‘A New System for Better Employment and Social Outcomes’

Submission to the Interim Report

WAAMH

Western Australian Association for Mental Health

Peak body representing the community-managed mental health sector in Western Australia

Western Association for Mental Health
Lotteries House, 2 Delhi Street, West Perth WA 6005

ABN: 15 165 640 637

T: (618) 9420 7277 F: (618) 9420 7280 E: reception@waamh.org.au W: www.waamh.org.au

Background

The Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing the community-managed mental health sector in WA. With around 150 organisational and individual members, our vision is to lead the way in supporting and promoting the human rights of people with mental illness and their families and carers, through the provision of inclusive, well-governed community-based services focused on recovery. WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery. Further information on WAAMH can be found at http://www.waamh.org.au

Simpler and sustainable income support system

Eligibility for Disability Support Pension (DSP)

WAAMH has a range of concerns, set out in this section of our submission, about the proposed new eligibility requirements, which would allow only people with a permanent disability and no work capacity to access the DSP.

Most people with psychosocial disability have support needs that fluctuate over weeks, months or their lifetime, often related to the episodic nature of their illness. It is not always possible to predict which people will require long-term supports and which will recover sufficiently to no longer require them.

It is well established that people can and do recover from mental health conditions[1]. International best practice and national policy in mental health integrates the recovery model, which can be understood as:

> "… a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning."[2]

Requiring a permanent mental illness for access to income support goes against the ethos of recovery. Consumers and their representative organisations in both the context of this review and the National Disability Insurance Scheme, have told WAAMH that requirements for permanency can make consumers feel they have to prove their disability within a deficits model. In our consultations, one consumer noted:

[1] 'A national framework for recovery-oriented mental health services: Policy and theory', 2013, Commonwealth of Australia
[2] W.A Anthony, 'Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s', Psychosocial Rehabilitation Journal, 1993, 16(4), 11–23

> "permanency … means recovery is counterproductive. It seems safer to make things worse for yourself and not recover because otherwise you won't get any help."

Eligibility for the DSP should not undermine the sense of hope that is a necessary part of a person's recovery journey.

The Reference Group's Interim Report rightly referred to the findings of the Henry Review, which concluded that 'predicting the employment prospects of people with disabilities is inherently difficult'.[3] WAAMH suggests this observation particularly applies to people with mental illness.

WAAMH also submits that the capacity of people with mental illness to work is significantly affected by the support they receive. Important supports for people with mental illness include employment supports as well as those supporting health, wellbeing and social inclusion. Permanency as a requirement for DSP eligibility risks entrenching or creating a class of income recipients who have been determined as never able to work, and may thereafter not be provided with the supports that could enable them to do so. This appears to go against the ethos of the review's Interim Report.

Problems with the notion of permanency and its applicability to mental health have recently been highlighted in the context of the National Disability Insurance Scheme (NDIS), which requires scheme participants to have a disability, which is permanent or likely to be permanent, however this is not defined. Mental health organisations and consumers have reported to the Mental Health Council of Australia that the concept is creating confusion for NDIS assessors and consumers.

WAAMH is concerned that the Interim Report does not define permanency, yet proposes it as a criterion for DSP eligibility. In national policy, there are various definitions of eligibility and further consideration of definitional issues is required. For eligibility for DSP to be fair and consistent, the Final Report will need to consider more carefully eligibility requirements for people with psychosocial disability.

The permanency issue also raises questions about assessment. Because the symptoms of mental illness are often (but not always) episodic, with functional impairment also varying, permanency and work capacity may be assessed very differently depending on when and how the assessment is made and who makes it. Assessment of work capacity and DSP eligibility must be consistent and fair for people with psychosocial disability.

The Interim Report proposes that people with some work capacity, and who do not have a permanent disability, would be transferred to a Working Age Payment, which presents both risks and opportunities for people with mental illness. WAAMH's

[3] Department of Social Services, 'A New System for Better Employment and Social Outcomes: Interim Report of the Reference Group on Welfare Reform to the Minister for Social Services', Australian Government, Canberra, 2014, p.47.

comments about this are provided in the Strengthening Individual and Family Capability section of this submission.

WAAMH welcomes the Interim Report's focus on strengths based approaches that identify and support people's abilities. However, some people with mental illness and associated disability, and their carers, will remain unable to work or engage in mutual obligation activities for the foreseeable future. These people need the secure safety net of income support which they must be able to rely on into the future. WAAMH suggests that further reassurance of this is provided in the Final Report.

Punitive approaches are inappropriate for people who need to withdraw from or reduce work, or who are unable to meet participation requirements, due to episodic illness or worsening health – a fast tracked pathway for return to payments must be in place.

Young People

There are just under 50,000 people aged under 35 who are receiving the DSP for psychosocial disability[4]. 2014-15 Budget measures about reassessment of some of these recipients, and compulsory participation requirements, are concerning particularly as few details are available.

Tightening eligibility for the DSP could disproportionately affect young people with mental health issues. Young people may be less likely to be assessed as having a permanent impairment and no work capacity, and as a result may no longer be eligible to access this pension.

Restricted eligibility, coupled with 2014-15 Budget measures restricting access to Newstart for six months of the year, may compound the issues for young people with mental health issues and result in extreme disadvantage.

Young people with mental health issues can have difficulty in accessing or staying in work and training. They may also have complex family situations including estrangement due to their mental illness, and as a result may have no familial or community supports to act as a safety net during periods of no access to income support.

The relationship between the Budget announcements and this aspect of the Interim Report appears unclear, and would benefit from clarification in the Final Report.

Recommendations:

- **People who have no current capacity to work should not have to have a 'permanent' disability to qualify for the DSP.**
- **The income support system must provide a secure safety net for people with periodic mental illness, and associated psychosocial disability.**

[4] Mental Health Council of Australia, 2014, Key Issues Brief: Mental Illness and the Income Support System https://mhca.org.au/fact-sheets/mental-illness-and-income-support-system-key-issues-brief

- **Assessment of work capacity and disability must be consistent and fair for people with psychosocial disability, and carried out in ways that are consistent with contemporary understandings of the needs of people with mental illness.**
- **Young people with psychosocial disability and those who experience mental illness or mental distress should be exempt from the six month no access to Newstart payments announced in the 2014-15 Budget.**

Changes to the Carers Payment

The Interim Report proposes abolishing the Carers Payment, and highlights increases to the number of people receiving the Carer Payment. Given the Review's focus on affordability and sustainability of the income support system into the future, focus on reducing welfare costs, WAAMH is concerned about the possible abolishment of the Carers Payment and the impact this may have on carers.

WAAMH is also concerned that the changes to DSP eligibility proposed in the report will have a flow on effect on carers' eligibility for carer income support. Whether this might occur is unclear from the Interim Report, and clarifying this issue in the Final Report may assist in addressing carers' concerns.

The Interim Report reference the NDIS, which takes account of the availability of natural or family supports when determining plans and individual funding. In WAAMH's view it is too early to say whether the NDIS will free up sufficient capacity for carers to undertake employment or mutual obligation activities. In Western Australia some carers report that the Individualised Community Living Strategy has in fact increased time spent caring, as the person they care for needs transport to, and support to participate in, community inclusion activities[5]. The NDIS and the income support system have different aims. The existence of one should not be used to justify cuts to another.

WAAMH supports statements by Carers Australia[6] that carers should be able to undertake modest paid employment or training without losing their Carer Payment in order to stay skilled and maintain employment, and that carers would benefit from supports to assist them to re-enter the workforce when their caring role permits this.

However, it is also true that the vital role of carers, including their social and economic contribution, requires greater recognition and support in Australian society. Many carers of people with mental illness and associated psychosocial disability have a full time caring role and will be unable to work or engage in mutual obligation activities for the foreseeable future and security of income support is a key concern for carers and their representative organisations.

[5] Carers Issues Network meeting, 1 July 2014, convened by Carers WA
[6] Carers Australia, 29 July 2013, Media Release 'Government's new employment assistance models needs to take into account the impact of caring' http://www.carersaustralia.com.au/storage/20140729_Dep%20of%20Employment%20plans%20for%20job%20seekers.pdf and http://www.carersaustralia.com.au/storage/30062014_McClure%20Welfare%20review%20-%20a%20mixed%20bag%20for%20carers.pdf

The Interim Report does acknowledge the limited availability of carers to undertake work and mutual obligation activities; however, WAAMH suggests that the Final Report would benefit from providing additional reassurance that in such cases, carers will be able to rely on their needs being met into the future.

WAAMH provides further input regarding carers in the section 'Strengthening individual and family capability'.

Recommendations:

- **The Final Report must provide reassurance that carers' role is valued, and that their income support needs into the future will be adequately provided for in the welfare system.**
- **The Final Report must clarify arrangements for carers if the person they care for is no longer eligible for the DSP.**

Fair rate structure and payment adjustments

Income support is a practical expression of the State's obligation to provide for those who are unable to provide for themselves or their dependants. The key principle for the provision of income support should be to meet people's daily living costs. Income support also helps mitigate the link between poverty and mental ill-health.

Recent budget decisions and the Welfare Review have created a deal of anxiety among income support recipients with mental illness and carers. Reassurance that basic needs will be met is required.

Mental health consumers, carers and their representative organisations have told WAAMH they find it extremely difficult to meet basic costs of living on the DSP. It is especially difficult to meet additional costs associated with living with mental illness and psychosocial disability. These include gap payments for sessions with clinical mental health professionals, medications, and regular in-home support. In our consultations one consumer explained to WAAMH that the income difference between the DSP and Newstart enables her to afford the counselling that is improving her functional capacity.

WAAMH is concerned that different tiers may mean lower payments for people not deemed to have a permanent disability, or with partial work capacity. This may disproportionately disadvantage people with psychosocial disability due to the episodic nature of mental illness.

WAAMH is concerned about any reduction in the values of payments in real terms. It is unclear from the Interim Report whether a shift to the Working Age Payment would result in a lower payment rate. If this were the case, people with psychosocial disability and carers would be even less able to afford basic living costs and mental health supports.

Recommendations:

- **The key principle for the provision of income support should be the provision of adequate payments, based on financial need, which meet people's daily living costs.**
- **No group should be worse off as a result of reform.**
- **Income support must enable people with psychosocial disability to meet the costs of reasonable support and treatment that they need to stay well or recover. These costs may not reduce once a person gains employment.**
- **Payments should not reduce the closer a person with a disability or caring responsibility comes to securing paid employment.**
- **Rates should be indexed against the higher of average earnings and CPI and set no lower than the poverty line.**
- **Supplements should cover the costs of participation requirements, as well as returning to work until any additional income covers these costs.**
- **Supplements should meet additional major non-discretionary costs including housing rents.**

Strengthening individual and family capability

> "Improving mental health is an invest-to-save issue. Tackling the causes rather than the symptoms; preventing mental illness and suicide in the first place; promoting good mental health for everyone; and timely support when things start to get tough, is the best economic and social renewal strategy that we can invest in." Professor Alan Fels, Chair, National Mental Health Commission.

WAAMH supports the early intervention intent in this section of the Interim Report, and advocates for increased investment in effective, evidence based supports that meet the employment needs of people with psychosocial disability.

Most people with mental illness want to work, and work can assist recovery from mental illness. By contrast, compulsory participation requirements for people who are not ready could make mental health conditions worse.

Despite recommendations in the interim report for a tiered Working Age Payment, WAAMH is troubled by the mutual obligation requirements recently announced for Newstart recipients. Work for the Dole and the high number of job applications required are not appropriate for people with psychosocial disability and their carers.

Stigma is an issue of much importance here. The literature refers to stigma as a mark or sign of disgrace, eliciting negative attitudes to its bearer and setting people apart.

If attached to a person with mental health issues it can lead to negative discrimination.[7] There can be behavioural consequences of stigma which create disadvantage for people who are stigmatised.[8] Discriminatory behaviour by employers, services and the broader community can have devastating effects on the lives of people with disability[9] and the stigmatising behaviour of others can be more harmful than the primary disability or illness.

It would be alarming if the mental health and disability support needs of people with psychosocial disability, who may be moved off the DSP and onto the Working Age Payment, were not adequately reflected in their participation requirements. For carers, their ability to meet mutual obligation requirements can be affected by their caring responsibilities, and the impact that caring has on their own wellbeing and health. Rather, individualised and tailored supports are required.

WAAMH supports the concepts of targeted assistance and early intervention, but cautions that there is a fine line to be walked and that stigma and exclusion can also be by-products of targeting. WAAMH suggests this issue be addressed in the Final Report.

Punitive sanctions when people do not meet participation requirements for reasons associated with their illness are not appropriate and can be shaming and stigmatising. Punitive sanctions, such as non-payment penalties, could worsen mental health, create further economic and social disadvantage, and undermine recovery. This would not result in economic benefits to the community and government.

The review provides an opportunity for government to commit to investing in effective, evidence based programs and supports.

'There is no shortage of evidence that mental health service users want and are able to work or that employment can benefit mental health. Surveys have found that aspirations to work are widespread, even amongst those who have lost touch with the labour market over an extended period'[10]. WAAMH suggests an engagement, rather than punitive, oriented approach to developing economic participation. Without the right kind of investment, the changes proposed by the Review could have profound negative consequences for people with mental illness and carers.

WAAMH supports earlier investment in people with mental illness to improve long-term health, social and employment outcomes. Consumers have told WAAMH that many people experience mental ill health due to childhood trauma, and because of

[7] G. Thornicroft, D. Rose, A. Kassam and N. Sartorius; "Stigma: ignorance, prejudice or discrimination" British Journal of Psychiatry (2007) pp. 190-3.
[8] L. Sayce, *From Psychiatric Patient To Citizen: Overcoming Discrimination and Social Exclusion*, Palgrave Macmillan, 2000.
[9] G. Thornicroft, D. Rose, A. Kassam and N. Sartorius; "Stigma: ignorance, prejudice or discrimination" British Journal of Psychiatry (2007) pp. 190-3.
[10] Department of Education, Employment and Workplace Relations, 'Employment assistance for people with mental illness; Literature review' 2008, http://docs.employment.gov.au/system/files/doc/other/employment_assistance_for_people_with_mental_illnessliterature_review.pdf accessed 17 January 2014

early experiences, these individuals have missed out on developing skills that others take for granted. Such skills include self-regulation, social skills, relaxation and concentration; all of which are important for effective engagement in the community and workplace.

People with psychosocial disability often require access to a range of supports and opportunities that meet all of their needs; these might include income support, mental health, housing, life skills and education. Contemporary mental health services operate within a trauma informed model and are individualised – working toward meeting individually identified goals, mapping a future and supporting empowerment. These features are essential in supporting people's recovery and moving towards full social and economic participation.

Individualised approaches, such as provision of individual budgets (also known as participatory budgeting) to meet needs specific to each individual are effective in improving mental health outcomes[11]. This review of the literature found that "people with a serious mental illness were able to manage a personal budget to purchase goods, services and supports in accordance with a recovery plan and many had been able to meet their recovery goals, such as: furthering their education, living in an apartment or working at a job".[12]

Individual budgets are being established in Australia to access disability supports under the NDIS but they could also be used to access education, training, and financial skills building opportunities.

Supports should also be available for people who are at risk of exclusion from education or employment, not just those already accessing a pension. Young people experiencing mental distress or with mental illness may particularly benefit.

Investment needs to be sufficient to support people to achieve better health and employment outcomes, not as an excuse to drive down welfare payments.

To meet outcomes, investment needs to consider ways to improve coordination across programs and departments, both state and Commonwealth.

Many carers have no work capacity due to their caring role. Carers for people with a mental illness often have less predictable caring hours and therefore work availability, due to the fluctuating nature of mental illness. WAAMH supports incentives for engaging in paid employment, education or training; financial disincentives should not apply.

As with people with disability, the voice of carers about their individual, family and caring circumstances needs to be heard and responded to when determining individual participation requirements.

[11] Mental Health Coordinating Council, 2011, 'Self-Directed Funding and the Community Managed Mental Health Sector: Opportunities and Challenges'
[12] Cook, J. A., Russell, C., Grey, D. D., & Jonikas, J. A., (June 2008), ‗Economic Grand Rounds: A Self-Directed Care Model for Mental Health Recovery', *Psychiatric Services*, no 59, pp.600,-602 cited in Mental Health Coordinating Council, 2011, 'Self-Directed Funding and the Community Managed Mental Health Sector: Opportunities and Challenges'

Finally, WAAMH welcomes attention in the Interim Report to measures which could make more jobs available to people with disability. It will be important that the realities of the current job market are considered when developing individual mutual obligation requirements.

Recommendations:

- **Supports and participation requirements for people with partial work capacity should be individualised, flexible and negotiated taking into account each person's circumstances including cultural background, additional needs such as homelessness or justice system involvement, parenthood and the episodic nature of many mental illnesses.**
- **Participation requirements must consider, and respond to, the needs of people with periodic mental health issues.**
- **Supports, programs and participation requirements must support and further the individual's recovery journey.**
- **There should be no participation requirements for people whose disabilities or caring responsibilities preclude employment for the foreseeable future.**
- **For carers with work capacity supports, programs and participation requirements must be individualised, flexible and negotiated, taking into account each person's circumstances, their caring role and other family circumstances.**
- **Supports provided should include benefits counselling to enable people to understand any changes made, and the financial impact of work on their payments.**
- **Income management should not be applied to people with mental illness or psychosocial disability.**
- **Requirements should be realistic and linked to appropriate evidence based employment supports such as IPS.**
- **WAAMH supports the Orygen recommendation**[13] **to fund Individual Placement and Support (IPS) education and employment services to be provided to young people in headspace centres around Australia.**
- **Punitive approaches are inappropriate when people's participation is affected by their mental health status and/or caring responsibilities; approaches should be based on engagement not punishment.**
- **The possibility of stigma as a result of targeting and early intervention requires consideration in the Final Report.**

[13] Orygen Youth Health Research Centre, 2014 'Tell Them They're Dreaming: Work, education and young people with mental illness in Australia', http://oyh.org.au/sites/oyh.org.au/files/tell-them-theyre-dreaming-view.pdf

Engaging with employers

The 2011 National Survey of Mental Health Literacy and Stigma found that 37% of people surveyed would not employ or want to work with a person who had been diagnosed with schizophrenia, while 21% would not employ a person with depression[14].

WAAMH agrees that employers should be encouraged to make jobs available for people with disability. National programs and campaigns to reduce the stigma associated with mental illness and employment are urgently required. This should include educating employers about the positive realities of employing people with disability.

In any workplace, about 20% of people experience mental ill health. One consumer, in conveying their own experience and stating it reflected those of others, told WAAMH that if you have a mental illness you are often bullied at work. This consumer told WAAMH commonly mental health consumers require emotional and workplace supports to sustain their employment. These may include mental health or trauma informed supports that assist social and community functioning and address causes of mental illness such as childhood trauma.

Programs that enable employers to provide appropriate workplace supports for employees with mental health issues should be developed and implemented. Carers of people with mental illness and associated psychosocial disability will continue to need supports and supportive workplaces that enable them to balance their caring responsibilities with paid employment.

WAAMH supports the need to shift from an individual deficits approach to a strengths based approach to aid recovery from mental illness. On one hand, the Interim Report articulates the need to focus on individual abilities, but on the other it takes an individual deficits approach to unemployment – individuals who are 'disadvantaged' require individualised support, tailored participation requirements and both individuals and families need capacity building. As stated earlier, WAAMH is supportive of approaches which build individual capability, but cautions against inadvertently reinforcing stigma.

The report does discuss ways to engage employers and build community capacity, but would benefit from more clearly acknowledging the structural causes of unemployment and social exclusion. Recent budget decisions, which apply restrictions to income support for young people, increase mutual obligation requirements, and implement punitive sanctions, also inadequately recognise structural causes of and barriers to unemployment. They may also create additional stigma for people receiving income support.

[14] Reavley, N.J., Jorm, A.F. (2011) National Survey of Mental Health Literacy and Stigma. Department of Health and Ageing, Canberra.

Recommendations:

- **Develop and fund a national campaign targeting employers which focuses on the value of people with disability to employers in general and in particular normalises the place of those with mental health problems in the workplace.**
- **Fund a national roll out of state based programs to encourage and support employers to employ people with psychosocial disability**
- **Fund a national roll out of state based programs that enable employers to respond effectively to employees with mental health issues and provide flexible supportive workplaces for carers.**
- **Further develop the professional peer workforce, which can support people with mental health issues and carers into work.**

Improving pathways to employment - Individual Placement and Support (IPS)

Those with severe mental health issues are amongst the most disadvantaged members of our community facing lower rates of labour force participation and higher rates of unemployment.

Mental illness is one of the leading causes of disability on a global scale and the number of DSP recipients with a mental health condition continues to grow, creating a cycle of marginalisation.

As an internationally recognised and intensely researched model of supported employment, Individual Placement and Support (IPS) is undoubtedly an effective approach to be adopted, adapted and expanded in Australia. Having shown success in the USA, UK, Europe, New Zealand and other Australian States, it is timely to be considering its adaptation into the Australian context.

There is now nationally based evidence of the efficacy of the IPS model. As demonstrated in the Psychiatric Rehabilitation Journal[15] individuals participating in an IPS program across four sites in the Hunter Valley of New South Wales had a 57% employment commencement rate and 45% attained a 13 week employment outcome. This is impressive in comparison to national statistics of:

- DES-DMS and DES-ESS programs - 24.3% achieved a job placement, with 14% remaining in employment at 13 weeks[16]
- DES-ESS program results as low as 18.8% job placement and 10.6% remaining in employment at 13 weeks.[17]

[15] Morris, A., Waghorn, G., Robson, E., Moore, L., & Edwards, E. (2014, March 31). Implementation of Evidence-based Supported Employment in Regional Australia. *Psychiatric Rehabilitation Journal*. Advance online publication. http://dx.doi.org/10.1037/prj0000051
[16] Australian Government, Department of Education, Employment and Workplace Relations. March 2012. "Evaluation of Disability Employment Services Interim Report Reissue.
[17] Waghorn, G. (2012). Submission to the Parliament of Victoria Inquiry into Workforce Participation by People with a Mental Illness.

Certain adaptation is required at a policy level. A structure that supports an interface between state funded mental health services and federally funded disability employment services (ESS) is critical. As the Interim Welfare Report states;

> '…the broader social support system should work in tandem with the income support system to assist those most in need. This includes well-functioning employment services'.

To avoid ad-hoc and inconsistent attempts at IPS implementation, service provision and evaluation a commitment between federal and state key stakeholders is strongly endorsed. Australia could adopt the approach of Spain and Catalonia whereby sustainability and successful implementation of IPS is achieved through the Regional Ministries of Health, Social Services and Employment to improve access to employment for people with mental illness. All three ministries supervise and facilitate IPS implementation and have created a formal committee to ensure the longevity of IPS, this has demonstrated that they recognise that health, social support and employment are interconnected.

Close integration between Mental Health Services and Disability Employment Service providers is a key enabler of IPS being a success in Australia, therefore shared responsibility across health and employment sectors needs to be emphasised.

Dartmouth Psychiatric Center in New Hampshire, where IPS was developed, is able to provide a "learning collaborative" to all services engaged in IPS. They have trainers that assist up to four sites to implement IPS at any given time. Part of the support includes conducting fidelity reviews, providing online and onsite training and publishing academic reports on the evidence-base of IPS.

In the United Kingdom, the Centre for Mental Health is an independent charity which informs policy and evidence-based practice. They develop and promote new ways of assisting people to get into employment by providing information and support to IPS providers including training and written material to enhance systemic advocacy of employment.

Experience of the IPS Development Unit in WA has reinforced some of the international learnings. IPS is more successful in settings where mental health clinicians are proactive and supportive of the model. Previously low expectations have now been raised around the capacity of individuals and their ability to sustain competitive employment. Greater collaboration between organisations has built a mutual respect and enabled an environment that encourages recovery and better employment outcomes to be achieved for jobseekers with experience of mental illness.

The IPS Development Unit (WA) has provided a centralised point of reference and support during implementation of IPS which now boasts five operational IPS partnerships with two early emerging sites and a further four sites in development.

Other potential pilot sites with Headspace and Youth Mental Health Services are in negotiation.

WAAMH has provided access to leading edge expertise by employing an international IPS specialist and coordinating activities to expose IPS sites and

associated staff to national and international IPS experts.

Tools, resources and templates have been developed to respond to local implementation needs and accelerate the uptake of the IPS model. Sites have been able to implement the model rapidly in a consistent and standardised way. All sites have had a diverse range of people involved and consumer participation at each site has been critical to developing a service that is responsive to the needs of service users.

As a unit, customised IPS training has been developed and fidelity reviews are undertaken after three months of operation to identify service strength and development areas, all necessary for building the capacity of providers to assist people to gain competitive employment.

Recommendations

- **The Department of Social Services provide an incentive to DES-ESS providers that become active in IPS partnerships and encourage the utilisation of the model to respond to the immediate employment needs of those that have a lived experience of mental illness**
- **State Government Health Departments recognise employment and collaboration with the federal Department of Social Services as a partnership to embrace an innovative approach to the employment needs of disadvantaged job seekers.**
- **Funding is made available to ensure the expansion and sustainability of IPS Development Units across the country to ensure a coherent and consistent approach to implementation, service provision and evaluation**
- **A national resource centre or national IPS body is established to coordinate and oversee the state based IPS Development Units**
- **Individuals are recruited, trained and deployed to undertake state based fidelity reviews**

Building community capacity

WAAMH welcomes attention on the structural barriers to employment and the role of governments, business and civil society in strengthening communities in this part of the report. Investment is needed to address structural barriers, particularly in areas with few jobs, and inadequate access to transport, and health and social support services.

Relevant literature indicates that being respected as an equal and contributing to your community is one of the essential elements of active citizenship[18]. The issue of stigma, raised previously in this submission, is critical in the context of communities' capacity and openness to embracing and responding to people with mental illness, enabling social inclusion and active citizenship. The Final Report would benefit by considering more ways to reduce stigma and foster citizenship and inclusion.

With regard to specific initiatives, WAAMH supports the Day to Day Living in the Community program which helps build participants confidence and coping strategies in everyday life situations. Programs such as this, provided by government, appear to play an important role in community capacity building.

WAAMH also notes that the NDIS is highly relevant to some elements of the Report. The development of NDIS Tier 2 services and supports would appear to align with the Interim's Reports goals around community capacity building, it's acknowledgement that "the income support system is a mechanism to pursue broader policy goals"[19] and it's recognition that income support system should work in tandem with the broader social support system. There are significant gaps in Tier 2 services for people with mental illness, and these require further development to ensure equitable access across Australia.

Recommendations:

- **Consider more ways to reduce stigma and foster citizenship and inclusion in the Final Report.**
- **That community capacity building programs and supports in the broader social support system, including NDIS Tier 2 and mental health services, are not reduced but built to enhance equity of access to supports for people with psychosocial disability.**

Rod Astbury

Executive Director

WA Association for Mental Health

[18] S. Duffy, 2006, Keys to Citizenship, The Centre for Welfare Reform http://www.centreforwelfarereform.org/library/by-date/keys-to-citizenship2.html
[19] "A New System for Better Employment and Social Outcomes", p.80.