



WORK COUNTS

PLATFORM

Response to the draft  
Disability Action plan

Working Matters

Work Counts and Platform Trust

21 February 2020

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## WORKING MATTERS

Response to the *draft* Disability Employment Action Plan

21 February 2020

We are pleased to be able to provide a response to the draft Disability Employment Action Plan. This response has been developed by **Work Counts** and **Platform Trust (Platform)** to bring together the views of people and organisations working in the employment and mental health and addiction sectors.

People with mental health and addiction issues form the largest group of people claiming welfare benefits and this number continues to grow (OECD, 2018). This is despite most people with lived experience of mental health and addiction issues having a goal to resume or return to competitive employment now or in the near future, and the proven evidence-based practices that integrate health and employment support. If implemented at scale, these practices can effectively support people to get and keep employment, honouring these employment aspirations.

It is crucial therefore, that the Disability Employment Action Plan prioritises the necessary actions to address this significant and long standing inequity between peoples' aspirations and their labour force status. The Plan needs to set out actions that will improve employment outcomes and the wellbeing of people living with mental health and addiction issues. The rising numbers of people claiming benefits for mental health and addiction issues is a clear indication that the inequities are growing and that the current system is not meeting the employment support needs of people living with a mental health and addiction issue.

We believe that the Disability Employment Action Plan needs to formally recognise the employment support needs of people living with mental health issues and people living with addiction issues. In its current form it does not.

Our response therefore focuses on key recommendations which should be included in the Disability Employment Action Plan so that it can better address the labour force needs of people living with an addiction and mental health issue.

In addition to adopting our recommendations in the Disability Employment Action Plan we also strongly recommend that a **Mental Health and Addiction Employment Strategy and Action Plan** is developed to accompany the Disability Employment Action Plan. This is in line with the OECD mental health and work NZ (2018) recommendations accepted by the government in 2019. This new mental health and addiction employment strategy should be a cross government plan led by MSD and MoH.

Our response explicitly includes people who experience addiction issues. This is because the needs of this group of the population often remain invisible in government policy and implementation.

The scope of the Disability Employment Action Plan sets out to improve the labour force status of disabled people **and** people with a health issues. Addiction is a health issue, and people with addiction are significantly disadvantaged in the labour market (Lockett et al., 2014).

## Overview of our recommendations

1. **Scale-up access to integrated employment support and mental health and addiction services with immediate effect.**

Evaluate the impact of the scale-up as it progresses to ensure that these services continue to be effective when delivered at scale. Pilots and trials have been on-going for nearly 10 years. New Zealand evidence and experience, coupled with overseas evidence means we know what works, it is now time for scale-up.

2. For people in contact with specialist mental health and addiction services who face the biggest challenges to resuming careers or taking up employment for the first time, there should be a staged rollout of **Individual Placement and Support employment support services** to meet full national coverage in five years. Current availability of these evidence-based practices is patchy and inequitable.

3. Ensure **all CAMHS (Children and Adolescent Mental Health and Addiction Services)** in Aotearoa New Zealand include **integrated evidence-based employment and education support services**.

4. **Increase the number of employment support services, and improve access routes to these services.**

It is particularly important that people with lived experience of mental health and addiction issues have ease of access to employment support that can offer a greater intensity of support. Greater intensity of support can be achieved through employment advisors / case managers with much lower caseloads (between 20-40 people) to ensure well-matched, timely, personalised and flexible services in the local community.

The eligibility settings and processes for accessing employment support services be opened up and simplified. In addition participation in a government-contracted employment support service should be sufficient for a person with mental health and addiction issues to meet any work obligations related to their welfare benefits.

5. The MSD Disability Employment Action Plan must set out **how it will achieve parity with the integrated vocational rehabilitation and health services support offered through the ACC** system. Integrated policy and funding between MSD and MoH is crucial to enable the delivery of integrated health and employment support services for people with health conditions and disabilities not covered by ACC, to ensure equity of access and outcomes.

6. The Disability Employment Action Plan needs to explicitly **adopt the recommendations of the OECD 2018 Mental Health and Work New Zealand** report accepted by Cabinet in May 2019 and these need to be built into the Disability Employment Action Plan.

In addition to our key messages, we endorse the joint submission of the Mental Health Foundation and the Like Minds Like Mine programme. We especially agree with two statements around Māori and Te Tiriti o Waitangi obligations, and Intersectionality

*“The plan must recognise and explain how it responds to government obligations under Te Tiriti o Waitangi. This includes how it will ensure Māori have equitable opportunities and outcomes regarding the right to work, and the right for Māori participation and leadership in decisions that impact on Māori employment.”*

*“Recognise intersectionality of different identities creates compounding layers of discrimination and disadvantage, and give priority to people/groups over-represented in unemployment and underemployment, including people with lived experience of mental distress, Māori, Pacific peoples, and rainbow communities.”* Specific comments on the action plan

## **Objective 1: Disabled people and people with health conditions steer their own futures.**

### *Action area 1.1. Successful transitions for disabled school-leavers*

We support the need to enable effective transitions for disabled school leavers and school leavers with health issues and we agree successful transitions should start early, particularly before the age of 14 and the young person should be at the centre of decision making.

The action plan states that a lack of work experience is one of the main barriers to employment. Whilst this is the case, a further barrier that is not acknowledged in the draft action plan is that young people with mental health and addiction issues experience unequal educational outcomes, which then negatively impact on their labour force participation.

The importance of educational outcomes and transitions into further and higher education and the labour market for young people living with mental health and addiction issues was the subject of a recent NZ report and recommendations by the OECD (OECD, 2018).

The Disability Employment Action Plan needs to adopt the recommendations of the OECD 2018 Mental Health and Work New Zealand report and build these into the action plan. Eighteen of the twenty recommendations have been accepted or accepted in principle by the NZ government (Cabinet, May 2019). Specifically to:

- Strengthen the availability and consistency of school-based mental health and addiction training and services across the country. Resources need allocating according to need and a particular focus on Māori and Pacific youth.
- Step up teacher’s mental health and addiction competence and address bullying in school more rigorously
- Ensure that adequately equipped and easily accessible Youth One Stop Shops operate in all regions, with comparable service quality
- Resource Youth Primary Mental Health and Addiction Services adequately and enable them to provide common interventions (such as talking and e-therapies)

Young people in contact with Child and Adolescent mental health services (CAMHS) experience significant labour force disadvantage (Orygen, 2014). The Disability Employment Action Plan can support this by ensuring:

- All CAMHS services in New Zealand include integrated evidence-based employment and education support services.

The Individual Placement and Support approach, with an educational component is being successfully trialled in New Zealand, Australia and North America. Employment and education support are integrated into health settings and support young people disengaged from both education and work to gain employment and education outcomes (Australian Government Productivity Commission, 2019).

## Objective 2: Back people who want to work with the right support

We agree, there is an urgent need to improve the coverage and take-up of effective employment support services. This is crucial to achieve equity of employment outcomes.

For people who experience mental health and addiction issues it is crucial that health and employment support are integrated, so that the person's health and employment needs are supported in parallel, not sequentially.

We therefore strongly support the expansion of integrated health and employment support trials (announced in the Budget, 2019). This is also a recommendation of the OECD 2018 Mental Health and Work report and a recommendation that has been accepted by Cabinet (May, 2019).

- The Disability Employment Action Plan should recommend scale-up with immediate effect, with on-going evaluation of the scale-up process. Pilots and trials have been on-going for nearly 10 years. New Zealand evidence and experience, coupled with overseas evidence means we know what works, it is now time for scale-up.
- For people in contact with specialist mental health and addiction services, there should be a staged rollout of Individual Placement and Support employment support services, to meet full national coverage in five years.

In addition we consider that

- The eligibility settings and processes for accessing employment support services be opened up and simplified.
- Participation in a government contracted employment support service should be sufficient for a person with mental health and addiction issues to meet any work obligations.

The ultimate objective should be to ensure parity between the health and employment support services offered by Health and MSD, to those offered by ACC.

## Objectives 3 and 4: Growing employment opportunities and create inclusive workplaces

We agree, employer confidence in recruiting and retaining disabled people and people with health issues is crucial to an effective Disability Employment Action Plan. We also welcome the emphasis in

the draft plan that there needs to be more action to promote mentally health workplaces as part of Health and Safety Strategy. To this end we recommend the Plan:

- Adopts and funds the Mindful Employer initiative which has been successful in the UK, Canada and Australia, and extends this to include a focus on addiction.
- Strengthens the focus of national and local mental health and addiction anti-discrimination campaigns on the work skills and talents of people living with mental health and addiction issues and on what makes a mentally healthy workplace.
- Profiles and champions exemplary public and private sector employers
- Ensures the public sector are an exemplary employer of disabled people and people with health issues, as recommended in the Simpson interim report of the Health system (New Zealand Health and Disability System Review, 2019).
- Increases the focus on the management of mental health and addiction issues in the workplace, rather than just promotion and prevention. This would include action which trains and provides advice to line managers on how to support staff experiencing mental health and addiction issues.
- Increases the focus on rainbow responsiveness and inclusivity in the workplace.

## Measuring success

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We recommend the inclusion of indicators which measure the employment rate, hours of work, qualifications levels of:

- People in contact with specialist mental health and addiction services
- People with mental health and addiction issues as measured by validated scales. E.g. K10, SF12.

These indicators can be gathered from existing administrative data sets (See for example OECD, 2018).

In addition, and in line with the OECD report recommendations:

- Nationally collect sickness absence data.

New Zealand, in contrast to all other OECD countries does not collect any data on sickness absence. This is essential for on-going policy making and action in this area.

## References

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Australian Government Productivity Commission (2019). *Mental Health: Productivity Commission Draft Report Overview and Recommendations*. Canberra, Australia: Australian Government Productivity Commission.

Lockett, H., Kyriacos, C., Nelson, A., Priest, R. & Miller, L. (2014). *Employment support & addiction: What works. Briefing 48*. London, England: Centre for Mental Health.

New Zealand Health and Disability System Review Hauora Manaaki ki Aotearoa Whānui (2019). *Interim report: Pūrongo Mō Tēnei Wā Health and Disability System Review*. Wellington, New Zealand: New Zealand Health and Disability System Review Hauora Manaaki ki Aotearoa Whānui.

OECD (2018). *Mental health and work Aotearoa New Zealand*. Paris, France: OECD.

Orygen (2014). *Tell them they're dreaming. Work, education, and young people with mental illness in Australia*. Melbourne, Australia: Orygen Youth Health Research Centre.

## Appendix 1: Organisations involved

**Work Counts** ([www.workcounts.co.nz](http://www.workcounts.co.nz)) offers expert assistance to support organisations to develop and deliver evidence-based practices in employment support for people living with mental health and addiction issues. Work Counts is Aotearoa New Zealand’s centre of expertise on Individual Placement and Support (IPS) research and implementation. Work Counts convenes the IPS national steering group, a cross sector oversight group committed to increasing access to high quality employment support for people living with mental health and addiction issues in Aotearoa NZ and provides the leadership for Aotearoa New Zealand’s membership of the International IPS Learning Community.

**Platform Trust (Platform)** ([www.platform.org.nz](http://www.platform.org.nz)) is an intermediary organisation for community mental health and addiction services. As an intermediary organisation, we have strong connections with service providers, service users, policy makers, other intermediaries, professional associations and government agencies. Our network of 79 community organisations provides support to people whose lives are directly impacted by mental health and addiction, their whānau and the communities where they live.

- Able Charitable Trust
- Arahura Charitable Trust
- Arataki Ministries Ltd
- Balance Aotearoa
- Beth-Shean Trust
- Braemore Lodge
- Changing Minds
- Comcare Trust
- Corstorphine Baptist Community Trust
- Creative Arts Trust - Artsenta
- Dalcam Healthcare Group
- Dayspring Trust
- Delamore Support Services Ltd

- Depression Support Network
- Ember Korowai Takitini
- EMERGE Aotearoa Ltd
- Equip
- Gateway Housing Trust
- Goodwood Park Healthcare Group Ltd
- He Waka Tapu
- Hinemoa Lodge
- Kāhui Tū Kaha
- King Street Artworks
- Kites Trust
- Koputai Lodge Trust
- Le Va
- LifeWise
- LinkPeople
- Mana o te Tangata
- MASH Trust
- Mental Health Education and Resource Centre
- Mental Health Foundation of New Zealand
- Mental Health NZ
- MHAPS (Mental Health Advocacy and Peer Support Trust)
- Mind and Body Consultants Ltd
- MIX
- Mothers Helpers
- New Zealand Needle Exchange Programme
- Oasis Network
- Odyssey House
- Odyssey House Trust Christchurch
- Otago Mental Health Support Trust
- Pablos Art Studios Inc
- Pact
- Pathways
- Penina Trust
- Problem Gambling Foundation
- Progress to Health
- Pukeko Blue Ltd
- Purapura Whetu Trust
- Refugee Trauma Recovery
- Rubicon Charitable Trust
- St Marks Residential AOD Centre
- Stand Children's Services Tū Māia Whānau
- Step Ahead Trust
- Stepping Out Hauraki
- Stepping Stone Trust
- Supporting Families in Mental Illness NZ Inc
- Te Ara Korowai
- Te Kotuku Ki Te Rangi
- Te Rūnanga o Kirikiriroa Trust Inc
- Te Waka Whaiora Trust
- Te Whare Mahana Trust
- Thames, Coromandel Hauraki Social Services Collective c/o Whitianga Community Services Trust
- The Higher Ground Drug Rehabilitation Trust
- The Salvation Army
- Toi Ora Live Art Trust
- Tui Ora
- Turning Point Trust
- Vaka Tautua
- Vincents Art workshop Inc
- Waiheke Island Supported Homes Trust
- WALSH Trust
- Whatever It Takes Trust Inc
- Wild Bamboo
- Wise Group
- Work Opportunities Trust
- Workwise Employment Ltd
- Youth Horizons