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**ECCV submission the Inquiry into  
Workforce Participation by People with Mental Illness  
To the  
Family and Community Development Committee  
Victorian Government**

**November 2011**

1. Ethnic Communities' Council of Victoria (ECCV) welcomes the opportunity to present a submission to the Inquiry into Workforce Participation by People with Mental Illness.
2. ECCV is the state-wide peak advocacy body representing ethno-specific agencies and multicultural organisations. ECCV membership consists of approximately 200 organisations. ECCV advocates to all levels of government in areas such as aged care, discrimination, community harmony, employment, education and training, health and community services and justice issues.

ECCV commends and the Family and Community Development Committee of the Victorian Parliament for undertaking the Inquiry into mental illness and work and appreciates the opportunity to provide input on behalf of Victoria's culturally and linguistically diverse (CALD) communities.

3. The main focus in this submission is on strategies to assist refugees and people from new and emerging communities to participate in the workforce.

### **Summary of Recommendations**

#### Priorities

ECCV's top 3 priorities for achieving improved outcomes for people with mental illness seeking to participate in the workforce are:

- Public awareness and community education campaigns to make employers aware of what constitutes discrimination and the benefits of diversity in the workforce and to inform non-English speaking employees of their rights and responsibilities.
- Prevention and early intervention wellbeing initiatives that focus on positive identity formation and improved sense of belonging for refugees and people from new and emerging communities seeking work.
- Incentives for employers to make flexible arrangements for the employment of refugees and people from non-English speaking backgrounds that include mental health and one-to-one advocacy support.

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## **Detailed List of Recommendations**

### Recommendation 1 - Defining Workforce Participation and Mental Illness

- That researchers and government departments ensure that data collection regarding mental illness is inclusive of culturally diverse communities, especially new and emerging communities and refugees.

### Recommendation 2 - Participation in the Workforce by People with Mental Illness

- That positive identity formation and sense of belonging programs are developed as part of the refugee settlement and workforce transition.

### Recommendations 3 - Costs of Low Workforce Participation

- That employment and settlement service providers allocate extra time to explore areas of overseas expertise of refugees to better match them with suitable employment.
- That refugees and non-English speaking people receive assistance to recognise overseas qualifications, to upgrade and retrain to build on their existing skills and qualifications.
- That refugee settlement services focus on early intervention strategies that aim for earlier access to the workforce.

### Recommendation 4 - Benefits of Workforce Participation

- That adequate resources be provided for mental health providers to work in partnership with career counselors and workforce transition programs.

### Recommendations 5 - Barriers to Workforce Participation

- Increased funding to extend English language tutoring beyond merely functional teaching for humanitarian entrants and people from new and emerging communities.
- Increased funding for students to be placed in bridging courses to enhance their prospects of gaining recognition of overseas qualifications and improve work options.
- That career counseling for people from refugee and emerging community backgrounds focusses on the assessment, appreciation and utilisation of overseas qualifications.

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#### Recommendations 6 - Role of Government in Supporting Workforce Participation By People With Mental Illness

- Resource allocation for the production and promotion of success stories featuring refugees and people from new and emerging communities showcasing how they overcame mental health issues of trauma, sadness and grief through productive workforce and satisfying experiences.
- That cross-cultural training be included as workplace orientation for people from culturally diverse backgrounds.
- Incentives for employers to take on culturally diverse employees with mental health issues that include guidelines and a safety net for the employer when difficult issues need to be resolved.

#### Recommendations 7 - Role of Federal Government in Supporting Workforce Participation By People With Mental Illness

- The federal government should consider allocating low-cost loans over an extended term to allow sponsors and refugees to finance the arrival of their families and still upgrade their qualifications.
- The provision of community education and incentives for employers to provide support for employees from refugee backgrounds in unskilled service jobs with a view to advance their career opportunities.

#### Recommendations 8 - Role of Employers, Industry And Unions In Supporting People With Mental Illness In The Workplace

- That unions and employers provide information in languages other than English about workplace rights and a responsibilities, complaints procedures and how to seek support when harassment occurs.
- That unions provide workshops on rights and responsibilities for people from refugee and emerging community backgrounds who enter a trades apprenticeship.

#### Recommendations 9 - Role Of Community In Supporting People With Mental Illness In The Workplace

- Community initiatives that match new employees from refugee backgrounds with mentors and peer support people in the workforce.
- Education and cultural awareness training for peer support people and mentors.

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### Recommendations 10 - Role of Health And Community Services In Supporting Workforce Participation By People With Mental Illness

- Additional government incentives for the training and recruitment of bilingual counselors, especially in new and emerging language groups.
- The resourcing of community-based mental health services to provide individual advocacy support for refugees and emerging communities with mental health issues and workforce transition programs.

### Recommendation 11 - Effectiveness of Programs Supporting Workforce Participation by People with Mental Illness

- Increased resources for social enterprise initiatives for refugees and newly arrived people from non-English speaking backgrounds.

The following is a more comprehensive explanation of the above recommendations and related issues with more detailed background information:

#### **Defining Workforce Participation and Mental Illness**

##### *Key features of mental illness amongst refugees and emerging communities*

4. The relationship between unemployment and mental health among immigrants and refugees is highly complex and often poorly understood within the Australian context. Whilst it has been generally assumed that traumatic pre-migration experience requires immediate psychiatric interventions and impedes an individual's ability to work, there is supporting evidence to suggest that this might be a narrow view of settlement needs.
5. The recommendations in this submission shift the focus from 'passive victim' to 'active survivor'. In this sense workforce transition is an important pathway to wellbeing for refugees and new and emerging groups.
6. Members of emerging communities (e.g. African-Australians) are statistically over represented in accessing and use of psychiatric institutions and services in Victoria. Studies have identified that immigrants, and in particular refugees, are at a higher risk of developing mental health difficulties due to traumatic war experiences in their homeland as well as post migration difficulties such as stress from the migration process, separation from family, loss of professional status and language difficulties.
7. In Sub-Saharan Africa war, famine and political upheaval have lead to traumatic pre-migration experiences, grief and loss which seriously affect families with African and refugees backgrounds. They often result in family breakdown, domestic violence and social isolation. Torture and trauma have a profound immediate and long-term impact

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on their physical and psychological health. This leads to two alternative perspectives in resettlement: more passive medicalisation versus pro-active social inclusion. Finding work is an important part of the social inclusion model.

8. Studies indicate that the mental illness rate is much higher in refugees in comparison to their Australian counterparts however accurate statistical data is missing. For example, the National Survey of Mental Health and Wellbeing (NSMHWB) has become the standard measure used to assess the prevalence rate of mental health in Australia. Its surveys depend on strong verbal skills therefore many people from culturally and linguistically diverse backgrounds (CALD) have been excluded and the statistical analysis has failed to acknowledge them.

#### Recommendation 1

That researchers and government departments ensure that data collection regarding mental illness is inclusive of culturally diverse communities especially new and emerging communities and refugees.

### **Participation in the Workforce by People with Mental Illness**

#### *Capacity to work*

9. Australia's shrinking manufacturing sector means that the recent humanitarian immigrants did not benefit from the Australian economy's historically low unemployment that the more established immigrants experienced in the 1950s and 60s. This makes finding work for non-English speaking people with mental illness even more challenging. In the 21<sup>st</sup> century the main employment niches that immigrants undertake in Australia include low skilled services such as cleaning, care of the aged, meat processing, taxi driving, security and building, irrespective of their qualifications and experience in their homeland.
10. During the early resettlement period immigrants often have difficulties finding employment and face severe economic challenges as well. The excessively high unemployment level among refugees has been attributed to limited English skills and lack of recognition of overseas qualifications, as well as discrimination from employers. Consequently, many refugees undertake low skilled and underpaid jobs, as they do not have the financial means to get re-qualified or re-skilled due to severe economic challenges and the need to care for their families.
11. Australian studies show that the majority of immigrants are not fully utilising their experience and skills. They often feel undervalued, underpaid and de-skilled which impacts on their mental wellbeing.

#### *Motivation to work*

12. Australians from culturally diverse backgrounds with mental health difficulties are generally highly motivated to work. They want to make a new start and get on with their lives. They prefer to be seen as active job seekers rather than passive victims of torture and trauma.

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For many people survival from pre-migration trauma and torture, loss, dislocation and detention becomes a source of confidence building and self-reliance. They are more likely to be actively looking for work, which suggests that their trauma had inadvertently increased their resilience, confidence and future aspirations.

*Extent of workforce participation*

13. The mental health issues of Australians from refugees and emerging community backgrounds have seriously impacted in their schooling, education, family stability, social and community relationships, professional status, and employment opportunities.
14. A study conducted at the University of Sydney on Bosnians, Afghani and Iraqi refugees living in Sydney indicated that the former financial status and prior work experience in the country of origin did not diminish their motivation to look for work.
15. The report *Heartbreak Hotel* Report (2010) on the Melbourne hospitality sector examined the poor work conditions in lower skilled menial jobs that are filled by non-English speaking background people. It highlighted that decreased wellbeing and high levels of frustration result when people have their overseas experience devalued and lack advancement opportunities in such jobs.
16. Young people with refugee backgrounds experience the effects of identity crisis and dilemmas of belonging leading to low self-esteem and feelings of alienation. Geographic dislocation and forced migration sometimes lead to a lack of adequate intercultural skills resulting in misinterpreted behavior in job interviews such as job applicants appearing too reticent.

Recommendation 2

That positive identity formation and sense of belonging programs are developed as part of the refugee settlement and workforce transition.

**Costs of Low Workforce Participation**

*Individual, social and economic costs*

17. There is a risk that skills currently in short supply will be lost to the Australian economy, for example doctors and engineers from refugee backgrounds are working as taxi drivers and teachers from new and emerging communities are working as cleaners.
18. The Murdoch University report on *Refugees and Employment: the effect of visible different on discrimination* (2007) indicates that discrimination on the basis of race, religion and ethnic origin plays a role in creating unsatisfactory employment outcomes for people from refugee backgrounds.

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19. The ECCV Discussion Paper *A Better Way for Mental Health and Aged Care - a Multicultural Perspective* (2011) states that culturally diverse people with mental illness tend to access hospitals in a time of crisis, increasing costs on the health system.
20. When medicalisation is the only treatment available to non-English speaking people with mental illness it can lead to a culture of passive victims, long term unemployment and eventually the risk of creating disadvantaged and marginalised ethnic communities.

*Practical strategies to minimise costs*

21. Studies show that workforce participation assists refugees and new arrivals to improve their wellbeing. To assist new humanitarian arrivals with their mental health needs, the services and programs should be tailored to support their ability to find sustainable employment that will utilise their skills and expertise. This will ensure that they will be able to have greater opportunities and more successful adjustment to the Australian society.
22. The devaluing of overseas education, training and work experience means that people from non-English speaking backgrounds are rarely called upon to apply their full range of skills and expertise. As a consequence non-English speaking people are often underpaid relative to their education. It can make them residentially segregated, in part, due their low income levels.

Recommendations 3

That employment and settlement service providers allocate extra time to explore areas of overseas expertise of refugees to better match them with suitable employment.

That refugees and non-English speaking people receive assistance to recognise overseas qualifications, to upgrade and retrain to build on their existing skills and qualifications.

That refugee settlement services focus on early intervention strategies that aim for earlier access to the workforce.

**Benefits of Workforce Participation**

23. Pre-migration trauma and mental health is further exacerbated when refugees are unable to find work and are not able to utilise their expertise and knowledge in finding sustainable employment in Australia. This is in accordance with the Australian study by Colic-Peisker and Tilbery (2003) which reports that medicalising of the refugee experience in Australia may further exacerbate feelings of hopelessness and helplessness whereas refugees who sought employment and underwent further training reported positive adjustment and greater wellbeing.

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24. Workforce participation for people starting out their new lives after traumatic migration experiences shifts people's self-perception from the victim mentality to one of productive self-worth and leads to wellbeing and a more active life. In this way workforce participation for non-English speaking people is an important step in avoiding the medicalisation trap.

Recommendation 4

That adequate resources be provided for mental health providers to work in partnership with career counselors and workforce transition programs.

**Barriers to Workforce Participation**

*Workforce participation barriers*

25. Refugees and emerging communities with traumatic pre-migration experiences face multiple barriers to workforce participation. Australian research shows higher unemployment rates amongst recently arrived community language groups. Barriers to employment are inadequate English language skills, difficulties getting overseas qualifications recognised, lack of networks, lack of Australian experience and discrimination in the workforce.

26. For refugees and new arrivals from culturally diverse backgrounds practical lifestyle factors can make finding jobs more difficult such as challenges of finding suitable housing, limited access to health services and misdiagnosis of mental health.

*Workforce participation enablers*

27. People from new and emerging communities and refugee backgrounds would benefit from earlier and increased settlement support for housing, employment and health services. More effective pathways for earlier access to the workforce would improve the health and wellbeing of people from non-English speaking backgrounds

Recommendations 5

Increased funding to extend English language tutoring beyond merely functional teaching for humanitarian entrants and people from new and emerging communities.

Increased funding for students to be placed in bridging courses to enhance their prospects of gaining recognition of overseas qualifications and improve work options.

That career counseling for people from refugee and emerging community backgrounds focusses on the assessment, appreciation and utilisation of overseas qualifications.

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## **Role of Government in Supporting Workforce Participation By People With Mental Illness**

28. There is much value in local government promoting the workforce participation of culturally diverse people and refugees with mental illness through the profiling of success stories in a variety of media such as booklets, guides and DVDs.
29. Many recently arrived people from a non-English speaking background lack a cross-cultural understanding of appropriate behavior in the Australian workforce which sometimes leads to conflict situations, misunderstandings and job dissatisfaction.
30. Employers may be unwilling to take on culturally diverse employees with limited experience in Australia and would benefit from cross cultural awareness training, knowledge about understanding mental illness and refugee backgrounds as well as incentives to employ them. Employers need safety net to deal with new and unfamiliar circumstances especially where vulnerable people with mental illness are involved.

### Recommendations 6

Resource allocation for the production and promotion of success stories featuring refugees and people from new and emerging communities showcasing how they overcame mental health issues of trauma, sadness and grief through productive workforce and satisfying experiences.

That cross-cultural training be included as workplace orientation for people from culturally diverse backgrounds.

Incentives for employers to take on culturally diverse employees with mental health issues that include guidelines and a safety net for the employer when difficult issues need to be resolved.

31. Members of new and emerging communities experience heavy financial burdens through sponsoring family members. This has forced some educated refugees to accept unskilled work, forego English languages classes and delay plans for further study. As a result refugees are forced to remain in the secondary labour market and do menial service jobs. They require financial assistance to upgrade qualifications and regain their former professional status.

### Recommendations 7

The federal government should consider allocating low-cost loans over an extended term to allow sponsors and refugees to finance the arrival of their families and still upgrade their qualifications.

The provision of community education and incentives for employers to provide support for employees from refugee backgrounds in unskilled service jobs with a view to advance their career opportunities.

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## **Role of Employers, Industry And Unions In Supporting People With Mental Illness In The Workplace**

32. ECCV has anecdotal feedback that young people from new and emerging communities that pursuing a career path in skilled trades via apprenticeships have been victims of workplace bullying and harassment that includes racial abuse. This has resulted in young non-English speakers experiencing mental illness and terminating employment with few alternative options for employment.
33. People from a culturally diverse background in the workforce have little or no knowledge of their rights and how to seek support when harassment and bullying occurs. Unions have a role in supporting young culturally diverse apprentices and minimising discrimination that may lead to mental illness and negatively impact on workforce participation.

### Recommendations 8

That unions and employers provide information in languages other than English about workplace rights and a responsibilities, complaints procedures and how to seek support when harassment occurs.

That unions provide workshops on rights and responsibilities for people from refugee and emerging community backgrounds who enter a trades apprenticeship.

## **Role Of Community In Supporting People With Mental Illness In The Workplace**

34. Carers and families from new and emerging communities have little awareness of symptoms of mental illness and preventive treatment for mental health. Better information and access to culturally appropriate support would assist people from new and emerging communities with preventive strategies and earlier treatment.
35. Increased social contact and supported workforce participation was found to be more effective with refugees than long-term medication.
36. Sometimes western approaches to mental health that focus more on medicalization are culturally inappropriate and relevant cultural interventions should be considered. For example research on Somali women in Melbourne found that periodically organising a Harvesting Festival in which people sing, reflect and share, according to cultural practices in Somalia, was identified as a better alternative intervention for post-traumatic stress disorders.

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#### *Peer support*

37. Many refugees lived in camps and moved across different locations leaving them unprepared for formalised employment. Peer support and one-to-one mentoring would assist them to upskill, get accustomed to work routines and improve their wellbeing. It should be noted that the effective peer support requires more than just goodwill and should include training for the person providing the support.

#### Recommendations 9

Community initiatives that match new employees from refugee backgrounds with mentors and peer support people in the workforce.

Education and cultural awareness training for peer support people and mentors.

### **Role of Health And Community Services In Supporting Workforce Participation By People With Mental Illness**

#### *Role of mental health services*

38. Refugees and unemployed non-English speaking people with mental health issues require individual advocacy support from mental health services to assist with flexible workforce transition. Such advocates would assist with

- Negotiating flexible working hours
- Training to tackle issues around rights and responsibilities for example how and when to inform employers about work absences
- Profiling success stories from both employee and employer perspectives

39. Community-based partnerships between mental health providers and ethnic and multicultural organisations would provide an important combination of trusted, culturally relevant support combined with specialised mental health expertise for people from culturally diverse backgrounds.

40. Misdiagnosis and late diagnosis of mental illness amongst refugees is problematic and often associated with an inadequate understanding of cultural backgrounds. ECCV advocates the use of culture-neutral mental health diagnostic tools. Bilingual mental health counselors and social workers are in short supply. Their services are urgently needed to support transition into the workforce for culturally diverse people with mental health issues.

#### Recommendations 10

Additional government incentives for the training and recruitment of bilingual counselors, especially in new and emerging language groups.

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The resourcing of community-based mental health services to provide individual advocacy support for refugees and emerging communities with mental health issues and workforce transition programs.

### **Effectiveness of Programs Supporting Workforce Participation by People with Mental Illness**

#### *Alternative employment initiatives*

41. Alternative employment programs are beneficial in supporting workforce participation by non-English speaking people with mental illness. Transitional labour market models such as social enterprise initiatives have been evaluated by the University of Melbourne as effective pathways to employment for immigrants and refugees. 'Social enterprise' is defined as not-for-profit initiatives that have a strong social purpose with entrepreneurial and trading activities such as ethnic catering services; an African community newspaper; and a woodworking cooperative using recycled materials.

42. Refugees and culturally diverse people with mental illness would benefit from flexible working hours and activities that draw on their prior expertise and interests such as gardening, woodworking or sewing. Social enterprise initiatives provide valuable alternatives to mainstream labour market programs. Benefits are:

- Expanded social and professional relationships
- Improved confidence to participate socially and economically
- A sense of wellbeing through 'having a job'

#### Recommendation 11

Increased resources for social enterprise initiatives for refugees and newly arrived people from non-English speaking backgrounds

### **Looking to the Future**

#### *Priorities*

43. ECCV's top 3 priorities for achieving improved outcomes for people with mental illness seeking to participate in the workforce are:

- Public awareness and community education campaigns to make employers aware of what constitutes discrimination and the benefits of diversity in the workforce and to inform non-English speaking employees of their rights and responsibilities.
- Prevention and early intervention wellbeing initiatives that focus on positive identity formation and improved sense of belonging for refugees and people from new and emerging communities seeking work.

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- Incentives for employers to make flexible arrangements for the employment of refugees and people from non-English speaking backgrounds that include mental health and one-to-one advocacy support.

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