If I had stable housing I would be a bit more receptive to having a job. Factors influencing the effectiveness of Disability Employment Services reform

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Abstract.
BACKGROUND: Continual reforms of the Australian Disability Employment Services (DES) program aim to improve employment outcomes for people with disabilities, including people with a psychosocial disability who experience high levels of unemployment.
OBJECTIVE: To understand contextual factors in the lives of DES participants with a psychosocial disability that influence their engagement with and potential benefits from the DES program in the context of the 2018 reforms.
METHODS: Thematic analysis of 30 qualitative interviews with DES participants with a psychosocial disability was conducted as part of the Improving Disability Employment Study between November 2017 to October 2018.
RESULTS: Findings highlight diverse life challenges experienced by DES participants including disrupted education, inadequate access to mental and general health services, and financial and housing insecurity.
CONCLUSIONS: The life circumstances of DES participants with a psychosocial disability are often complex and undermine their engagement with employment services and access to labour markets. Despite considerable investment in ongoing reforms, these circumstances continue to undermine the effectiveness of the DES program.

Keywords: Psychosocial disability, employment services, work, social inequities

1. Introduction

The benefits of employment for people with a disability are far reaching. Not only is the right to work a specific Article of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), but attaining this right facilitates the attainment of other rights, such as living independently with an adequate standard of living. At an individual level, employment can improve health and well-being, socio-economic conditions, and community and political participation [1–7]. At a population level, improving access to work for people with a disability could significantly contribute to the economy of individuals, families, and countries [8, 9].

Of the approximately 18.3% of Australians with a disability, only 53.4% of working aged individuals

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are currently in the labour force. This is compared to 83.2% of Australians without a disability. The unemployment rate for Australians with a disability is 10%, nearly double that of Australians without a disability (5.3%) [10]. Among people with a disability in Australia, people with a psychosocial disability have the lowest labour force participation rate (29%) and the highest unemployment rate (19%) [11]. These gaps in employment have remained stagnant for more than 20 years, despite the Australian Government’s significant investment in and continual refit of their Disability Employment Services (DES) program.1

In the lead up to the most recent July 2018 reforms, stakeholders called for significant changes to the DES program to improve sustainable and meaningful employment outcomes for people with a disability [12–16]. Proposed frameworks and recommendations for the DES reforms highlighted the need for greater investment in creating a system that enabled evidenced-based, individualized, integrated (e.g., employment and mental health services) and outcome-orientated employment services, particularly for those with a psychosocial disability [17, 18]. It was also recognised that more research is needed to understand broader contextual factors which may hinder the effectiveness of the DES reforms [17].

This study aims to examine the relationship between the life circumstances of people with a psychosocial disability currently accessing the DES program, and, whether and how their life circumstances are influenced by, or influence, their engagement with the DES program and their access to work. The paper reports on findings from qualitative interviews with 30 people with a psychosocial disability currently accessing the DES program on their perspectives on this nexus. In doing so, it highlights contextual factors which may undermine the effectiveness of current DES reforms, and contributes to the broader policy debate on addressing underlying structural barriers to employment for people with a disability.

1.1. Access to the labour market for people with psychosocial disability

Psychosocial disability can be conceptualised as disability associated with a person’s lived experience of mental illness. It is influenced by the interaction of a person’s psychological condition, and, the socio-economic and cultural context in which they live. The level of disability a person may experience will depend not only on their psychological condition, but also on the barriers and enablers they experience when trying to live and participate in their communities [19–21]. Not all people who experience mental illness will identify with or experience a psychosocial disability, but it is widely recognised that people with a mental illness and/or a psychosocial disability experience significant barriers to gaining and maintaining work.

Increasing evidence highlights that social and economic inequalities, such as poor access to education and poverty, contribute to poor mental health [22]. In turn, the socio-economic and health needs of people experiencing poor mental health are often inadequately addressed by a range of social policies and programs across their life course [7, 23]. This compounds inequalities and can result in further social exclusion, poorer health outcomes, and unmet needs in relation to housing, drug and alcohol services, and employment services [7, 9, 24–26]. Barriers in addressing these needs have been attributed to both a lack of services, as well as the limited capacity of policies and programs to recognise and address the health and welfare needs of people with a psychosocial disability. When these issues are not addressed, mental health conditions are often exacerbated, compounding barriers to employment [3, 19].

Like people with a disability more broadly, people with a psychosocial disability also experience systemic barriers to education and training, undermining access to work experience and career development. This is often coupled with community and workforce discrimination, including in recruitment processes, as well as limited awareness of programs that are available to support employers and employees develop and maintain disability-inclusive workplaces [3, 27–29]. Further, broader structural barriers such as globalization and the flattening of labour markets have increased competition for fewer jobs across a number of sectors (e.g., manufacturing). Reports in Australia for example indicate there is only one job available for every eight people looking for work [30]. This particularly impacts on people with a disability who may have fewer skills due to disrupted or poorer educational outcomes or work histories, and are often the first to be let go during redundancy processes [2, 21, 31–33].

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1.2. Reforming Australian Disability Employment Services

The DES program, which sits within the broader Australian social welfare system, is the federal Government’s specialised employment services program for people whose disability is assessed as their main barrier to gaining and maintaining employment [34]. This includes people with a disability who receive government income support or the Disability Support Pension (DSP) who have been assessed as having the capacity to work for eight or more hours a week and are obligated under welfare compliance measures to engage in the DES program [35]. Tightening eligibility for the DSP has seen growing numbers of people with disability referred into the DES program, which currently has just under 200 000 current participants, 38.3% of whom are categorised as having a ‘psychiatric disability’ [36].

Research on the effectiveness of employment services for people with a psychosocial disability within the Australian DES context predominantly focuses on the need to improve the skills and qualifications of the DES workforce [37–40]; intrinsic traits and behaviours of job seekers [41]; and, the need for and challenges to implementing evidenced-based practices. This includes the practice of Supported Employment or Individual Placement and Support (IPS), widely recognised as the most effective employment intervention for people with a psychosocial disability [42–47]. IPS has been implemented widely across the USA and is commonly cited as the most appropriate evidence based practice to support people with mental illness to access employment. Included among the eight key principles of IPS is the co-location of mental health and employment services, and, the rapid placement of job seekers into employment. The evidence literature suggests that for IPS to be effective, high fidelity with all eight principles is required. Challenges in the Australian context include the difficulty of implementing key criteria of the IPS model, such as integration of mental health and employment services, when they function under separate funding and contractual arrangements [44, 45, 47–49].

Perspectives of DES participants with a psychosocial disability are less readily available in the literature. What has been done, highlights work can have both positive (e.g. improved self-esteem, decreased financial insecurity) and negative effects (e.g. compounding stress and health conditions, experiences of discrimination) on mental health [50]. Length of unemployment has been reported by employment services participants with a mental illness as a significant barrier to work [51]. More broadly, DES participants (not just those with a psychosocial disability) have reported the impact of negative treatment within the program, citing a need for services to better respect their circumstances and work aspirations [15, 52].

Funding models for the DES program prior to the 2018 reforms were criticised for creating disincentives to the provision of individualised support, preventing services from addressing the vocational and non-vocational barriers to work experienced by many participants [7, 52]. This is significant given many participants of the program experience challenging life circumstances which can complicate access to work. For example, approximately 18% of participants referred into DES are from non-English speaking backgrounds; 6.4% have previously been incarcerated; 6.3% are homeless; and 3.6% are from a refugee background [36].

The introduction of a new ‘risk adjusted funding model’ under the reforms, recognises that some DES participants require more support than others to gain and maintain employment. Along with an increase in outcomes based funding, this model is intended to incentivise DES providers to support harder to place participants to gain and maintain more sustainable employment [12]. Other changes outlined in the reforms include improving choice and control for participants through increasing competition between providers within the DES market by allowing more providers to enter the market and stopping the process whereby each provider is referred a known quota of participants (i.e., this ensured a steady flow of income they did not have to compete to attract for); allowing participants to choose which DES provider they access and to change providers if they are dissatisfied with the service provided; and, allowing some flexibility in how meetings between participants and DES providers are conducted as part of mutual obligation requirements [12].

It is difficult to know at this stage if these recent reforms will enable the DES program to deliver evidenced-based approaches, such as integrating mental health and employment services, and strengths-based, outcome orientated approach to service delivery [17]. As highlighted by Mellifont however, even if these changes do occur, there needs to be a greater understanding of the external factors which may continue to undermine the effectiveness of the DES program [17]. This is particularly so for
people with psychosocial disability that continue to experience unacceptable exclusion from the labour market.

2. Methods

The Improving Disability Employment Study (IDES) is a project conducted by the University of Melbourne, in partnership with disability and employment provider peak bodies, employment service providers, and disability advocacy bodies. The overall aim of IDES is to improve understanding of factors that promote sustainable and meaningful employment outcomes for people with disability. IDES involves a) a prospective cohort quantitative survey of 350 adults with disability currently accessing mainstream Employment Services and DES providers, and, b) as well as this nested qualitative study that aimed to better understand the life circumstances of people with a psychosocial disability currently accessing the DES program.

2.1. Recruitment

Two methods of recruitment were utilized: 1) 8 people were recruited through the IDES survey (including piloting) of 367 participants conducted between October 2017 and December 2018 and 2) 22 people were recruited directly through DES providers. Potential participants for the qualitative interviews included IDES survey respondents who: 1) had given prior consent to be contacted for follow-up interviews, and 2) had been identified by DES providers and through self-report within the survey as having a psychosocial disability. Eligible potential participants were contacted by the lead author and provided with information about the qualitative interviews. If potential participants confirmed their interest in participating, a time and meeting place was arranged to conduct the interview.

The research team also worked with four DES providers who specifically work with participants with mental health conditions to recruit participants. DES frontline staff interact with participants with a psychosocial disability on a daily basis. These interactions provided the opportunity for frontline staff to provide participants with information about the qualitative study in the form of a flyer and Plain Language Statement. Interested participants were followed up by the lead researcher (AD). All participants were 18 years or over.

2.2. Data collection

Participants partook in a face-to-face, semi-structured interview between November 2017 and October 2018. Participants were asked about their lives including their physical and mental health; the relationship between work and their mental health; previous and current experiences of work; and, about their engagement with the DES program. The participants had the opportunity to participate in the interview with a support person if they wanted to, although all participants chose to participate on their own. The interview times were approximately 30–45 minutes. Informed consent was collected from all participants prior to the interview.

2.3. Data analysis

Audio-recordings of the interviews were transcribed by AD. All transcripts were then initially deductively reviewed drawing on the research objectives and literature on work, disability and DES. An inductive process was then utilised to identify further codes emerging from the data. A thematic coding framework was then developed based on this inductive analysis and the research objectives. Data was then re-analysed using a thematic approach to analysis as described by Braun and Clarke (2006) [53, 54]. The qualitative analysis software NVivo was used to organise the data and support this process.

2.4. Ethics

Ethics approval for the IDES project and the nested qualitative study were obtained from the University of Melbourne’s Human Research Ethics Committee (ID 1545810.1 & 1750133.1).

3. Results

3.1. Demographics of participants

Participants interviewed were between 21 and 57 years of age. The cohort was a mixture of participants whose income support mutual obligations required them to engage with DES providers to actively find work; Disability Support Pension and sickness allowance recipients not under obligation
3.2. Life circumstances, access to work, and, the DES program

[Work] is something I’ve always wanted. To just give me a sense of acknowledgement from the world. Like the world wants my skills, the world wants to pay me money. But even if it’s a volunteer job, I just want to be useful . . . and I want to be a good mum to my daughter. (P4)

All participants expressed a desire to work and felt that finding work would improve their socio-economic conditions and mental health. Despite this, the majority of participants reported a number of challenging life circumstances which impacted on their capability to gain and maintain employment. As described below, for some participants, the emergence of their mental health condition during adolescence contributed to difficult life circumstances (e.g. disrupted education) that undermined access to work. For others, traumatic life experiences (e.g. sexual violence, military service), were reported as contributors to or triggers of their mental health conditions which in turn impacted on their employment, and subsequently influenced their life circumstances.

Participants’ expectations of the capacity of DES providers to address life circumstances that undermined their access to work varied. Individuals that had been in the system for longer or with more substantial barriers expressed concern that the DES program was not equipped to help them overcome their barriers to work. Individuals more recently entering the DES program were more optimistic of the capacity of DES providers to support their access to work.

I cannot compete on the same level as someone searching on Seek [online job search platform]. Because of lack of experience, I have been out of the workforce for quite a while. Plus maybe my mental illness may hinder this process. However I thought to myself there must be an agency that caters for people like me . . . At the moment I am quite happy to be here because they are pretty much around-the-clock. I know, sure, they’re an organisation that needs to make money. I understand that. However, they are the only ones that put their hand in the ring and said yes we will give it a go. We will go in to bat for you and they are making a concerted effort to do so. (P15)

3.3. Education

I didn’t finish year seven, because my mother was crazy. I don’t mean that lightly. She kept me home and kept it from the family, and I was busy looking after her or doing things for her. And so that was sort of six years of hiding before the family found out that I didn’t go to school. (P11)

Whilst a number of participants had completed secondary education and gone on to complete post-secondary qualifications, more than half of the participants described experiencing difficulties during their schooling. These included disruptions in education due to their own or family members’ mental health conditions and inadequate support to remain engaged in school, and bullying contributing to low self-esteem, anxiety and depression, and withdrawal from education.

So I think I was only diagnosed with anxiety and depression three years ago. But I look back at what I was going through at high school and I definitely had it back then . . . They were just horrible the kids at school . . . I reckon that has a lot to do with now my self-confidence, my self-esteem, anxiety . . . I couldn’t get away from it and anywhere I was, so I was stuck with being bullied. Just my whole childhood really. (P6)

Limited processes within the education system to support participants with specific learning disabilities such as dyslexia, also prevented them from completing their education or following the educational path they had envisaged for themselves. A number of participants also described challenges transitioning between school to post school education and training, as well as limited support to transition into subsequent employment.

Once I got to high school it was just really hard, because of my dyslexia, the school didn’t really want to help me with it. They were just really worried about their grade point average. So they were trying everything just to try and kick me out. And it got to the point where mum was sick of them...
Developing knowledge and skills was seen as vital to future access to work, particularly for those whose prior education had been disrupted. Participants however described various barriers to pursuing education and training, with mixed support from their DES provider to overcome these barriers. Some participants were eligible for State government financial support to access certain courses. For others, the cost of fees and required resources was prohibitive, with participants reporting discrepancies between and within DES providers about who and what got funded in relation to ongoing education.

And I have asked for help with training to pay my fees, buying my books or something ... like twice I had approached [regional Technical and Further Education Institute] to do community services but I wasn’t getting any support here [DES provider]. And I can’t afford to do that and buy all the books. And you knew like I wanted to do the Diploma but I was willing to do the Certificate 3 to get in to get started. But I’m just not getting the funding ... the most they have provided for me is three fuel vouchers and I know other providers are providing more than that. (P24)

Educational aspirations were also discouraged by some DES providers. Negative assumptions about participants’ capacity to pursue their preferred educational pathway not only undermined mental health but in some cases led participants to access courses that they were not interested in or did not support their future career aspirations.

[Employment consultant] reckons that I can’t do the Uni thing. [I]: Why is that? [P]: She goes ‘I just don’t reckon you are going to be able to handle it at the moment’ ... I kind of felt a bit upset when she said it. I didn’t cry or anything, but sort of felt a little bit like I thought, I think, I can do it. And I’ve done Uni before. I did it full-time and I know I ended up having depression and that, but I am on current medication that I am not going to stop taking and it is the best medication that I’ve ever had. (P25)

3.4. Traumatic life events

Essentially I lost my job not long after divorce. So that was a combination of the difficulties I was experiencing. I had severe depression around the time of separation due to family law issues, and that caused and created difficulties at my job, and just engaging in my job. (P10)

The overwhelming majority of participants reported challenging or traumatic life events that significantly influenced their mental health, engagement with work, and broader life circumstances. This included difficult upbringings and ongoing complex relationships with family; migration to Australia after living in conflict areas; experiences of violence and abuse, including within community disability housing; accidents and injuries; homelessness and hospitalisation associated with poor mental health and suicide attempts; and post-traumatic stress related to military deployment.

I had my first full time job when I finished Uni ... It was a pretty full on job. I had been recently diagnosed with PTSD after severe sexual assaults and other things in my early 20s ... I had all that disaster just as I was finishing my degree. I was very passionate when I first started social work about helping people ... but I felt like I couldn’t tell people things would be ok after my experiences. (P1)

Whilst some participants were supported to try and access external mental health support, overall, participants did not feel that DES staff have the appropriate skills to support the mental health needs of participants, particularly for those who have experienced trauma. Limited skills in understanding how previous traumas may influence barriers to work, were also thought to limit the capacity of DES staff to determine how best to provide support to participants and not contribute to further trauma.

What is really missing is some attending skills, like listening to clients. And you know you don’t have to be a counsellor because there are mental health services for people, but listening and understanding that I am telling you what you want to hear not what I’m feeling. You know? The perception is not there, that is an issue. (P24)

Some DES providers provide internal training sessions to support job seekers develop positive thinking and resilience strategies. Many participants found these sessions beneficial, especially when they were offered alongside other sessions on identifying skills and aspirations, resume writing, or effective job searching. There were, however, participants that felt
a focus on individual level topics such as resilience over-focused or inadvertently blamed the individual for their unemployment, and how such a focus ignored the limited availability of jobs and the broader barriers experienced by people with disability trying to access the labour market.

So these platitudes you have to be more resilient and all this and that, and we sit out there and [employment consultant] tells us everything we are doing wrong, and people sit there and agree and soak up all this narrative that it’s our fault. And it gets to me … I dunno, if you were to improve a place like this as far as I’m concerned, it would have plastered on the wall, ‘It’s cool’, ‘It’s not your fault this country is so messed up right now’, ‘Let’s try and fix the country’. But that’s completely antithetical to and sort of lends itself to pop psychology. Like this resilience thing. There might be something to it but I’m not sure. (P21)

3.5. Co-occurring mental and physical health conditions

I have permanent nerve damage in my hands from doing hairdressing … All the things that I love and I’m really good at have to do with my hands. So whilst I had done a lot of work on my depression and prior to this happening I was a pretty functional active member of society … certainly not been able to use my hands the same way has definitely impacted on my mental health again. (P19)

Just under half of the participants reported co-occurring physical health conditions (e.g. HIV, injuries, and neurological conditions). These participants discussed the challenges of trying to manage physical and mental health conditions whilst trying to look for work. Participants also reported their physical health conditions not only negatively impacted on their mental health, but precluded them from certain types of employment and career aspirations that they may otherwise been able to pursue.

While I was doing [previous job] I would go to an osteopath every week and have it [back] adjusted. But now that I’m not working I can’t afford to do that. So I just kind of put up with it, it’s not great. [I]: And how does that impact on your mental health? [P]: It’s not great because I think about it all the time, especially when I’m looking for jobs, because I think I couldn’t do that, I couldn’t stand up to do that job, or that would be challenging for me, so I think about it all the time. (P8)

Some participants reported very good access to services and supports. However a number of participants reported not being able to access as much support as they would like, often due to financial hardship, and insufficient Government funding to access mental and allied health services. Even if DES providers attempted to refer participants to services, limited availability of services was also reported.

I have got a psychologist in Melbourne but I have run out of the mental health plan, and I can’t afford a normal psychologist. … She [Employment provider] tried to get me linked in with the mental health support here, but they wouldn’t have anything to do with me because I wasn’t on Ice [crystal methamphetamine] … Most of their funding is focused on the Ice epidemic. (P11)

Addressing physical and mental health conditions was recognised as often being beyond the skills and resources available to frontline workers. However, participants highlighted the importance of workers having a greater understanding of how these conditions impact on access to work. Participants therefore appreciated when staff helped them identify alternative employment pathways. The DES program was also consistently acknowledged as providing more support than the equivalent mainstream program jobactive.

[Previous mainstream provider] just didn’t care. They just wouldn’t support you in any way. I think the only time they suggested a job to me, somebody was like ‘there is a job down at the plaza, at the Asian food shop there. Just go and hand in your resume right now. It’s full-time’. I said well that’s all well and good but I am dyslexic and I find it hard to understand other people’s language sometimes … and with my anxiety, it makes me really stressed out … [Current DES provider] have taken a different approach. Like so far we have done something that really helped me. Sort of like a computer thing that tells you what careers would be good for you and it pretty much says that I am a people person, so a job that is caring for other people would be really good. (P7)
3.6. Financial and housing insecurity

The housing is a big issue for me currently and people are really pulling their resources to try and get me housing. Even my ex is going to inspections for me and everything so it’s all good. They realise [mental health team] if I had stable housing, I would be a lot more receptive to having a job and I’d be more likely to attend work. (P4)

The majority of participants reported experiencing persistent financial hardship. This was related to a variety of factors including unemployment; and, the low rate of the DSP and other income support payments that are not sufficient to meet basic needs, disability and health related expenses, or to ensure a decent quality of life for themselves and their dependents. This in turn was reported to have a negative impact on mental health; made it more difficult to look for or engage in work due to associated costs (e.g. travel for job searching, clothing for interviews) or pursue employment pathways (e.g. further study); compounded debt; and, limited participants’ control over their broader life circumstances. As noted above, the financial support DES provides in terms of pursuing study or costs associated with job searching (e.g. vouchers for travel) is limited and not consistent across the program.

We can’t get well unless we are financially [secure]. It’s all just really hard. I’d much prefer just to have some consistency, even to know where I was living so I could know where to look for work if that makes sense. (P1)

Housing insecurity was a significant issue for approximately half of the participants. Work was therefore highlighted as crucial to supporting access to housing. Conversely, housing security was seen as a key requirement enabling participants to look for work. Further, access to secure, affordable and safe housing was reported to be a major barrier to physical and mental health. A third of participants were currently living with family, yet generally expressed a desire to live independently if they could afford to.

I always had a problem with my father. He is a bit abusive at times. So that is something I had to deal with. . . . It is crazy but because of my situation I still have to live at home . . . I can’t support myself yet so this is the only option. (P14)

A few participants were benefitting from government and non-government housing services, yet others reported being waitlisted for housing for more than a decade, despite attempts by DES providers to support referral processes into various housing services. In the interim, some participants had been exposed to life threatening experiences while living in emergency or short-term accommodation services.

I have been pretty much in the homeless category for the last five years, as in no consistent accommodation . . . all of that has a huge impact on work. So in February 2016 I was working in [suburb of Melbourne], I was living in [another suburb of Melbourne] in [short term accommodation service for women]. I came home from work one night, went to my room, I could hear the screaming and yelling . . . A woman was murdered in the kitchen. And I was expected to go to work the next day as a care supervisor for elderly people. You know, it’s too much. I didn’t feel safe. I never felt safe. Having routines and systems that work for you and when you have a mental health condition, for me, the more systematic I can be the better. (P4)

3.7. Engagement with the labour market

Employment history varied considerably across the cohort. Whilst only five participants reported they had never had paid employment, more than two thirds were currently unemployed. One quarter of the participants were currently or previously engaged in some form of volunteer work. Participants reported this provided them the opportunity to develop confidence and skills useful for transitioning into paid employment, as well as a sense of social inclusion.

For participants that were currently working, the majority reported not being able to gain as many hours of work as they would like, or were in roles that undermined their mental health. All participants described previous or current stressful or precarious work conditions. This included underpayment, even when a government funded wage subsidy was concurrently being claimed by the employer; bullying within the workplace; and unrealistic employer expectations in regards to job roles.

I think there is a lot of dodgy employment out there. I recently tried out in a cleaning job. I probably did about 30 hours for them and they only paid me for 18 and their justification was my work wasn’t good enough. (P1)
Participants also described examples of Employment Services (mainstream services and DES) and employers undermining their capacity, or pushing participants into inappropriate or precarious jobs. Participants reported that these experiences within the labour force and in engagement with DES providers caused significant distress and undermined their confidence that the Employment Services could help them gain and maintain meaningful work.

When I first went to [previous DES provider] I presented with my qualifications . . . and the young women I was working with, that didn’t last. She told me I was hitting too high and I was possibly too psychologically damaged to follow the profession of social work and I should be looking for something else and I found that really devastating. (P1)

A major concern highlighted was in relation to the limited jobs available in comparison to the number of people looking for work. Participants felt particularly disadvantaged in these circumstances due to their mental health and/or disability, and their limited work experience.

I just guess that on paper it just looks like I’ve had a whole bunch of voluntary things and people wonder why I can’t be employed for pay . . . So I think people just don’t give me a chance. I’ve written cover letters explaining what is going on and to give me a chance . . . I think that on paper the people get scared. They don’t understand disability in general and they don’t want to know, all that is so much effort, let’s go with the easy person that didn’t have a disability rather than the person who is disabled. (P4)

Compounding disability related discrimination creating barriers to work, participants reported experiencing discrimination related to being unemployed and receiving income support and the negative impact this had on their mental health.

Yeah I do [enjoy working]. Because I feel more confident, and much better as a person about myself. And I don’t feel like people judge you so much . . . The first thing people say is ‘what do you do’? And if you don’t do anything, people are just very judgmental and kind of assume you are a bum or an idiot. I just don’t like feeling like nothing. So I prefer to be working, even if it’s part-time. It’s not my fault if I can’t handle full-time work, I still feel better to say I do something. (P17)

Participants expressed alternative perspectives to the negative rhetoric and discrimination towards welfare and unemployment that they frequently experienced within and external to DES. This perspective advocated for a greater focus on job creation.

Rather than spending a couple of billion dollars a year yelling at people and getting people to out grovel each other, if there was guaranteed employment . . . It’s up to them to find something meaningful for people to do. Rather than say that there is nothing there for 5% of society, therefore it is that 5% of the population’s fault. If there is nothing for that 5% of the population to do, therefore we had better think of something. (P21)

4. Discussion

Recognising the limitations of this study to the extent that the relatively small sample was drawn from a limited number of DES providers and therefore may not represent the life experiences of all DES participants with psychosocial disability or the models of practice delivered by alternative DES providers, this study nonetheless reiterates the need for the DES reforms to better enable evidence-based, individualized, integrated and outcome-orientated employment services [15, 17, 45]. Looking for work in the context of limited jobs, persistent disability and welfare related discrimination, can negatively impact on the mental health of job seekers [32, 55]. Better integration of mental health and employment services, as implemented through IPS models, would enhance the capacity of DES providers to support people with a psychosocial disability to cope with the stresses of finding work articulated by the study’s participants. Ideally, it would also ensure services identify and support the career aspirations of participants, as this study highlights ongoing disparities between participants in relation to the level of support they have experienced to pursue their work goals [13, 15].

DES commentators have also called for understanding of external factors which may influence effectiveness of the DES program [17, 52]. This study highlights that even if the DES reforms enable better integration of mental health and employment services, they alone will not improve the effectiveness of
the program. All participants interviewed described challenging life circumstances that undermined their mental and physical health, and created significant barriers to gaining and maintaining work. Key challenges included disrupted education, traumatic life events, inadequate access to mental and general health services, and financial and housing insecurity. As highlighted by these participants however, the DES program remains inadequately resourced and incapable of addressing entrenched non-vocational barriers to employment.

This study also contributes to the growing international evidence demonstrating the important relationship between socio-economic factors, mental health, and work [22, 26, 56, 57]. Social inequalities which create barriers to education, housing, and financial security, contribute to poor mental health. If barriers are inadequately addressed, it is more difficult for individuals experiencing poor mental health and difficult life circumstances to access the support they require to enable their recovery. In essence, social inequalities and the inability of social policies and programs (e.g. education, housing, employment) to ensure the health and welfare of people with mental illness create a disabling environment. This is particularly relevant to engagement and benefit from the DES program and broader labour markets. Until we adequately address this cycle and more effectively address non-vocational barriers to work, we cannot expect people with disability to benefit as much as they should from the DES reforms.

Nonetheless, the DES reforms provides a critical opportunity for the government, DES providers and broader health and social services, to listen to the perspectives of people with a psychosocial disability and ensure that the design and implementation of models of services are integrated with improved support across other sectors to help concurrently address the vocational and non-vocational barriers to gaining and maintaining work [58]. This requires broader social policy changes in Australia to address social inequalities and reduces the likelihood that people experience a psychosocial disability, and are better supported if they do.

Existing evidence from the Australian context, and the experiences of this study’s participants emphasises the need for broader policy reforms to focus on improving access to mental health and social services; addressing the lack of affordable and accessible housing; addressing the level of financial hardship and poverty experienced by people with a disability and income support recipients; improving educational outcomes and transition processes for people with a psychosocial disability; and increasing the availability of employment opportunities that meet the diverse needs and aspirations of people with disability [9, 19, 30, 58–61]. Enhancing integration of mental health and employment services is an obvious recommendation. Extending this to integrate broader social services (e.g. housing) should also be considered. Not only will this start to address underlying barriers to employment and improve the capability of participants to engage with the labour market, but it is also likely to benefit DES providers, who rely on placing job seekers in employment for their revenue.
5. Conclusion

The life circumstances of DES participants with a psychosocial disability are often complex, and undermine their engagement with employment services and access to labour markets. Despite considerable investment in ongoing reforms, these circumstances continue to undermine the effectiveness of the DES program. It is important that service providers and policy makers document and understand these complexities. However, without greater efforts to address these systematic barriers to employment across all policy sectors, people with a psychosocial disability will continue to experience social inequalities and unjustified barriers to the labour market that the DES program alone is not resourced or capable of overcoming. Ultimately, this undermines the right of people with disabilities to work, making it more difficult for them to attain, enjoy and benefit from all other rights. Models of evidence-based service delivery that better integrate mental health and employment services are most definitely needed in the Australian context. It is time however, to develop approaches which better integrate broader policies and services to actually address external factors which undermine the DES program and access to work for people with psychosocial disability.

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Conflict of interest

None to report.

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