

Senator The Hon Joe Ludwig
Minister for Human Services
Parliament House
Canberra ACT 2600

By email: minister@humanservices.gov.au

27 February 2008

Dear Senator Ludwig,

Re: Job Capacity Assessment (JCA) Program review

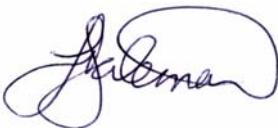
Thank you for providing the Mental Health Coordinating Council (MHCC) with the opportunity to make a submission to this review.

Our brief submission will focus on services for people with mental illness, and our recommendations regarding the JCA relate to its appropriateness in assisting people with mental illness.

MHCC is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW. MHCC represents the views and interests of more than 160 NGOs in the formulation of policy, and acts as a liaison between the government and non-government sectors.

Our member organisations specialise in the provision of services and support for people with a disability due to mental illness, and we have several members who are part of the Disability Employment Network (DEN).

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Jenna Bateman', with a large, stylized flourish at the end.

Jenna Bateman
Chief Executive Officer

This submission is organised according to some of the areas of focus identified by Senator Ludwig in his letter requesting input to the review.

Job Capacity Assessment (JCA) guidelines, particularly as they refer to assessment and referral practices

People who receive the Disability Support Pension (DSP) who elect to seek employment through the Disability Employment Network (DEN) are required to have a JCA, including a review of their DSP status.

This is a clear disincentive to seeking work, as many DSP recipients are afraid they may lose the pension and may not regain it if the JCA indicates they are capable of work, even if they are then unsuccessful in gaining or retaining suitable employment. The level of anxiety this creates for many mental health consumers hinders or at times prevents participation.

This is in direct opposition to good practice in rehabilitation and recovery for people with mental illness. To support the principles of social inclusion and recovery, people must be supported to “have a go” in finding and sustaining work without losing the safety net that the DSP provides.

Currently, many people with mental illness are being referred by Job Capacity Assessors to generalist Job Network providers who lack the specific expertise that good practice recommends for many mental health consumers. There are several aspects to assessing capacity with mental health consumers that relate to the following “unique set of dynamics” identified by the National Mental Health Consumer and Carer Forum:

- the episodic nature of many mental illnesses;
- the diversity of mental illness diagnoses;
- the specific impact of a diagnosis upon the individual;
- the possibility, dynamics and ramifications of a partial or full relapse into an individual's particular diagnosis;
- an assessor's knowledge base, qualifications and familiarity with the unique set of dynamics that apply to an individual living with a mental illness (cognitive functioning / impairment, issues of stigma, required levels of employment support in situ, etc); and
- the impact and side effect(s) of certain medications.

The appropriateness and range of qualifications necessary for Job Capacity Assessors to undertake assessments of people with different disabilities, including those with a mental illness.

To be socially included, people need the opportunity to secure a meaningful job. Levels of unemployment are high for people with experience of mental illness. However, this is not an indicator of a lack of capacity to work or a lack of desire to work. Most people with mental illness want to work, and consider it to be a feasible and desirable part of their recovery.¹

Positive employment outcomes are achievable where this is part of the person's goals and the right support is available at the right time. Evidence shows that even those who have experienced the most severe forms of schizophrenia can achieve successful employment outcomes with the right support.²

The three main specific support issues with regard to seeking and retaining employment include:

- disclosure and privacy concerns (Should people tell their employer about their mental illness? If so, just their supervisor, or other colleagues?);
- stigma and discrimination in the workplace; and
- the need for flexibility due to the episodic nature of many psychiatric illnesses.

These issues need to be handled and negotiated sensitively by staff aware of the potential responses of employers and others to such a disclosure, and the impact on the client.

¹ Waghorn and Lloyd (2005), Mind (2003) *Mental Health and social exclusion: the Mind response*, London, p. 7

² Waghorn and Lloyd (2005), p. 14

This means that throughout the employment and welfare systems, there should be staff with expertise in working with people with mental illness, including skills in assessment, working with people to establish their individual recovery goals and their capacity, and good practice in job placement.

This includes Centrelink staff. Since the removal of specialist disability officers from Centrelink, most branches do not have any staff with expertise in working with people with mental illness. Given the high proportion of DSP recipients with mental illness, specialist mental health service officers should be in place at every branch.

Services providing support for this client group must be appropriately qualified and aware of these specific issues. DEN providers generally have this expertise, and consideration should be given to Centrelink and DEN working together to support this cohort.

There is great concern among MHCC and its members that a significant number of Job Capacity Assessors do not have these skills or expertise. It is therefore completely inappropriate that they conduct an assessment of the work capacity of a person with mental illness.

DEN staff have expressed concern to MHCC that existing clients who undertake the JCA process are frequently referred by the Job Capacity Assessor to a generalist Job Network agency, even where the DEN provider has known and worked with the client for some time, and has knowledge of their capacity and past history.

The quality of information collected and recorded during the assessment process, including whether this is sufficient to assist agencies making decisions on income support and/or employment assistance

Due to the JCAs being conducted by a range of different personnel, including private contractors in various settings, there is considerable variability in the standard of assessments. A successful assessment relies on the competence and skill of the assessor, and there is no quality control to ensure consistency. As one specialist DEN provider suggested to MHCC: "Some Job Capacity Assessors are doing a great job, but it's a lucky dip!"

Where an assessment has been poorly conducted, the resultant referrals can be inappropriate or wrong. This places these people at risk of ending up on the wrong payment, or being placed in jobs that are beyond their capacity, which in turn places them at risk of breaching their obligations and being penalised.

Many mental illnesses are episodic, and consumers' levels of functioning can vary considerably at different times. An assessment made at a single point in time does not take into account the fluctuations in functioning that many consumers experience.

For example, consumers are likely to receive a Job Capacity Assessment when they are functioning well, and although the assessor should be considering the consumer's capacity to work over a two year period, the episodic nature of some mental illnesses leading to a fluctuating capacity to work, can make this a difficult assessment to make.

Skills in assessing a mental health consumer's capacity for work should encompass an understanding of the impact of the person's mental illness on their functioning.

Trying to assess people with mental illness under a "one size fits all disabilities" instrument is inappropriate and does not provide an accurate or useful assessment.

Some mental health workers have informed MHCC that they have observed that the JCA format tends to encourage clients "to indicate they were better off than they were". Worker-advocates who had accompanied clients through a number of JCAs observed they often needed to prompt or reinterpret some JCA questions to ensure the client was "really answering the questions based on the here and now" and not from where they "wanted to be" or what they thought the assessor "wanted to hear".

Privacy of information is also important here. Prior to the introduction of Welfare to Work, much sensitive health information was not disclosed outside of Centrelink, but now, this information may be shared among a number of agencies. It is likely that many consumers will simply not disclose sensitive personal information about their health or other barriers to employment for this reason, particularly in small communities.

Key strengths of the current arrangements and any lessons for the future, from your knowledge of current and past arrangements in Australia and internationally.

There is a considerable evidence base supporting good practice in achieving positive work outcomes for people with mental illness, and this should inform how services are delivered. We refer the reviewers in particular to Waghorn and Lloyd (2005) *The employment of people with a mental illness: a discussion document prepared for the Mental Illness Fellowship of Australia*, and Waghorn et al (2007), *Challenges to the implementation of evidence-based supported employment in Australia*.

Waghorn and Lloyd (2005) identify 11 evidence-based principles for effective vocational services for people with mental illness, and offer the following critique of the JCA process.

The process has made usual referral pathways both more complicated and more difficult. This is because jobseekers are required to collect all relevant medical and work history information prior to the assessment, and, as a result of an assessment, a jobseeker can be mis-referred to a prevocational program or to an employment program of insufficient intensity. In some cases, the JCA assessments led to loss of pension entitlements as a condition of being referred to an employment program.

The JCA process can take several weeks or longer, interfering with rapid commencement of job searching, and if the assessment is inaccurate, the official process for challenging the assessment adds further delay.

This latter point goes against the evidence linking positive employment outcomes with a rapid response to providing job support. Waghorn and Lloyd cite positive examples of agencies streamlining and speeding up the process by establishing local procedures, including by meeting with and educating JCA assessors, attending assessment interviews with clients, and ensuring clients provide all relevant medical reports and information about their likely assistance needs. A successful JCA process, according to Waghorn and Lloyd, can be completed to satisfactory outcomes within two weeks.³

A major point relates to the reliance by Centrelink on the JCA process as the primary means of assessing a person's capacity to work. Evidence shows that successful outcomes are achieved where a person's desire to work is more important. Waghorn and Lloyd suggest: "The JCA is in conflict with the evidence-based supported employment principle concerning the 'zero exclusion' criterion, which states that any client who expresses a desire to work should be eligible for supported employment and should not be excluded on the basis of illness severity, residual symptoms, comorbid disorders, or by assessments of work readiness."⁴

Lessons for the future: A whole-of-life approach is key to social inclusion

Support with employment should not operate independently of other support services relevant to an individual's recovery goals. As stated in MHCC's platform document "Social Inclusion: Its importance to mental health", a network of agencies may need to be involved with supporting a consumer to reach their recovery goals, including employment. This means that any personnel assisting people with securing employment should also consider the person's interests, aspirations, and existing personal support systems. In other words, supporting this client group in

³ Waghorn et al (2007)

⁴ Waghorn et al (2007)

entering / re-entering the workforce is one component of a whole-of-life approach⁵. The JCA program needs to be better integrated with other services.

The current Job Capacity Assessment process in its current form is quite inadequate in capturing the employment capacity of people living with a mental illness due to the episodic nature of many mental illnesses. One size does not fit all. The JCA processes, as well as other key aspects of the Welfare to Work legislation, have very little applicability to the particular range of issues that characterise the experience of living with a mental illness.

Recommendations:

1. The principles of social inclusion for people with mental illness (who are among the most excluded in our society) underpin this JCA program review, as well as the review of the remainder of the Welfare to Work legislation.
2. People receiving the DSP should be supported in their attempts to seek work, and should be able to re-access the DSP readily if their employment attempts are unsuccessful.
3. Job Capacity Assessors should be familiar with DEN providers in their area who have the expertise to work with people with mental illness. When considering a referral to an employment service, the Job Capacity Assessor and the client (with any other support people involved in the assessment) should consider whether a referral to a DEN provider or general Job Network provider would be desirable.
4. Job Capacity Assessors should be required to demonstrate either: a) skills and expertise in working with people with mental illness; and / or b) if s/he does not have these skills and expertise, a willingness to consult with another Job Capacity Assessor, Centrelink staff member, or DEN worker who has these skills when conducting the JCA for all clients with a mental illness.
5. Job Capacity Assessors should be required to demonstrate knowledge of their local DEN providers who have expertise in working with people with mental illness.
6. Given the high proportion of DSP recipients with mental illness, specialist mental health service officers should be in place at every Centrelink branch.
7. The JCA process should be flexible enough to take into account the changing capacity and function that is part of an episodic illness.
8. The JCA process should be streamlined to be able to accommodate a rapid response to a client's expressed desire to work.

⁵ See for example Shankar J and Collyer, F (2003), Vocational rehabilitation for people with a mental illness: the need for a broader approach, *Australian e-Journal for the Advancement of Mental Health* 2(2)