

All six case managers said they were not equipped to deal with people with a mental illness and they would refer the client onto somewhere else - counselling, back to Centrelink for re-assessment, a doctor or specialist organisations (CARE was mentioned). One said they would provide a 'support service rather than a full on search service' as they are often not job ready. These people become inactive clients.

There was a mixed response to whether it takes longer finding work for people with mental illnesses. For two case managers it was not applicable (as they had not worked with this client group); another said no, they were the same as other client groups; one said yes, it was more difficult and this group tended to have a low retention rate; and two said it depends on the persons skills and motivation and the other barriers they have.

When asked about their skills and experience in dealing with clients with mental illnesses, again, there was a mixed response. For two it is not applicable, two others said they did not have the skills and the final two said they were psych trained and had experience working with this client group.

Finally, the question about subcontracting was received very positively by all the case managers. They thought it would be useful to have a specialist organisation with experience to deal with clients who have mental illnesses that they could refer people on to if necessary. Most of them were careful to say that this would not be their decision, that it was something that management would decide. Two problems were noted - one, the funding contract may not allow for it and two, the need for it would be very fluctuating.

When the second round of funding was announced for Job Network, CARE sent out a letter and some information about themselves to all the Job Network providers in their area who do Intensive Assistance. They wrote that they are available to help with finding work for people with mental illnesses if the Job Network provider needed assistance. Although none of the services have yet taken up their offer, Wesley Mission Employment, a Job Network provider approached CARE about training their staff on dealing with people with mental illnesses.

Job Network funding

The way the funding is allocated for Job Network Intensive Assistance is not dissimilar to case-based funding for FaCS services.

Upfront service fee

3.1	\$1,500
3.2	\$2,250
3.3	\$3,000

Interim outcome fee (after 13 weeks of employment)

3.1	\$1,500
-----	---------

3.2	\$2,250
3.3	\$3,200
Final outcome fee (after 26 weeks of employment)	
3.1	\$1,200
3.2	\$2,200
3.3	\$3,000

David Abelo from ACTIVE and the Social Policy Research Centre (SPRC) said it is hard to generalise about whether specialist services are better placed than generic ones to find work for people with a mental illness. He noted that specialist agencies are all different in their philosophies, priorities and ways of operating, as well as in where they get their funds. He believes a specialist service is good if it is operated well.

There was a report completed in May 1999 by the Auditor General which was highly critical of Job Network because of their lack of accountability and poor record keeping record. There has also been a recent evaluation report of Job Network done by DEWSRB, which focuses mainly on employers. There have also been a number of evaluations of Job Network staff completed by Mark Lyons, UTS, Michael Dockery in WA and Deacon University. The SPRC is currently conducting research on the Job Network provider, Job Futures. They interviewed 106 job seekers in focus groups in NSW and Victoria in 1999. They are also interviewing Job Network staff and managers, and employers. Most job seekers are very pleased with the assistance they received from Job Futures unlike Employment National was not well received by job seekers. Only four out of the 106 job seekers that were interviewed had a mental illness so it is difficult to generalise about outcomes for this group, although all four raised the problem of the episodic nature of their illness when it comes to keeping a job. David Abelo says that although DEWSRB have not included it in their published report on Job Network, they have the data on outcomes of the program. He suggested contacting Catherine Fletcher in the Performance Monitoring and Evaluation section of DEWSRB to obtain this information.

The responses that follow under disadvantages and advantages are from the mental health industry, including consumers. One service provider said there should be a variety of services so people have the choice to go to whatever suits them the most.

Disadvantages of specialist services

Associated stigma

There is a stigma associated with specialist services, although the customer gets the choice of whether to go there or not. Specialist services can tend to 'ghettoise' clients, that is, there is a danger of socialising people as – job seekers with a mental illness - and reinforcing an identity that the clients may not want.

Operation and staff

Specialist services are more expensive to operate. Staff tend to get burnt out quickly. In some services staff get additional holidays and are required to attend a counselling service. Because staff tend to see people with similar problems, they may begin to do things in a repetitive and formulaic way, which detracts from seeing people as individuals.

Specialist services may meet clients needs better but they are finite services, that is, they only go 'so' far in assisting people.

Advantages of specialist services

Opportunities for client development

Clients get a chance to 'stretch their limits' which is not available in generic services. The focus is on the person coming to an understanding of what they want themselves. The aim is to empower the client to say how, when, where and what they want from the specialist service. A specialist service will not assume people do not have skills just because they have a mental illness. Whereas in generic services or in services that deal with other disabilities such as intellectual disabilities consumers are more likely to be considered unskilled or unable to use their skills because of their disability.

Targeted expertise, understanding and values

Generic job network providers are not likely to have the background, knowledge, skills and experience to meet the needs of people with a disability. It is impossible to have a generic service that has the skills and knowledge to deal with every type of disability. 'They don't understand it'. 'People don't get help, they just become a 'no' and get lost in the system. The expertise of Job Network generic providers depends very much on the case managers. They may or may not be experts in psychiatric illnesses.

Two people interviewed for this study that are currently working in specialist employment services had personal experience working for a Job Network provider. One person's view was that generic providers don't deal with clients with a psychiatric disability well. They might find them a job but 'if the client stuffs up because of an episode' and loses the job, the Job Network provider decides they can not trust them because they don't understand psychiatric illness. They are not trained to deal with it. They make the same mistake Centrelink does with their assessment tools - they apply a static assessment to someone whose condition makes it impossible to do this. His view is that generic Job Network providers do not have the values or the skills to deal with psychiatric illness.

Specialist services have skills and experience to come up with ideas and strategies because they have encountered the same problems before - everyone they see has something in common. They also have the experience to deal with episodes and crises that occur. Clients like to know that psychiatric disability is all

the agency deals with as they believe their issues will be understood. Having a case manager that understands psychiatric issues is a great benefit particularly for young people.

A Centrelink officer says that she uses specialist services more than generic services and that there are just not enough of them. One reason she prefers to do this is because if she goes through Job Network providers sometimes 'nothing gets done'. She says people with mental illnesses need more one to one attention and the other beneficial aspect is that the specialist agency supports them when they get a job.

Specialist services may be more likely to be flexible in how they provide support for clients. This sometimes occurs over the phone, the internet or in a pub. It may be required three times a week or once a month. Different people require different levels at different times.

Disability specific services give appropriate service. It's only this that will lead to an outcome. An inappropriate service does not lead to an outcome. 'Clients don't need a whip, but TLC and understanding'

Consumers comments

Some consumers said that all employment agencies should be able to deal with mental illness but others said that this is not a good idea as they would end up with a case manager that may not know anything about mental illness. They believed that not only knowing about the illness itself was important but also knowing about discrimination issues in relation to disability was vital. The general consensus amongst the consumers was that a specialised part within a generalist agency would be the best option. This way they would receive expertise without the stigma attached to attending an agency just for people with a mental illness.

The consumers believe that whether the agency is generic or specialist, it needs to be able to cope with sporadic work patterns as many people with mental illnesses are in and out of work because of the nature of their disability. Some consumers also said that agencies should have a clinician attached to them or someone that is employed to hold a clinical consultation with the client's case manager. This professional would then be able to gauge when the client is more likely to 'go off', that is, the time of the year or under what circumstance etc. This clinician should do an assessment in the agency about how much stress the client is able to cope with and what their abilities are.

Generic services that have a specialist unit

PEP's experience of having a specialist service attached to a generic service was that they would get clients that did not disclose they had a mental illness through their generic Job Network service and once these people felt comfortable with staff they would disclose that they had a mental illness. As PEP also had a

specialist service, these clients could be re-classified by Centrelink for a disability service and therefore get more intensive assistance without undue disruption of having to go to another agency.

AT MHCC's AGM 2000, the importance of the specialist model was re-emphasised. Consumers strongly advocated for the continued availability of specialist services given that so few generalist providers were concerned about the issues of psychiatric disability, nor understood or were sensitive to the needs of people living with a mental illness.

Job Network's way of working

Outcome based funding is too difficult a way to work with people who have mental illnesses as one year is too short a period to get some people ready to enter the workforce. Sometimes people 'bomb out at least five times before they get a job that suits them'. The people who will miss out are those with less extreme mental illnesses such as anxiety or depression.

There is a better success rate for the person with mental illness if they go to a specialist agency. Generic services tend to put people they consider too hard to place at the bottom of their lists particularly as they have often got huge case loads. The sooner they find a job for someone the sooner they can get paid. When it is outcome focussed, 'the cream of the crop (high functioning clients) are worked with and get jobs'. Clients that will take longer to service get "parked" ("creamed and parked")

The case loads that Job Network managers have in generic services surpasses by far the caseloads that specialist organisations have. It is not unusual for case managers in generic services to have 150 clients they are assisting. Each case manager at CARE has 20 to 25 clients on their books with no more than 10 active job seekers. Seventy percent of their clients require high assistance and 30% moderate assistance.

One of the ex-Job Network workers said she used to have 120 people on her caseload. (When PEP had Job Network funding for Intensive Assistance they dealt with 50-70 clients per case manager.) She did not have time to provide the sort of assistance needed to help someone with depression She said they would tend to be left because of a lack of time. She said she was under pressure to get placements of 45%. If the person had very good work skills before the mental illness they might get more attention. If they were looking for a job requiring low skills and low stress, this was much harder to find and they typically would not get the help that they needed. She said that if a client did not have any skills, the organisation would try and help them gain some but it was very difficult to improve their confidence and get them job ready so they could stay in a job at least 8 hours a week.

Commercial realities mean services will weigh up the cost/benefits of action and inaction on behalf of the client and decide whether it is worth doing more. They must get value for money to ensure they can continue to operate. There is a view amongst FaCS funded services that if they refer a client to a Job Network provider the Job Network provider will inevitably consider the client too difficult to place and will not put them up for jobs. Alternatively, they will be offered jobs that are underneath their skill level. Services expressed concern that the work that is provided by Job Network is whatever job is on offer, rather than a job that is part of the client's rehabilitation. This may be a good outcome for the government but not for the individual.

One of the difficulties with Job Network funding is that the service is not available to assist clients for a long period after they get a job. People with mental illness may need advocacy and support once they are in the workforce. For some people finding a job is not that difficult (particularly if they have qualifications), keeping it is often the hard part. People with mood disorders in particular, can begin to get panicky once a new job starts.

Real Jobs, who were funded as a Job Network provider in the previous round believe that there should be mandatory standards that every agency should meet to ensure a quality program. These should cover staff skills, recruitment and operations. Job Network at the outset had to go through an accreditation process that has since been done away with. Real Jobs say that the monitoring of Job Network was 'lacklustre' and there was no demand for a quality service. There was no requirement for a skill mix strategy, no standards and no framework. The monitoring process consisted of simply examining the files.

Job Futures Ltd

The de-funding of all the mental health specialist employment agencies for Job Network funding appears to be because of their size and lack of multiple sites. It is for this reason that Job Futures was contacted to establish whether it might be expedient for specialist employment agencies to become members of Job Futures before the next round of Job Network funding, and apply for funds under its banner.

Job Futures Ltd is a large not-for-profit co-operative franchise employment services group. It is made up of 47 community and local government employment services in 160 sites across Australia. The members own the name and the entity. Membership of the company is conditional upon the payment of a fixed term (5 years) no-interest loan of up to \$20,000 per member. Although the terms of payment of this loan are negotiable, the amount is fixed equally for all members. Members who do not secure a DEWSRB Job Network contract are repaid the loan as soon as possible less a proportion to cover establishment costs. In addition a charge of up to 5% of gross income generated from company initiated and managed activities is levied monthly. Surpluses are used to improve services to members.

The company operates as a national licensing scheme. It applies for funds and then divides the funding up amongst the members depending on their area and speciality. The main competitors of Job Futures are the Salvation Army and Mission.

It provides its member licensees with service systems, information, research, referral, marketing, accredited training and mutual support. Some of the benefits for members would include:

- national and regional marketing capacity;
- support staff able to assist with tendering, marketing, information technology and other aspects of running the organisation;
- access to an accredited quality operating system;
- group purchasing advantages;
- shared advertising and promotions;
- access to other members expertise and solutions to problems;
- but most importantly, because of increased size and therefore clout, more power to negotiate and advocate for clients and compete with large private and other non-profit agencies for funding.

Job Futures has members who specialise with job seekers who are hearing impaired, from a non-English speaking background, Aboriginal and youth and one member in Melbourne - JobCo who specialises in assisting clients with mental illnesses.

Two Job Futures members were interviewed to establish what they thought of the organisation. Judy Munns from YWCA said that the organisation became a member to have a better chance of getting funding in the second round of Job Network. The process was a good experience and they got their funding. Since then they have applied for CSP funding under the Job Futures banner and were not successful. Other benefits that they have found from membership include cost savings from leasing computers and competitive prices on software when they started their Job Network offices. Being a member of Job Futures means the YWCA has a responsibility to participate as it is definitely an organisation run by the members but because it is large it is impossible to please all the members all the time. Judy Munns said that it is a good time to join the organisation because it has grown and there are funds available to ensure it makes a substantial contribution to members. She would recommend joining but be prudent about what funding organisations pursue under Job Futures, and what to go it alone for.

The other organisation that was contacted was Job Co, the only Job Futures member that provides a specialist psychiatric employment service. It is located in Melbourne and they are part of the FaCS case-based funding trial for the disability employment service they offer. Sean Guy said the organisation did not get Job Network 1 funding so they decided to become a member of Job Futures to improve their chances of getting Job Network 2 funding. They did get the funding but not on the basis of being psychiatric specialists. They provide a

generalist service in the same way that PEP did in NSW. Since joining, they have pursued and won other tenders with Job Futures, for example a Return to Work grant but have been prudent about what they have applied for alone. They chose to go for a CSP grant alone and got it. Up to 30% of the clients that they see as part of Job Network are people with a mental illness. This is much higher than all the generic services that were contacted for this research. On balance Sean Guy believes that being a member of Job Futures has been good. There is a coming together of services prepared to share in Victoria that he thinks is 'terrific'. He believes the conferences every six months are a good idea to promote solidarity. He says Job Futures has had its problems and there are some Western Australian members who are particularly unhappy (those who did not get Job Network funding) but JobCo would not have got Job Network funding without Job Futures. He recommends joining and would encourage psychiatric employment agencies in particular to join. He believes the organisation needed a change and the new CEO will be good for the company.

Welfare Reform

In September 1999 the government stated its principles in addressing welfare reform. They included:

- Creating greater opportunities for people to increase self-reliance and capacity building, rather than merely providing a safety net and
- Providing choices and support for individuals and families with more tailored assistance that focuses on prevention and early intervention.

Jocelyn Newman stated that 'more needs to be done to help people improve their capacity so they can move off payments and into work more quickly.' She also said that 'rather than focussing on establishing what people can't do, we should look at what people can do. As part of this, we need to provide individually tailored assistance for rehabilitation and training and job placement, at an early stage - that is an active system. Those with the capacity to benefit from tailored assistance might be paid an alternative means of income support while they receive the benefits of early intervention. It is important to have a close look at disability payments in relation to other welfare payments to ensure that there are no unintended incentives built into disability income support.'¹⁸

In March 2000, the government's Interim Report of the Reference Group on Welfare Reform 'Participation Support for a More Equitable Society' was released outlining a new framework for a re-orientation of Australia's social welfare system. The report is impressive in its vision. It expresses a number of new directions for social welfare for example it's emphasise on social contribution as well as economic participation. The term 'social contribution' means providing care for young children and people with disabilities as well as undertaking voluntary work. It refers to social participation combating the stigmatisation of income support recipients who are unable to obtain paid work.

The document talks of Centrelink officers as being One to One Service Officers who will be available to those that register with Centrelink to be part of the Participation Support System. Anyone requiring income support will be required to register. The Centrelink One to One Officer would discuss short and long term plans, link the client to community support, training, volunteer opportunities and employment agencies. A Participation Payment would be provided instead of a Disability Pension or Newstart Allowance as well as payment for course fees, concessional pharmaceuticals and other one off expenses that would assist the client to participate in their community through making an economic or social contribution.¹⁹

¹⁸The Future of Welfare in the 21st century 29 Sept 1999 National Press Club Canberra, Senator Jocelyn Newman, Minister for Family and Community Services

¹⁹The Federal governments Interim Report of the Reference Group on Welfare Reform 'Participation Support for a More Equitable Society', March 2000

One of the Centrelink officers interviewed believes it is a positive document because it focuses on abilities rather than disabilities. In the past people were put on the disability pension and that is where they stayed. There are some potential consumers of mental health services who, because they have been on the pension so long have not kept up with services and agencies that may be able to help them get employment.

Centrelink say they are currently providing the sorts of services outlined in the document on a small scale through Workability, that is, focussing on clients abilities rather than disabilities. Customers of Centrelink have been surprised by the attention they are getting. One of the Centrelink Officers said that clients say 'wow, I've been at home for three years and now you're offering me work.'

The document addresses income support and the amount of time Centrelink focuses on this but Centrelink say they have decreased this already in recent years. Currently they are running at 60% income support and 40% other support. 'Other' includes giving out information on how to prepare for work, linking people up to agencies, helping with faxing and computers and providing information about Olympic Games jobs etc. The Welfare Reform agenda would like to see Centrelink reduce their activities to 10% income support only and increase the staff's other activities.

Some Centrelink staff say they do not have the resources to manage such a big increase in information giving and support to clients. Others say it is a matter of working smarter not harder, perhaps giving staff everything they need to do outside the office all at once so they do not have to come in and out of the office.

Some people are concerned about the notion of Welfare Reform and what it really means. Some consumers are worried because they have the impression that they will be made to work regardless of whether they feel they can or not. PEP believes that the environment of Welfare Reform is an environment where it is getting harder and harder to access disability services. They believe the difficulty accessing relevant services is affecting those with psychiatric disabilities in particular rather than those with intellectual or physical disabilities. Statistically mental health disabilities affects many more people in the Australian population but this group encompass the lowest level of service users. Meg Smith from the University of Western Sydney says that the proposed Welfare Reform 'assumes there are services out there to deal with issues and it feeds into stereotypes, for example young people (particularly young men) are worth rehabilitating but anyone else may have to go to the local rehab, or have children, or attend AA'. She believes that in lots of areas community services like support groups or AA groups simply don't exist, particularly in country areas.

Paul Cain has said that 'We are yet to find a good balance between policy and program development. Senator Newman's initiative provides the disability community the opportunity to once again debate and discuss how the

Commonwealth should design and implement income support and employment policy that will allow for the greatest incentive and support for people with disabilities to participate in our communities'.²⁰

²⁰Paul Cain, Two decades of reporting on the income support and employment needs of people with disabilities (undated and unpublished paper)

Summary of issues and proposals

1. General

It is confusing and unnecessary to have disability employment services funded through one government department and general employment services funded through another department. It is not in keeping with the government's Welfare Reform document that highlights the fact that currently

'Access to programs and services is based on eligibility criteria related to payment category rather than to individual need. Once in a particular program category it is difficult for a person to make a transition to another category due to rigid boundaries between programs, the disjointed nature of the overall structure and the lack of co-ordination between programs. Programs are administratively fragmented because a range of government departments and non-government agencies provides them. Communication between services and sharing of information is limited. Fragmentation and complexity results in uneven service provision: continuity of service is difficult and smooth transition from one service to another is hindered.'²¹

All employment services should be funded through the one government department and in keeping with the government's reform agenda 'service delivery should be seamless and tailored to individual need over the long term'.

2. Case-based funding

The industry is divided about the benefits of case-based funding. Many say it is a better way of providing funding and that it has the potential to ensure more accountability. Others say it is not an appropriate way to fund psychiatric disability employment programs. In fact the same arguments that were used for the disapproval of Job Network funding have been used with Case-based funding. These are primarily that the clients best interests are not served by encouraging the agency to find work quicker than they might otherwise, to ensure funding payments are not interrupted.

What is clear is that most agencies that are conducting the trial say that there are huge problems that need to be sorted out if Case-based funding is to be implemented throughout the industry. These include:

- the administrative issues, up-front infrastructure costs, administrative requirements and cash flow fluctuations;
- the need to ensure the job seeker is categorised correctly by Centrelink so the amount of funding that is provided to the agency is adequate to cover the cost of finding them work;
- the strict timeframes applied to finding work for the client;

²¹ Federal government's Interim Report of the Reference Group on Welfare Reform 'Participation Support for a More Equitable Society', March 2000

- the need for the funding to allow time for the agency to spend with clients once they get a job;
- the priority put on paid work at the expense of other types of social participation. This is not in keeping with the governments reform agenda; and
- the need to ensure there is accountability for the funds particularly as there may be a conflict of interest between finding a job quickly to ensure payment versus placing the client in the most appropriate setting,

The evaluation of the case-based funding trial needs to take these issues into account and provide solutions. It is likely that some form of case-based funding will be implemented given the government's emphasis on accountability and consumer-based payments. It is imperative that it does not hinder employment services ability to remain fair and equitable. Before it is implemented across the board, case-based funding must be proven to be an appropriate way to ensure all clients who need assistance receive it, including those who may take longer to place and those who continue to need assistance once they are in a job. There must also be a mechanism built into it to ensure standards, proper accountability and the likelihood that training and contingencies that will contribute to the client's employability are provided.

3. Centrelink's assessment Tools

In keeping with the government's reform agenda, profiling tools should be changed or discarded altogether.

'Profiling tools can help tailor assistance but current tools are designed to asses people's relative labour market disadvantage or capacity for work and are of limited use in assessing need for assistance. They are not individualised needs assessment instruments.'²²

The effectiveness of the tools is limited by the design and by the amount of information that people feel comfortable revealing. They are also a point in time measure and can miss indicators such as episodic illness. There needs to be a better process for identifying the assistance a person needs.

The term 'Disability Officer' and 'Disability Pension' should be replaced by a term that is less stigmatised. The Reform document highlights the use of a One-to One Centrelink service officer who would interview a client and assess their work capacity, perhaps assisted by a better designed tool. This person would be available to all clients, not just those with a disability. The officer's job would be to refer the client to the relevant agency or community service and then follow them up with regular interviews to assess their progress. The client would receive a 'Participation Payment' rather than a Disability Pension or Newstart Allowance.

4. Unmet needs

There are a number of unmet needs. These include:

²² Ibid.

- the need for more services to assist people with a mental illness to become job ready and obtain work;
- more jobs need to be made available for people with a mental illness;
- the needs of specific groups including NESB people, people with a less extreme mental illness, a multiple disability, a high skills base, young people and older people should be addressed more specifically as there is a gap in the services being provided to them;
- more assistance for consumers of services at the pre-employment stage to ensure they are job-ready and more likely to stay in employment.

There needs to be a comprehensive strategy devised to deal with all of these unmet needs.

5. Specialist Job Network providers

a. Establish what outcomes are acceptable and desired, for example is a person who works sporadically throughout the year, or someone who enrolls in a TAFE program an acceptable outcome for an employment program. According to the Welfare Reform document these outcomes are perfectly acceptable as long as they are leading to participation in the community at a level that the person can manage.

There needs to be data collected to establish the effectiveness of specialist services versus generalist services. There have been a number of reports written about Job Network's effectiveness. Data on the outcomes of Job Network may already be available through DEWSRB. This should be obtained, evaluated and compared with data from specialist services. In other words, how many people with a mental illness are going through Centrelink? What is the failure rate of Job Network, that is how many are going to Job Network and not getting a placement because they have a mental illness compared with how many did not get a placement who attended specialist services?

An analysis should be done on what money has been invested by the government and for what outcomes, that is, how much has the government spent and what have they got for their money.

b. If specialist services have superior outcomes then a strategy is needed to lobby for specialist Job Network services funding. A meeting should be organised with Minister Abbott to discuss:

- the first 6 months of Job Network 2 and what successes they have had placing people with mental illnesses,
- the findings from this report,
- the possibility of sub-contracting clients from Job Network providers and how this might work with funding and contracts, and possibly
- if there has been a decision to tender or appoint the next round of Job Network funding. Michael Longhurst from Real Jobs believes there has been a decision made to appoint rather than tender out Job Network services.

- what the chances of getting Job Network funding in the next round would be like if the specialist agencies applied as a block or as part of Job Futures.

c. Decisions should be made about whether to approach rotary to sponsor employment agencies and whether to approach a well-known person to be a patron to attract funding and raise the profile of the industry. Media attention should be attracted through using stories such as the PEP client who wrote a letter to Tony Abbot saying that PEP was her final stop on her way to suicide and that it saved her life.

d. A few of those interviewed suggested that services seek alternative sources of funding, for example there may be specific funding available for people with literacy and numeracy problems - transition funding.

e. Offering subcontracting arrangements to Job Network should be explored as it was a suggestion of Minister Abott, and may be a way to assist clients with a mental illness to get a more tailored service. There are difficulties with this option that were pointed out by some of the Job Network case managers that were contacted, for example who would hold the contract? Would the client be double dipping into government funding? Workways in Canberra have been approached by a Job Network agency and CRS to sub-contract clients but have declined as they believed there would be too many complications and existing government policy would not accommodate it. But Tweed River Valley Fellowship Inc (TRVF) has set a precedent. They have been sub-contracted by On-Q to service all On-Q's clients with mental illnesses as On-Q's expertise is in intellectual disabilities not psychiatric disabilities. TRVF is a Business Service that provides supported employment through mobile work crews for their clients.

f. Discussion should occur about the future and the options for tendering for Job Network 3. One option is to set up a consortium between the specialist employment agencies that want Job Network funding and tender for the funding together. A second option is to join Job Futures before the third round of funding is tendered. Both these options would increase the chances of getting funding. The two people interviewed whose organisations are members of Job Futures were thoughtful in their response about Job Futures and had some concerns about it, but they both believe it has been good for them and would encourage others to join. David Abelo who has been evaluating Job Futures believes they are an impressive organisation and would recommend becoming an associate member.

Contacts and resources

Personnel and organisations

Jenna Bateman, MHCC

Nic Bolto and PEP staff

Mental Health Rally where I listened to Tony Abbott and spoke to a number of people such as Claudio Silva from Cumberland Hospital, Brian Brooker from Hornsby Kuring gai Association and Georgina Philpott from Pioneer Clubhouse
Pioneer Clubhouse staff and attendance at a member's orientation morning

Anne Thorn, Macarthur Personnel

Ryde Community Mental Health Consumer Network monthly meeting - Paula Hanlon, Chairperson

Robyn Ellis Customer service co-ordinator and Jock Noble, CEO, Diversity At Work Shirley Douglas, State Manager, Disability Services Branch Dept, Family and Community Services

Paul Cain, APDC Peak for Non-Governments and National Caucus of Disability Consumer Organisations

Tony Colechin and Liz Newtown, Rehabilitation Leader, Ryde Community Mental Health Service

Robbie Sing CREATE team, Cornicopia

Ross Gilmore, Centrelink, DSO Disability Support Officer Gosford

Jenny Lyons, Hornsby Centrelink

Craig Unterrheiner, 121 Employment Disability Service Australia, Redfern

Amanda Barry, Workways, Canberra

Real Jobs, Michael Longhurst,

Judy Munns, YWCA

Sean Guy, JobCo Melbourne

Bruce Epthorp, CRS, Epping

Rob Ramjam, Schizophrenia Fellowship of NSW Inc

Dr Meg Smith, Uni Western Sydney

Leonie Mann, Disability Council,

David Abelo, Social Policy Research Centre, UNSW and ACTIVE President

Pam Branch, Westworks

Samantha Edmonds, CARE Employment

Jill Sears, Telstra Employee Relations

Cliff Hawkey, Tweed River Valley Fellowship

Judy Higgins and Steve Kincaid, New Horizons, Sheltered Employment

Terry Simmons, National Employment Centre

Kareena Saxon, Acting Manager, ACTIVE

Dave Clarke, CEO, VicServe

Mathew Ying, FACS

Denise Roberts, Nova Employment

Transcultural Mental Health

John Mandile, CHESS,

Riccardo, Keys Young

Susan Kable and Heather Pickering, CRS Australia, Service Development Team

Job Network providers.

Salvation Army, Marina Lomonaco, Bankstown and Colleen Savage, Campsie
Wesley Mission, Simon Henry, Hurstville and Gary Ingels, Bankstown
MTC Work Solutions/Job Futures, Victoria Spencer, Belmore and Robyn Hartley,
Lakemba

Internet

www.dewrsb.gov.au

www.dice.org.au - disability/employment/welfare/site.

www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/welfaresubmissions1.htm -

-all the submissions from various org. in response to welfare reform discussion paper

-disability services Census data

-evaluation of Centrelink services

-original report that tested Workability Tables (done when it was social security)

-disability industry reference report

-consultancy report from Disability Industry Reference Report

-national survey on client satisfaction of disability services

-case based funding trial regions

www.Centrelink.gov.au

Trieste mental health programs

www.jobfutures.org.au

Documents and books

Federal government's Welfare Reform document

Annual report on government services (performance measures)

Calendar of Mental Health Conferences.

Ryan R (1999) People with psychiatric disabilities and employment support services Consumer's Views (Draft report), Disability Council of Australia

Graffam J and Naccarella L, (1997) Disposition toward employment and perspectives on the employment process held by clients with psychiatric disabilities, Australian Disability Review 3/97 pp 3-15

Ryan R (1997) Social Networks and Employment, Australian Disability Review, 3/97 pp 16-28

Ryan R (1997) Employment and psychiatric disability: a review of the current literature, for the Disability Council of NSW (unpublished)

O'Mara J and Saltmarsh D (1995) Employment Support? What consumers have said they want, Paper presented at the WFMH/ANAMH Asia Pacific Regional Conference Hobart, 10-11 September 1998

Active Job Services (1995) Performance based funding: A framework for funding disability services - a response to the position paper (unpublished)

PIMES (Psychiatric Interagency meeting for employment services) (Undated)

Draft response to the 'performance based funding paper (unpublished)

Working Solution - Review of Commonwealth Disability Service Program (Paul Cain suggested getting it)

Anderson P and Golley L, Open Employment Services for People with Disabilities, Australian Institute Health and Welfare (AIHW), Canberra 1999 (In SPRC Library open till 5pm)

Disability Support Services Provided Under the Commonwealth/State Disability Agreement National Data, 1998, AIHW, Canberra

Madden R et al, The Demand for Disability Support Services in Australia - a study to inform the Commonwealth/State Disability Agreement evaluation, 1996, AIHW, Canberra

Bond GR et al, An Update on supported employment for people with severe mental illness, *Psychiatric Services*, 48 (3) 335-46 March

Solomon P and Draine J, (1998) Consumers as providers in psychiatric rehabilitation. *New Directions in Mental Health Services* (79) 65-77 Fall

Anthony WA et al, (1995) Relationships between psychiatric symptomology, work skills and future vocational performance, *Psychiatric Services* 46 (4) 353-8 April

Becker DR et al Job Terminations among persons with severe mental illness participating in supported employment, *Community Mental Health Journal* 34 (1) 71-82 Feb

Noble JH JR (1998) Policy Reform dilemmas in promoting employment of persons with severe mental illness, *Psychiatric Services* 49(6)775-81 June

Becker DR et al, (1996) Job preferences of clients with severe psychiatric disorders participating in supported employment programs, *Psychiatric Services* 47 (11) 1223-6 Nov

Meisler N and Williams O, (1998) Replicating effective supported employment models for adults with psychiatric disabilities, *Psychiatric Services* 49 (11) 1419-21 Nov

Jackson C, (1997) Pathway to employment, *Mental Health Care*, 1(1) 6-10 Sept

Baron RC and Granger B, (1997) Employment for people with psychiatric disabilities: knowledge dissemination utilisation experiences, *New Dir Mental Health Services*, (74) 67-77 1997 summer

Drake RE and Becker DR, (1996) The individual placement and support model of supported employment *Psychiatric Services* 47 (5) 473-5 May