

Dear Minister

Thank you for the opportunity to make comment on Welfare to Work. This submission is specific to the impact on people who live with a mental illness. We support the issues raised in a submission to you by the WA Association for Mental Health submitted by email on 13 February 2008, of which I am the President.

Richmond Fellowship of WA is a charitable, non religious, organization that provides accommodation and community support to people who live with a mental illness. We are primarily funded by the WA Government; however we recently won tenders from the commonwealth to provide Personal Helper and Mentor programs and Carer Respite programs. We were established in 1975 in WA, but are part of a network of forty separately incorporated bodies of Richmond Fellowships around the world that began with the first Richmond Fellowship in London in 1959.

We wish to make an additional but brief submission which, if implemented, has the capacity to improve the lives of many people who live with a mental illness while achieving the goals of the Welfare to Work policy.

Many people living with a mental illness tell us that they want to work. The reasons are simple: their self esteem improves; they have more money; they re-establish social networks because they can buy and do things; housing affordability increases; they are less dependent on the system, friends and family among other reasons. Their fear is that they are unable to work more than 15 hours in some cases because of the stress associated with the change. Others may be able to do three or four days, but they all would prefer to be paced in their re-introduction to the workforce. Others may be willing to work full time but are fearful about their capacity to cope.

Many are also prepared to undertake voluntary work, but feel they may be penalized under the current system so they don't do voluntary work. This would enable them to build their confidence – an important step forward.

Others are clear that they literally cannot afford to work for more than twenty nine hours per week because if they do they lose their health card and the cost of medications falls onto them: their pay packet would then be used to pay for medications that would have otherwise been free and they are no better off financially. In the UK, the government appears to have overcome this by allowing people who live with a mental illness to retain their health benefit card.

**Employment Proposal:**

Our proposal is simple. We believe that as one of its future strategies the government should fund agencies to provide a number of Peer Support positions in the mental health sector, or positions that can be reserved even if not identified as being for people who have a lived experience of mental illness. A Peer Support position is a real job in which a person who has recovered from a mental illness is permanently employed in an organization to support other people living with a mental illness in the recovery journey. The commonwealth has begun to do this in its funding of the Personal Helpers and Mentors program where it encourages agencies to employ at least one staff member as a Peer Support worker. This is a way to provide opportunities for people to re-enter the workforce and it helps build the capacity of agencies that are working in the mental health sector. It will build confidence and also provide a springboard for these staff to compete for jobs in areas other than mental health at a later stage in their career.

Richmond Fellowship of WA employs a number of people who have a lived experience of mental illness in a variety of capacities as part of its employment policy. We generally stand alone WA and possibly Australia with the exception of one or two agencies because of the degree to which we have mainstreamed the positions. Some agencies offer project work, but not recurrent permanent work. Out of my management group of 8 senior managers, three are people who have a lived experience of mental illness. Out of the ten staff employed in the PHAMS teams, five have the lived experience and one occupies the specifically named

position of Peer Support worker. Many of these staff commenced their re-entry into the employment market by undertaking voluntary work with an agency. Others have commenced through part time employment activity. Many have professional qualifications but their lives were broken by their illness and now they can re-establish themselves with dignity and productivity. For a number employed by RFWA, this has been the first major breakthrough in their lives since experiencing their illness and commencing their recovery. There are proud, productive employees who are helping to change the lives of other. They are employed in real jobs with a real focus and are interacting with professionals from a wide range of agencies in undertaking their work.

Our recruitment strategy for the new services we have started up is to include in the advert that people who have lived with a mental illness are encouraged to apply. I have included a copy of an advertisement as an example and also an article we regularly place in Business News and other papers as background to my statements. We have attracted people to positions in our organization who found our philosophy appealing and who had the qualification, but did not disclose their past history in the interview because they did not need to. Since commencing their employment they have disclosed their history and refer to themselves as peers as well. What this suggests is that there are many people in the community who have a lived experience and who have recovered and would re enter the workforce if they felt safe enough to apply for a job. We believe we have created this safety and we believe there are other mental health organizations who could be encouraged to do so with some government support.

**Recommendation:**

Minister, we ask that you review how people living with a mental illness are affected by the current Welfare to Work policies and give consideration to the changes proposed by the WA Association for Mental Health (WAAMH) and other organizations.

We also ask that you consider providing a scheme for mental health non government service providers to fund real jobs that can be offered by those agencies to people living with a mental illness to help them help others in breaking the destructive cycle of mental illness and strengthening social inclusion for people living with a mental illness.

Warm regards,

Joe Calleja

***Joe Calleja***  
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