



Western Australian Association  
for Mental Health

## **Western Australian Association for Mental Health**

### **Submission**

### **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability**

### **Employment Issues Paper**

**August 2020**

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## 1. About WAAMH

The Western Australian Association for Mental Health (WAAMH) welcomes the opportunity to comment on the draft Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018–2025 (Prevention Plan).

WAAMH is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery, and citizenship. WAAMH recognises a continuum of supports - built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion, and cultural connection - are essential to the promotion, protection and restoration of mental wellbeing. WAAMH promotes, advocates for and further develops this network of supports.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports and people and families with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership. WAAMH also engages a wide network of collaborative relationships at a state and national level with individuals, organisations and community members which share its values and objectives.

## 2. Individual Placement and Support

IPS WORKS is a dedicated unit within the Western Australian Association for Mental Health (WAAMH).

Individual Placement and Support is an internationally utilised and evidence-based model of employment support that has been particularly affective in achieving employment and education outcomes for individuals experiencing disability.

IPS WORKS offers practical support and training to organisations that are implementing or want to implement an IPS program within their services. We offer a range of technical support services. We specialise in consultancy, the customised development of IPS program tools and templates, training, and evaluation of IPS programs.

We recognise that paid employment is a basic human need and endorse the Individual Placement and Support model as person-centred, fostering hope and promoting social inclusion.

At IPS WORKS we understand that employment can reduce the negative impacts of living with a mental health condition by increasing self-worth, alleviating symptoms, and increasing satisfaction and well-being.

WAAMH is responding to questions 6 and 8 of the Employment Issues Paper, through providing detailed information about Individual Placement and Support (IPS).

### 3. Current Limitations - Disability Employment Programs in Australia

The majority of disability employment services in Australia have no requirement for placement consultants to have any formal qualifications in disability.

Placement consultants are often expected to work with upwards of 60 people frequently dedicating 15 minutes per fortnight to supporting an individual look for work. Individuals experiencing disability are often placed into pre employment programs by their provider, placed into a vacancy the provider is trying to fill rather than a job the individual wants and often only at the benchmark hours assessed in a job capacity assessment to claim an employment placement rather than the hours the individual may like to work.

There is usually little to no input from any other agencies supporting the individual with a disability and when the individual is deemed non-compliant a punitive approach is taken.

### 4. A Better Way

A more tailored approach is needed to improve employment participation for people with disability - having an integrated team specialising in different areas of an individual's support with the individual themselves determining their own employment journey.

One model that does exactly that is Individual Placement and Support (IPS). IPS is a model of supported employment for people with serious mental illness.

IPS supported employment helps people who may otherwise be disadvantaged have access to the open labor market, working at regular jobs of their choosing. IPS follows eight core practice principles:

- competitive employment as the primary goal

- integrated with mental health treatment
- client preferences
- benefits counselling
- rapid job search
- time unlimited follow along supports and
- systemic job development.

An individual highlights a want for open competitive employment and the vocational specialist sits as part of the integrated multi-disciplinary team to provide support to those individuals. Mainstream education and technical training are included as ways to advance career paths. (Noel, 2020)

#### 4.1 Evidence base

Research has demonstrated that the IPS model developed by Drake and Becker (USA) is the most effective approach of assisting people to engage in competitive employment. The IPS model has been evaluated in 28 randomised controlled trials in various international settings (Bond, 2020). In each controlled trial both in Australia and internationally, all showed results that more than doubled the employment outcomes for people with disability compared to other vocational programs. (Brinchmann et al., 2019)

#### 4.2 Productivity Commission draft recommendation

WAAMH supported recommendation 14.3 of the draft Productivity Commission report and maintain that the IPS model of employment support should be extended beyond its current limited application through a staged rollout to potentially all State and Territory Government community mental health services, involving co-location of IPS employment support services. (The Productivity Commission, 2019)

WAAMH wholly supports the recommendation to implement IPS across all Government community mental health services.

The rollout of IPS would allow Australians experiencing mental health access to equitable, sustainable, and meaningful ongoing employment as part of their wellness and recovery journey.

#### 4.3 Implementation Options

In rolling out Individual Placement and Support across mental health services it is important to note that the services involved will need to be supported through an implementation phase to ensure the model is understood and accurately provided to the consumers in the service. Ongoing technical support, assistance with outcome data collection and evaluation via fidelity reviews are important to in ensuring adherence to and integrity of the evidence based model.

It would also need to be considered how IPS would be implemented. There are two main approaches:

1. via a partnership model with a Disability employment service (DES)
2. via an integrated model where the government community mental health service employs a vocational specialist directly into their team

WAAMH recommends an integrated funding model. This allows for a vocational specialist to be employed directly into a clinical team and follow the core practice principles of IPS without any restrictions from an already existing employment service provider. An integrated service would allow a vocational worker to be solely dedicated to the role of IPS. It would mean the specialist could adhere to core practice principles and ensure the service was following the principle of zero exclusion as there would be no requirement for the consumer to want to work a minimum benchmark hours, nor be deemed eligible to work via a job capacity assessor.

The IPS vocational specialist is currently a very valued role within the mental health service, however, is also an incredibly fragile position reliant on DES provider adherence and funding. Having an IPS worker directly employed into the clinical team changes the landscape of community mental health services, highlighting employment as part of an individual's recovery journey and as a tool to recovery, creating financial freedom, opportunities for stable housing, and mental wellbeing rather than as an afterthought once someone is "well".

In considering this option it would be imperative that the federal government deemed participation in this service as meeting the requirements to continue to receive income support payments rather than the consumer also having to be engaged with a DES or jobactive provider.

This would be the preferred model due to the above rationale.

It could be funded via several avenues such as the federal or state mental health commissioning bodies providing funding to enable mental health services to employ IPS vocational specialists directly into their services. Commissioning bodies would also need to invest in the IPS technical support, which is a critical component of the model's effectiveness. This involves an independent specialist service providing the necessary training, technical support and independent fidelity reviews to successfully operate an IPS program.

For example, in Western Australia, one health network provides an in kind IPS coordinator as part of that region's community development functions, with the Mental Health Commission funding the technical support. However, this model is limited as it relies on the partnership with a DES provider, which brings limitations. If a partnership model were to be undertaken which we have seen used in the

community mental health setting an expression of interest to the local Disability Employment service providers would need to be undertaken and a recruitment phase occur. It is important to note that often DES providers feel that the lower caseload numbers associated with IPS will reduce the income stream and affect star ratings. A recommendation would be to create a stream alongside the DES framework where a providers IPS program was funded and assessed separately to all other programs operating in their service.

In doing this it would be imperative that DES providers are subject to engaging with a specialist unit such as the IPS WORKS unit within WAAMH to ensure implementation support, ongoing technical advice was followed, outcome data collection was occurring and that the provider was engaging in independent fidelity reviews. This would ensure adherence to the model and allow the quality of outcomes creating a separate IPS funding stream would achieve to be clearly reviewed.

Department of Social Services could provide funding for the vocational specialist role if some of the current funding for DES-ESS and DES-DMS was scaled back.

In either option it is imperative that an independent specialist IPS technical support service be funded under the rollout to provide the direct expertise and support to facilitate implementation, the day to day operation of the program, technical assistance such as data outcome collection training and independent fidelity reviews.

## 5. Applicability to other populations

Although IPS was originally developed and traditionally implemented in mental health, it is a model that can be applied to any group that would otherwise be disadvantaged from open competitive employment or navigating education streams. Other areas IPS has been implemented include individuals experiencing post-traumatic stress disorder, veterans, people who are experiencing homelessness, older adults, spinal cord injuries, people with autism spectrum disorder, intellectual and developmental disabilities, people with criminal history, transition age youth and young adults with first episode psychosis. (Bond, 2020)

The significance of employment and education for young people are well established. It is imperative that all young people are given the opportunity to pursue their vocational goals. Positive work and school experience have been reported as important factors for young people not only because they lead to independence, but also because they allow for engagement in the typical activities of evolving adulthood and strengthen their self-esteem, sense of belonging and lower stigma (Lloyd & Waghorn, 2007).

## 6. Australian Headspace Trial

In 2016, the Australian Government committed to a three-year IPS Youth Trial as part of its Youth Employment Strategy. 14 headspace centre's nationwide, were selected to implement and deliver IPS services and vocational assistance to young people with mental health support needs. The overall aim of the national IPS Trial was to tackle youth unemployment and improve the functional recovery of young people who may be at risk of long-term welfare dependency.

In 2019 KPMG released a mid-term evaluation of the trial. The purpose of the evaluation was to examine the appropriateness, effectiveness, and efficiency of the IPS model of supported employment assistance within the headspace setting. The evaluation was done through assessing site data and case studies, undertaking interviews with young people accessing the program, the vocational specialists, headspace clinical teams and the IPS WORKS fidelity reviewer. Data reviewed include a Program Reporting tool by sites incorporating items such as status on entry and exit in the program and the data from three cycles of fidelity reviews were utilised.

The mid-term findings of the trial found headspace was an appropriate setting to implement IPS and the young people accessing headspace services were the appropriate cohort. At the point of evaluation 1558 young people had participated in the trial, the age group with the greatest representation was 17 to 20 years, 15% identified as Aboriginal or Torres Strait Islander and 9% identified as CALD. (KPMG Consulting, 2019)

Overall, the trial improved the vocational education and employment outcomes for young people. 43% of all young people achieved an education or employment outcome. In addition to this young people and their support networks reported an increase in confidence, self-esteem, and resilience along with an improved ability to seek employment or education opportunities as a direct result of having been in the IPS program. (KPMG Consulting, 2019)

As of July 2019, the 14 sites increased to a total of 24 and the contract was extended until June 2021. IPS WORKS was appointed to provide technical support and assistance to each site and conduct external fidelity reviews on behalf of the Department of Social Services (DSS).



## 7. Contact

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