

Comments on the Job Capacity Assessment system as requested by Senator Ludwig.

These comments focus on the issues relating to people with mental illness and psychiatric disability

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Comments on the Job Capacity Assessment system as requested by Senator Ludwig.

These comments focus on the issues relating to people with mental illness and psychiatric disability. The six issues on which comments were sought are as follows. The response is in dot point form below each issue.

1. Limitations of Job capacity assessment guidelines particularly as they relate to assessment and referral practices.

1.1. The guidelines put too much onus on assessors to determine the number of hours a person can work. While we recognise that this is required, the assessment can be made tentatively until an actual history of assistance is available to inform this decision. Or if ongoing support is going to be required to maintain employment, the number of hours a person can work can be determined by either their goals or by their supported work history. A large body of evidence in psychiatric rehabilitation indicates that other than confidence and motivation, client or illness characteristics do not predict how many hours a person can work. Rather the quality of the employment service provided is the best predictor of employment outcomes.

1.2 Service users cannot choose a service provider, other than express a preference for a specialist provider. Choice of providers should be introduced where choices exist.

1.3 Service users are not encouraged to bring an advocate (although they can ask for this, Centrelink sometimes do not consider the advocate's schedule sufficiently to enable this to happen). Having an advocate (treating professional or employment consultant) attend, can ensure that sufficient historical and medical-psychiatric information is provided.

1.4 If service users have a vocational goal that requires further study or formal training, no specific help may be provided for this goal other than indirectly through a program such as PSP.

1.5 If service users have an employment goal but are considered currently unable to work for more than 8 hours per week, they would be referred to PSP. The international evidence indicates that this is a negative outcome, because motivation for work is a critical ingredient of success among people with psychiatric disabilities. Current evidence indicates that job searching should commence within 4 weeks of the person volunteering for employment assistance. This is hard to achieve but not impossible via the current JCA system. To avoid frustrating keen volunteers, referrals to PSP could be limited to people who do not have an employment goal at the time of the assessment.

1.6 Most people with psychiatric disabilities based on a severe mental illness such as a psychotic disorder (e.g. schizophrenia or schizoaffective disorder) with a history of two or more episodes, will require on-going support of 2 years or more after commencing employment. Hence, they most often need access to DEN capped and DEN uncapped places. There are not enough of these places to meet the potential demand from people with severe mental illness being treated in the public mental health system. We know this because the DEN partners are struggling to find enough available places for the 8 integrated sites in Queensland where we are co-locating a DEN employment specialist into a mental health team. Before we set up an integrated sites the demand is typically low, but once the service is seen to work 50-75% of mental health service users then usually apply to access the integrated employment assistance. Most are on DSP and we estimate from our population

studies in Australia, that approx. one hundred thousand DEN places may be needed to meet this latent demand from public mental health service users.

1.7 The distinction between DEN capped and uncapped places seems arbitrary and not evidence-based. The places could be amalgamated and the actual need for ongoing support as evidenced by actual support used to maintain jobs, could be the key determinant of maintenance funding levels for both categories.

1.8 The role of VRS is unclear and could be made identical to DEN to avoid confusion and to introduce more direct competition. The key difference seems to be around on-going support, and this could be assessed on a case by case basis once a person commences work. VRS have historically used a train then place approach, while DEN approach is based on Paul Wehman's work in the USA, where a 'place then train' method was adopted. This place then train approach has been particularly effective for people with psychiatric disabilities, but only if the service puts sufficient energy into developing disclosure strategies so that after placement. they can play a role in measuring work performance and assisting employers with helping people to become as productive as non-disabled workers. The JCA system could be used to put VRS in direct competition with DEN services.

1.9 The link to a review of income support eligibility as part of the JCA assessment discourages many candidate DSP volunteers. While I recognise the need to reduce the DSP population, this can be done by providing a 12 month deferral of any DSP eligibility reviews or entitlement adjustments, except in relation to actual earnings received. During this 12 months, clients could be given access to financial counselling via Centrelink, to work out all the issues with respect to notification provisions, earnings and income tests, actual payment levels, incentive payments and impact on fringe benefits (much more than just an on-line rate calculator). Progress during this 12 months of employment assistance could then be used to inform eligibility decisions. A no disadvantage test should be developed so that people are not made worse off by commencing work. This could be a very proactive and positive service provided by Centrelink, much like the Financial Information Service provided to retirees. QCMHR is currently developing such a financial counselling package, and would be happy to discuss this further.

2. JCA Qualifications.

2.1 While I recognise the practical difficulties of requiring disability specific training for specialist assessors, the current approach could be improved. I suggest in consultation with experts a knowledge test could be developed to ensure that assessors are aware of the evidence-based issues affecting each category of job seekers. In psychiatric disability for instance there are a range of acceptable evidence-based practices and a range of common traditional practices which are no longer considered acceptable. A knowledge test could be used to identify ongoing training needs for assessors.

3. Quality of information recorded

3.1 I have heard no issues about this. However, public mental health professionals and GPs could use training in how to write TDRs of most use to assessors. It would help our integrated sites if such training were made officially available so that employment consultants, perhaps with assessors present, could conduct official information sessions for health practitioners.

4. Appropriateness of arrangements to ensure attendance.

4.1. I have heard no particular issues about this aspect for those that are required to attend. The warning by Centrelink when making a JCA appointment that people have to sign a form to agree to having their pension reviewed downwards if necessary, is a negative barrier to DSP volunteers. I would like to see more options and assistance for people worried about loss of entitlements, such as the financial counselling option discussed above.

5. The role of the JC Account program.

5.1 This is a strength of the program for JobNetwork providers. However a similar program needs to be available for DEN services. One way to do this is to quarantine some of the DEN milestone payments for a similar account. The case against is that DENs can do this for clients already, and they are better funded than JNs. The solution may be to create a similar account from existing funding. An effective DEN service would already be allocating funds to client starting work assistance needs. Perhaps there is even a way to find the funds for a separate additional account, by reducing the revolving door, i.e. reducing the number of clients who receive multiple programs from multiple providers.

6. Key strengths of the current arrangements, lessons for the future, and comments on current and past arrangements in Australia and internationally.

6.1 I see the key strength of the program as a standardised and systematic process through which all candidate service users pass to obtain employment assistance.

6.2 This key advantage of this is that the unmet need for more intensive places can be identified on a regional basis. No other country, has to my knowledge, developed a system with a similar capacity to quantify the unmet demand for employment services.

6.3. The valuable data collected by assessors could be used to assess the strengths and weaknesses of the system. For instance, by recording medical condition codes DHS could track particular disorders known to have high support needs and compare expected proportions of referrals to intensive services with actual referrals. For instance, from our population surveys, less than 20% of people with schizophrenia are expected to benefit from JN or VRS, and few or none with an employment goal should be referred to PSP.

6.4. The number of DSP volunteers who initially approach Centrelink for a JCA or for help with employment, could be recorded and compared to the number of JCAs completed to identify the proportion of people who may be discouraged by the process.

6.5 Independent research centres such as QCMHR could be invited to apply for access to a de-identified data set to independently analyse and report aspects of the data. This would increase the transparency of the system, increase the knowledge gained from the data collected, and improve the capacity of DHS to utilise existing data in policy and program development.

6.6 Service providers and service users could be regularly consulted or surveyed once or twice a year about how to improve the system to benefit the most people. Feedback to me from these groups in 2007 did not match responses from DHS senior staff. This indicated that the department may have been in denial about the multiple issues being reported by service users and employment service providers. A new environment of open consultation is necessary to encourage stakeholders to provide candid and accurate feedback.

Relevant reports (these are available from QCMHR as MS Word or pdf files on request)

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