

<p><b>Introduction</b></p>	<p><b>People with a psychiatric disability form one of the largest groups on the Disability Pension, with one of the highest unemployment rates. SANE Australia therefore believes the HREOC Inquiry into Employment and Disability has a special responsibility to address the complex needs of this group for realistic support in returning to work.</b></p>
<p><b>Definition of disability</b></p>	<p>Confusion sometimes arises over the nature of psychiatric disability, yet the principles involved are the same as for any disability – while it may seem less ‘visible’ than a physical or sensory disability, the effects are just as incapacitating. Any illness or disorder has symptoms. Where these symptoms lead to prolonged, reduced capacity to carry out the activities of daily life, then this is termed ‘disability’. The effect of disability on an individual may be assessed on a scale from moderate to severe.</p> <p>The WHO’s <i>International Classification of Functioning, Disability and Health</i> (ICF) refers to disability as ‘any restriction or lack of ability (resulting from impairment) to perform an activity in the manner or within the range considered normal for a human being.’</p> <p>The ICF definition is widely accepted. It is used by the Australian Institute of Health and Welfare (AIHW), for example, to define the CSDA target group as ‘people with a disability attributable to an intellectual, psychiatric, sensory, physical or neurological impairment or acquired brain injury (or some combination of these) which is likely to (a) be permanent and (b) result in substantially reduced capacity in at least one of the following: self-care/ management, mobility or communication; and requiring ongoing or episodic support.’</p> <p>The effects of psychiatric disability are severe, and frequently underestimated. The <i>Global Burden of Disease</i> study (ed. Murray &amp; Lopez, 1996) included an assessment of conditions classified by severity of disability, ranging from 1 (low) to 7 (high). Major depression was classified as 6, with the same weight of disability as blindness or paraplegia. Psychosis was assessed as having a classification of 7, as disabling in its effects as dementia or quadriplegia.</p>

<b>The SANE Blueprint</b>	<p>The SANE <i>Blueprint Guide to Employment and Psychiatric Disability</i> contains a comprehensive summary of relevant research and practice in this area, together with an outline of Principles of Good Practice: this document should be regarded as an integral part of SANE's submission to the Inquiry.</p> <p>The following comments are in addition to those in the Blueprint.</p>
<b>Rehabilitation</b>	<p>When a non-disabled person starts a new job, they will have in place stable accommodation and a network of social support, in addition to having the cognitive and social skills necessary to carry out their tasks.</p> <p>When someone with a psychiatric disability starts a new job, very few of these supports and skills are likely to be in place, due to the extreme shortage of supported accommodation and effective rehabilitation services. The low job retention rate of people with a psychiatric disability is often perceived by them as personal 'failure' – yet it is the rehabilitation system which has failed them.</p> <p>It is unreasonable and unfair to expect people with a psychiatric disability to return to work without these 'upstream' supports in place. Accommodation and rehabilitation services (where they exist) are generally supplied by State-funded services which often do not understand or liaise with employment services which are Federally-funded, and vice-versa. Steps to ensure these two 'silos' liaise and work together will be essential to ensure effective support for a return to work.</p>
<b>Assessment</b>	<p>SANE Australia is seriously concerned about the impact of the Howard government's 2005 welfare reforms on people with a psychiatric disability. A particular area of concern is the process of assessment of eligibility for the Disability Pension. If someone is assessed as able to work 15 hours or more a week, then they are likely to be placed on the Newstart Allowance – on an even lower income than the Pension, with their concessions withdrawn and under the same mutual obligations as jobseekers without a disability. This is a recipe for stress and likely to trigger further episodes of mental illness. The likelihood of this is increased if assessments are not clinically-based, but conducted on a contractual benchmarking basis, whereby an arbitrary proportion of applicants (rumoured to be 40%) will be placed on Newstart.</p> <p>It is essential that assessment is conducted sensitively and accurately, and takes full account of the individual's degree of disability, which may not be immediately evident in a brief interview – especially with an episodic condition.</p>
<b>Support</b>	<p>As noted above, psychiatric disability is a very severe condition, and those affected will often require access to support and flexibility in the workplace on an ongoing basis.</p> <p>Disability does not disappear when someone is arbitrarily assessed as being capable of working 15 hours per week. Disability does not disappear when someone is placed in a job. As well as 'upstream' rehabilitation before job placement, then, people with a psychiatric disability require access to open-ended 'downstream' support. There should be no doubt that without both of these, any initiative in this area is doomed to failure.</p>

<b>Job placement</b>	<p>Inappropriate job placement has been common for people with a psychiatric disability, often precipitating a return of symptoms and causing the placement to end. Reasons for this are lack of understanding of and sensitivity to the nature of psychiatric disability by the employment agency and/ or the employer, and pressure on employment agencies in the past to achieve short-term outcomes. The 'open employment' agencies formerly funded by FACS often have expertise in this area, and this needs to be fostered, not dissipated, now they are under the aegis of DEWR.</p> <p>Lack of understanding of mental illness and psychiatric disability among employers and co-workers is common. There is a great need for specific education and training on this topic before and during job placements – the <i>SANE Guide for the Workplace</i> has been developed specifically for this purpose, and is now widely used by Australian companies.</p> <p>A further issue faced by some people with a psychiatric disability is that police checks may lead to them being refused work. Confused behaviour while unwell in the past may have led to the police being called and, even where there are no charges or conviction, they may be left with a record of 'having been in trouble with the police.' Consideration should be given to removal of such records in these cases, where no criminal conviction has been recorded.</p>
<b>Job availability</b>	<p>Information technology, changes to the workplace and greater efficiencies mean that many of the so-called 'entry-level', low stress jobs once offered to people with a disability simply no longer exist. There is a real danger that people with a psychiatric disability placed on Newstart will a) be abandoned there on a greatly-reduced income with no prospect of work, or b) become a source of cheap labour as the minimum wage is forced down – generating an underclass of 'drones': disabled night-time shelf-stackers living below the poverty line.</p> <p>Both of these are chilling prospects. Government policies must be urged by the Inquiry which promote training and 'real' jobs for people with a disability. Innovative employment models such as the social firm, which has proven so successful overseas, should also be supported to provide a range of employment options.</p>
<b>Special issues</b>	<p>The nature of psychiatric disability raises a range of special issues, and SANE Australia recommends a special hearing of the Inquiry to focus on this topic and hear from consumers, carers and those working in the area to help job-seekers.</p>
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