Mental Health Impairment in the Contemporary Labour Market:
Perspectives from Disability Employment Service-Users

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Statement of Originality

I, Izak Hiensch declare that the Honours thesis entitled ‘Mental Health Impairment in the Contemporary Labour Market: Perspectives from Disability Employment Service-Users’ is no more than 15,000 words in length including quotes and excluding tables, appendices and references.

This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

The research was approved by the Victoria University Human Research Ethics Committee, approval number HRE16-273.

Signature: ____________________________

Date: ________________________________
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Abstract

People with a mental health impairment have long been disadvantaged in the open labour-market due to discrimination by employers and co-workers, systemic barriers to participation, and limited availability of employment support. But in the past two decades, two well-documented trends have potentially worsened the employment prospects for people with a mental health impairment. The first is changes in the Australian labour market with fewer jobs, increased competition, and fewer entry-level and low-skilled jobs. The second is decreasing government support for peoples with disabilities and increasing conditions on receiving that support.

These broader economic and policy changes have been well studied in scholarly literature. But how these changes have been observed by, and how they have impacted upon, those with a mental health impairment seeking employment is much less studied. This study set out to explore this gap with eight extensive narrative interviews of people with a mental health impairment currently using disability employment services, in order to identify issues, themes and change common to their experiences of seeking employment in the open labour market in recent decades.

The narratives collected by the study found a number of issues relevant to the lived experiences of job-seekers with a mental health impairment that were not predicted or well-described in the literature, and whilst there was general agreement that their employment prospects had indeed declined in recent decades, the specific impacts of macro-economic or policy changes were felt very differently in each case. Moreover, the optimism and continued self-driven engagement by interviewees with the labour market revealed hope and positivity from individual service-users that is not captured by broader studies and provides a powerful counter-narrative to a disabling government rhetoric around welfare recipients in recent decades.
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Introduction

In February 2017, 186,073 people in Australia received services from a Disability Employment Services (DES) provider to support their participation in the open labour market. More than half, 51.8% of recipients, were people with a diagnosed mental health impairment (Department of Employment 2017a). Mental health and unemployment are interconnected. Within the disability spectrum, people with a mental health or nervous and emotional condition experience significant barriers to labour market participation and report lower rates of participation in the open labour market than almost any other group (Hogan et al. 2012). Furthermore, those living with a mental health impairment are amongst those at the highest risk of socio-economic disadvantage within the disability category (Kavanagh et al. 2015).

In recent decades, two powerful forces have shaped and changed the reality of those seeking work whilst living with mental health impairments:

Firstly, the changing nature of the open labour market in Australia. Generally, rising unemployment in Australia has disproportionately affected those with mental health impairment. New jobs in Australia increasingly require qualifications and advanced education which those with life-long mental health impairments often struggle to obtain. As one of the megatrends in the future of the Australian labour market identified by the CSIRO and Department of Employment, low-skilled, full-time jobs are disappearing and being replaced by higher-skilled, casual or part-time positions, leaving fewer sustainable jobs that people with a mental health impairment are more likely to obtain, and making the low-skilled job sector increasingly crowded (Department of Employment 2016, pp. 34-36; Hajkowicz et al. 2016, pp. 49-53). This trend does not necessarily affect those who acquired mental health impairments later in life and may hold advanced qualifications. That said, increased labour market competition can lead to increased observed discrimination against candidates with mental health impairments generally. Employers are more likely to choose a job candidate that does not have a mental health impairment, all other things being equal (Stuart 2006; Reavley 2016).

Secondly, a paradigm shift in Australian welfare policy, in which social security payments are no longer seen as a right, or citizenship entitlement and conditionality on their receipt has become standard. Australian social policy reform over the past two decades has been heavily influenced by three sub-trends in social welfare policy: neo-liberalism and New Public
Management (NPM); the philosophy of mutual obligation, and ever-tightening criteria and conditions placed on receiving support (O’Sullivan & Considine 2015, pp. 2-7). Whilst these trends have impacted many social policy reforms across the Organisation for Economic Co-operation and Development (OECD), in the unemployment sector Australia’s social security payments and unemployment assistance services were trendsetters that were heavily influenced by these three sub-trends. The neo-liberal policy paradigm and social investment ideas have introduced concepts like mutual obligation and ‘tough love’ to the employment sector, and requiring those accessing unemployment services to show reciprocal efforts, such as the Work for the Dole (WFTD) programme. NPM has brought private sector concepts into service provision in welfare, creating a quasi-market scheme in which (as of June 2017) 20 for-profit and 97 not-for-profit agencies are nominally competing to provide disability employment services (DES) (Department of Employment 2017b). A desire to limit expenditure on social welfare has led to the rise of the principle of ‘less eligibility’, in which requirements for receiving welfare benefits, specifically the Disability Support Pension, are tightened (e.g. Soldatic & Pini 2012).

While government sets social welfare policy, increasingly it has become less involved in the actual implementation of its policies, creating a quasi-market in which service-providers are often private and government oversight centres on measuring the outcomes of those private providers. Government oversight is largely focused on the performance of service-providers, rather than the processes that service-users experience. The twin forces of social policy reform and labour market competitiveness have had a significant impact on the lived experience of service-users, but those service-users have less opportunity to provide feedback to the policy level now that service-provision is often separated out. Although all jobseekers are impacted by these changes, those with a mental health impairment tend to be more heavily affected.

Research Aims

Although we know much about the broad long-term changes in Australian disability employment conditions, there is little research into the experiences of those who use disability employment services and experience changes to the labour market and government policy directly, particularly those with a mental health impairment. So, this thesis asks the question: what is the impact of these long-term changes on the lived experience of those seeking employment with a mental health impairment?
There are several valuable contributions answering this question can make. The primary benefit is that the voices of people with disability, particularly mental health impairment, are often marginalised and unheard in political debates over employment policy and the impact of long-term changes in the labour market. Narrative research gives us an ability to empower and highlight marginalised voices and bring important perspectives to these debates. Personal narratives are powerful ways of communicating the impact of these identified trends, and allow the public and policy-makers to better understand the consequence of these changes and potential ways to improve conditions and policies, and contributing to a better understanding of service-users, impacting future service design, service delivery, and support disability advocacy efforts. Additionally, allowing marginalised people to construct and share their narratives is also a way to disrupt dominant discourses and provide validation and hope, and a platform to share important stories. Finally, understanding the lived experience of service-users can help build up our understanding of these identified trends and validate their importance (or lack of importance) to people on the ground, as often academic studies of changes in the labour market or government policy do not feature service-user perspectives, particularly for mental health impairment, and so our we need to understand if the theorised impacts of these changes translate into lived experiences.

This thesis has the aims then of researching the stories of individuals who are most impacted by these identified changes in employment conditions and policies, and to use those stories to both highlight marginalised narratives within the system, to contribute their stories to an important debate, increasing awareness and inspiring change.

Research Context
As part of my Bachelor of Social Work honours program, I undertook a 500-hour placement at a not-for-profit Disability Employment Service provider, and researched the experience of service users with a diagnosed mental health disability with the open labour market. The service-provider, E-focus, is located in Heidelberg in the local government area of City of Banyule, in the north-eastern suburbs of Melbourne Victoria. The City of Banyule has a significantly lower rate of unemployment when compared with both the Melbourne metropolitan area and Australia (.id 2016). However, such statistics do not tell the whole story, as the City of Banyule also has significant pockets of privilege and disadvantage. For example, the median weekly household income in in the Eaglemont is nearly three times the median weekly household income in Heidelberg West, despite less than three kilometres between them (Australian Bureau of Statistics 2013a; Australian Bureau of Statistics 2013b).
E-focus delivers a range of services focusing around training, employment assistance and community development with the aim of alleviating disadvantage and enriching the lives of individuals and local communities (E-focus 2017). E-focus is a registered provider of Disability Employment Services (DES), and part of the larger Working Communities Network (WCN) who provide DES at 31 sites across Melbourne. E-focus DES Heidelberg is one of the nineteen sites in the WCN working with people that are diagnosed with a psychiatric disability and mental illness. The research methodology included eight in-depth interviews with clients of this service, who were DES service-users at E-focus Heidelberg with a mental health impairment.

Literature Review

This section explores current research regarding workforce participation for people living with mental health impairment, and specifically how labour market participation and employment for people with mental health impairment has been affected by changes in the Australian labour market and changes in Australian disability employment policy.

Employment and mental health impairment

Meaningful employment is often seen as providing the best opportunities for social inclusion in contemporary society, and this is particularly so for those living with a mental health impairment. Meaningful employment is associated with higher incomes, opportunities for social activities, greater sense of achievement, normalised sense of identity, higher self-esteem and generally greater feelings of subjective well-being amongst those with a mental health impairment (Lloyd & Waghorn 2012, p. 511). People with a mental health impairment who are employed tend to be more independent, have fewer hospitalisations, and rely less on government and social services (Lloyd & Waghorn 2012, p. 511). Employment is also considered highly desirable to people with a mental illness, who like all people want their skills and contributions valued and to provide for themselves with dignity. Numerous studies have found that when asked, people with mental illness generally state that they desire employment and believe employment to be beneficial (Honey 2004; O’Day, Killeen & Goldberg 2006).

People with a disability are much more likely than the rest of the population to suffer barriers to employment and lower rates of workforce participation and meaningful employment (Hogan et al. 2012). Yet the outcomes for people with a mental health impairment are often
worse. People with a mental health impairment are up to 50 per cent less likely than people with no mental health impairment to participate in the workforce in Australia (Department of Education, Employment, and Workplace Relations 2009, p. 6), and within the category of disability employment, available Australian statistics indicate that people with a mental health impairment are much less likely to be participating in the workforce than people with a physical disability (Crozier et al. 2012). There is evidence too that women with mental health impairment fare worse still than men with mental health impairment in employment and socio-economic outcomes, although the magnitude of this difference is comparatively small (Kavanagh et al. 2015).

There is significant stigma against people with mental illness in many areas of society (Gaebel, Roessler & Sartorius 2017). Employment is no different. People with disability generally face greater barriers to finding work and keeping jobs once they get them (Morris 2006; Sayce 2011). People with mental illness, particularly intellectual and psychosocial impairments, often have worse socio-economic outcomes, including employment, than people with other categories of disability (Kavanagh et al. 2015). People with a mental illness specifically face significant stigma from potential employers (Pilgrim & Rogers 2011; Lengrick-Hall, Gaunt & Kulkarni 2008). Almost half of full-time employed with a disability, and over a third of those part-time employed, reported experiencing discrimination from an employer (Australian Bureau of Statistics 2016c). Within this group, people with an intellectual or psycho-social disability were more than twice as likely to report discrimination from an employer than those with a physical disability (Australian Bureau of Statistics 2017, Table 23.1 & 24.1).

People with a disability may themselves have barriers created by the nature of their illnesses that make it hard for them to find and keep suitable jobs (Harris & Anderson 2009), and often experience discrimination or accessibility issues in other areas like transportation and education that may affect their ability to seek and maintain employment (Australian Bureau of Statistics 2016c).

In addition to these long-term problems, two factors have potentially worsened the lived outcomes of job seeking and employment further over the last decade for those with a disability, particularly a mental health impairment – changes in the nature and conditions of the Australian labour market, and changes in the disability employment policy paradigm in Australia.
Market-level changes
Statistics paint a complex picture when looking at the issue of the labour market and mental disability in recent years. From 2012 to 2015, the labour market participation rates for just about every category of disability improved – overall from 56.6% to 57.8%. Only those classified with severe core activity limitations were participating less (Australian Bureau of Statistics 2017, Table 9.1). However, unemployment rates have risen among the same groups – for all reported disabilities from 9.5% to 11.2%, and the total number of those with a mental health disability employed also fell over the period (Australian Bureau of Statistics 2017, Table 9.1). So, although more people with a mental illness are trying to participate in the labour market, there are fewer in meaningful employment today than there were earlier in the decade. This is despite the fact that the unemployment rates and participation rates for people without disabilities stayed about the same over the same period (Australian Bureau of Statistics 2017, Table 9.1). The literature points to some possibilities to explain what is happening.

Studying the effect of changes in the labour market conditions on the experience of people with a mental health disability is often very challenging because of inconsistencies in statistical reporting and the difficulty of accurately measuring the true levels of employment amongst those with mental disability. It has often been contended that labour market conditions have a disproportionate effect on those with mental health impairment – that is this group is more vulnerable to negative changes in labour market conditions and will be more likely to suffer when labour market conditions decline. However, several major studies have failed to find evidence for this theory. When labour market conditions decline, there is only very weak evidence that employment rates amongst those with a mental health impairment decline at rates faster than any other given group (Catalano et al. 1999; Salkever et al. 2007; Waghorn et al. 2009). However, the story is more complex than that, as jobseekers with a mental health impairment are generally less successful in finding jobs than those with no mental health impairment (Organisation for Economic Co-operation and Development 2015, p. 147). In other words, job losses amongst those with a mental health impairment have a greater impact, as those with mental health impairment will find it harder to return to the labour market later, even when conditions recover.

Recent rises in unemployment amongst people with mental illness might not be due then to overall changes to economic conditions, and statistics point to other possible explanations. For example, people with a mental illness are proportionately more likely to be employed in
industries like agriculture, forestry, fishing, warehousing, wholesale trade, administrative support, transport and utility services (Australian Bureau of Statistics 2017, Table 10.3) yet these are all sectors which have either lost jobs or not grown in recent years (Australian Bureau of Statistics 2016a, Table 1). People with a mental illness are less likely to be employed in areas like professional services, accommodation, food service, retail, information technology, education and training, yet these areas have been the growth areas in terms of jobs in recent years (Australian Bureau of Statistics 2016a, Table 1). The same is true of job classifications – people with a mental disability, particularly severe mental disability, are much more likely to have jobs classified as clerical, administrative, labourer or machine operator than the rest of the population (Australian Bureau of Statistics 2015, Table 10.3). These are job classifications which proportionally have shrunk in recent years in Australia at the expense of growth in professional, manager and technician jobs, in all of which people with a mental health impairment are underrepresented (Australian Bureau of Statistics 2016b, Table 7). All this seems to say that while there are more people with a mental illness trying to participate in the workforce, there are fewer suitable jobs for them as the nature of the Australian workforce changes. As automation and information technology continue to turn Australia into a knowledge and service-based economy, there will be even more jobs that will become obsolete (Taylor 2015) and they are the sorts of jobs that those with a mental illness are more likely to have (Barnes & Mercer 2005; Morris, Wilson & Soldatic 2015 p. 58).

Not only do people with a mental illness face the prospect of fewer suitable jobs in Australia as the economy changes, they also face structural and personal disadvantage in competing on the open labour market (Baldwin 2004, pp. 107-120). People with a mental illness are often discriminated against in job interviews or during the application process due to misunderstandings or prejudicial attitudes by employers or potential co-workers (Stuart 2006; Reavley 2016). On the other side of the equation, employers experience significant barriers in employing people with a disability as well, mainly because employing a person with disability is associated with the perceived idea that employing a person with a disability is costlier than a person with no disability. Also, financial risks to their business related to occupational health and safety regulation, workers compensation, disability facilities, equal employment opportunity and workplace relation regulation add to these barriers (Kaye, Jans & Jones 2011).
Changes to the labour market and pre-existing discrimination and prejudice against potential employees with mental health disability potentially create a ‘perfect storm’ of conditions, because it can be expected that when competition for jobs increases the chances of people with a mental health disability getting those jobs will be lower. A detailed modelling of discrimination in labour markets found that discrimination (for many types of category) increased dramatically when competition for jobs increased and available individuals to fill positions increased (De Haan, Offerman & Sloof 2015). Although this kind of detailed modelling has not been done specifically for people with a mental illness only, there is no reason to assume that their experience of the labour market under increased competition would be better than any other group, and given other analyses, it is likely to be worse.

**Policy-level changes**

As well as change to the nature of the labour market, the lived experience of people living with a disability has also been impacted by big changes in the way disability and employment services are managed and delivered. In Australia, employment services for people with disabilities is managed by Disability Employment Services (DES), which is divided into two programs. Both provide recruitment services for people with disability, however Disability Management Services (DMS) focuses on finding employment for people with disability over the short term (one year or less), and Employment Support Services (ESS), provides workplace support for those with long-term disability. While less than half of the population with a physical disability make use of either ESS or DMS, over three quarters of people with a mental health disability use these services (Department of Education, Employment and Workplace Relations 2014, p. 17). Changes to Disability Employment Services will have the largest impact on this group. People with a disability predominantly receive financial support from two sources – either the Disability Support Pension (DSP) or the Newstart payment. Most users of both DMS and ESS receive either payment, although the great majority receive the lower Newstart payment (Department of Education, Employment and Workplace Relations 2014, p. 20). Therefore, changes in either of these payments have strong impacts on the lived experience of jobseekers with a mental health impairment.

Policies on support for people with a mental health impairment, both employment support and financial support, have changed significantly in recent years, which has had an impact on the recipients of that support. In Australia three trends have changed the policy paradigm – the introduction of New Public Management (NPM), mutual obligation and a ‘tough love’ attitude that focuses on restricting eligibility (O’Sullivan & Considine 2015, pp. 2-7).
Neoliberal policies and New Public Management have dramatically influenced social welfare policies in Australia over the past couple of decades (Connell et al. 2009; Soldatic & Chapman 2010) as well as overseas (Weishaupt 2010; Harris, Owen & Gould 2013 pp. 156-158), with implications for both service users and social workers in the systems (McDonald & Chenoweth 2006). This impact has been felt in disability employment services, where since the 1990s the transformation of the employment services system in Australia, disability employment services included, has been contracted out to private, for-profit and not for profit providers, creating a ‘quasi-market’ system in which the intention was that service providers would compete to provide the best outcomes for clients, increase efficiency and lower system costs (Considine, Lewis & O’Sullivan 2011; Struyven 2015). Reform to employment services has seen significant growth in the numbers of people accessing disability employment services (Tuckerman et al. 2012). However, numerous studies reported in the literature have questioned whether the desired outcomes of the creation on the quasi-market for employment services have been achieved. For example, the NPM model of employment service delivery was thought to increase flexibility and innovation in employment service delivery, and yet studies over time have not found evidence of this (Considine, Lewis & O’Sullivan 2011; Yeh & Lin 2016). Increased marketization and use of NPM to guide employment services in Australia has also been shown to increase vulnerability of service-user rights (Ramia & Carney 2001) while often providing a service to service-users that is not better at meeting individualised service-user needs (Bowman & Horn 2010 pp. 8-10). The move to a quasi-market system has also been shown to create negative practices in employment services, particularly disability employment services, which are used to deliver more favourable key performance indicators for the services but hurt service-users. Most notably are creaming (in which employment services choose the best candidates) and parking (in which service-users thought by employment services to have poor prospects are given minimal services) (Carter & Whitworth 2015). The shift in the paradigm of social policy in Australia would expect to be noticeable in the perspectives of service-users in the system over time, and there are some studies which have found such evidence (Spall, McDonald & Zetlin 2004; Lantz & Marston 2012).

Additionally, there has also been a social shift in how disability is talked about and treated by government. The philosophy of mutual obligation – a justification for requesting greater working contributions from those receiving social support – has had a big impact on the lived experience of people with a disability (Murphy et al. 2011, pp. 3-5). The Welfare to Work
Act of 2005 and subsequent developments created the ‘workfare’ trend in Australian disability areas (Harris, Owen & Gould 2013, pp. 160-162) and began creating new conditions which ultimately further lowered levels of support to people with disabilities (Harding, Quoc & Percival 2005), however the ideas of mutual obligation have been around for longer and have been used to justify all sorts of policies which represent only one way to create a perception of ‘fairness’ (Goodin 2002). What is more, the workfare policies for disability employment services have been argued to have entrenched the medical model of disability within the mutual obligation philosophy, particularly because of its individualised notions of problems and use of medical gatekeeping for eligibility (Humpage 2007). These policies have significant social impacts for people with mental illness, who may struggle significantly to fulfil mutual obligation requirements and who often do not fit well with the medical model of disability. All these changes have occurred under both Labor and Liberal governments, meaning that the paradigm, rather than the politics, has changed (Soldatic & Pini 2012).

The other major trend of ‘less eligibility’ in Australian welfare. As part of efforts to control costs, successive governments in Australia have tightened eligibility requirements for the Disability Support Pension, with the effect of mostly pushing people from the DSP to lower Newstart payments, alongside persistent moves to increase the conditionality of disability support in Australia (Morris, Wilson & Soldatic 2015). There have been several major reviews of the DSP eligibility – very notably in 2006, 2012 and 2014 and now again in 2016 (National Social Security Rights Network 2016). Both the Rudd-Gillard and Abbott governments engaged in significant efforts to create ‘less eligibility’ in disability support, and to shift many people from the DSP to Newstart (Soldatic & Pini 2012; Yeh & Lin 2016). The effect has been a significant decrease in income for those people with a disability that have been moved to Newstart. Other efforts have included a review of all DSP recipients under the age of 35 and the application of new work benchmarks for recipients. Many of these can have significant even if unintended effects on people with a mental health impairment specifically – for example, work benchmarks can often have a major impact on those with episodic mental health impairments that can appear to be able to work on a good day many more houses than they can sustain in the longer term.

This has been effective in decreasing DSP numbers – since 2010, despite a rapidly aging population the total number of DSP recipients has not grown, and at most recent publication (2016), department data notes that current numbers of DSP recipients are at their lowest.
levels since 2009 (Department of Social Services 2016). These changes may have affected people with a mental illness to a greater extent than other groups because of the greater difficulties under the medical model of disability for mental health impairment to be accurately measured and properly understood.

**Understanding the Lived Experience**

The experiences of people with mental illness in the open labour market have not been well studied traditionally (Baldwin 2004). However, studying the lived experiences is a vital part of being able to understand the challenges people face and potential solutions that incorporate the needs of those the solutions are meant to help. There have been some studies of the experiences of service-users in employment services in Australia. (Spall, McDonald & Zetlin 2004; Marston, Larsen & McDonald 2005; Lantz & Marston 2011), for example, have conducted broad studies of service-users of disability and employment services in Australia, and similarly looked at perceptions of how service provision and policy has impacted the lived experience of employment services as a result of the neo-liberal paradigm change, in both cases concluding that the lived experience in most cases does not match the promised benefits of those changes. Much bigger studies of the lived experience of people on welfare in all facets of life, including employment, have also been done (e.g. Murphy et al. 2011; Saunders 2011), and numerous studies exist studying the lived experiences of people on support payments, including those who receive Newstart and have a disability (Morris & Wilson 2014; Morris, Wilson & Soldatic 2015). Service-users are also routinely part of service reviews conducted by the non-profit organisations and the government (e.g. Bodsworth 2015).

What is missing from the literature are in-depth studies of the two aspects which this thesis wants to combine – the lived experience of people with mental illness or impairment in employment services, and the reported changes in lived experienced of people in disability employment services, considering the rapid changes to the labour market and service provision in Australia. This thesis attempts to help fill that gap, and attends to the lived experience of service-users to comment on the changes identified.
Research Design

Approach and Methods
An overall qualitative methodology was used to guide the research design of this project because it wants to capture in-depth descriptions of the lived experiences of service-users and to contrast with quantitative studies of disability employment which do not consider the stories and impacts upon individuals (Sarantakos 2013). Additionally, this research sought to use a narrative approach to guide the research design and data analysis. Narrative approaches in social research have been identified as valuable for studying the lived experiences of people with a disability (Bury 1982; Smith & Sparkes 2008), and this study applies those methods to studying the lived experiences of people with a mental health disability who are service-users of disability employment services to shed light on the impact of recent changes in the labour market and social policy paradigm in Australia on those people. Narrative methodology for both therapy and research is a post-modern qualitative approach that “searches for meaning in individual accounts by identifying elements of story” (Becker, Bryman & Ferguson 2012, pp. 403).

There are many different definitions and approaches to how this can be applied as a narrative research method (Riessman 2008, pp. 6), however my method can be called the ‘experience-centred’ approach. As outlined by Squire (2013), the experience-centred contrasts itself to ‘event-centred’ approaches by allowing the researcher to use all meaningful and sequential stories that a person produces as the basis for exploring themes and ideas (also Henn, Weinstein & Foard 2009, p. 16). They may go beyond the personal accounts of the past to cover present and potential future experiences. This approach is important for understanding a theme in a person’s life such as the lived experience of disability, for which traditional narratives can over-focus on dramatic events. This becomes even more important for narratives of people with a mental health impairment, as they may not always be able structure their stories through events, or may express their experiences and feelings in a variety of non-verbal ways. It is also important for such groups that the method is in-depth and allows space and flexibility for interviewees to develop their narratives, sometimes non-sequentially or through emotive language (Murray & Sargeant 2012, pp. 171-172). Moreover, according to Liamputtong (2013) the in-depth interviewing method is the best approach for accessing the lived experience of health and illness from individuals who are dis-empowered by their illness. Therefore, a qualitative in-depth series of interviews guided by the narrative approach was considered the most appropriate and most useful in capturing and empowering
the stories of people with a mental health impairment and their experiences of disability employment policy and the open labour market.

**Recruitment and Data Collection**

The interviews were conducted with eight DES participants who live with a mental health impairment. Recruitment of research participants was conducted at a not-for-profit disability employment service provider, E-focus, at Heidelberg in Melbourne, Australia. A poster (Appendix D) was used to advertise the existence of the research project and to invite potential interviewees to contact the researcher, and E-focus staff working with disability employment service-users were also informed of the project. All information about the project, whether given by a poster, the student researcher or the staff of E-focus, stressed that participation in the project was voluntary, would be strictly confidential, and that participation would have no impact upon any services or support they received from E-focus.

The eight service-users who volunteered were invited to attend individual 45-minute face-to-face interviews with the student researcher to discuss their lived experience on the open labour market. In-depth interviews with research participants explored three general topics: a) their experience of disability employment services, b) their experience of welfare support programs more generally and the conditions placed upon these programs, and c) their experience of competing in the open labour market. Questions (Appendix C) were designed using a narrative methods approach, encouraging interviewees to recall experiences and tell personal stories related to specific themes of interest, however the emphasis during interviews was to allow interviewees to tell their own story. Open-ended questions were followed up by probes by the interviewer to encourage the interviewee to speak at length and to share deep experiences (Liamputtong 2013, pp. 129). These interviews were digitally recorded, transcribed verbatim, and analysed to find stories relevant to understanding the lived experience of service-users under the conditions of change created by a transforming labour market and a shifting policy paradigm.

**Data Analysis**

The analysis of the interviews collected was based on the ‘thematic analysis’ approach described by Riessman (2008) and Joffe (2012), which focuses on the ‘what’ of the interviews, more than the ‘how’, ‘to whom’, or ‘for what purpose’ lenses that might be applied in other narrative analysis approaches (pp. 53-54). This approach is often considered ideal for developing an understanding of a given group’s conceptualisation of a particular
phenomenon (Joffe 2012, pp. 212). Thematic analysis focuses on recurrent stories and themes emerging from texts, identifying and coding patterns in responses and discussing their significance (Liamputtong 2013, pp. 249-251). Good thematic analysis of narratives should aim to develop coding frames that capture most of the ideas and experiences within the data, whilst keeping the structures of narratives intact and the ensuring that the ‘big story’ of each interviewee is not lost (Joffe 2012, pp. 217; Riessman 2008, pp. 74). This allows the researcher to gain insight into any commonality across cases with regards to the impact of policy on individuals, but still preserving the individual stories of each as unique and important to understanding identified themes. Narrative analysis is also aware of contexts, language and setting and how they influence narratives, but thematic analysis does not make these areas the main focus.

Research Limitations
There are some limitations when considering the results of this small-scaled exploration, including possible differences that might be found at other sites in Australia and possible selection biases in who volunteered for the research. The service-users studied are clients of a non-for-profit employment service provider, which may not represent identically the lived experiences of other clients in for-profit agencies. The small number of participants creates some issues for thematic analysis, which is more reliable the greater number of cases that are coded (Joffe 2012), however for qualitative and in-depth narrative research a small number of cases is more usual so that stories can be kept intact and so individual experiences can be shared and handled holistically (Riessman 2008). Another potential constraint on the depth of the results is the limited interview time. However, results of this research are not meant to be definitive, but rather provide insight and provoke public discussion about the ongoing impacts of change in Australian policy and labour market conditions on those most vulnerable within the employment services system.

The terminology around mental health impairment and disability is complex and driven by different paradigms. For the purposes of this thesis, the term ‘people with a mental health impairment’ is used to broadly describe any persons living with a diagnosed mental illness and/or psychiatric disability. However, service-users drawn from DES Heidelberg fall within three sub-categories of mental health impairment defined by the Australian government – “psychiatric,” “specific learning/ADD (other than intellectual),” and “autism (including Asperger’s Syndrome).” Therefore, the stories of the research participants may not reflect the experiences of all possible people living with a mental health impairment.
Ethical Considerations

The research design was subjected to strict ethical review which would ensure that the appropriate procedures were followed, which in the case of people with mental health impairment (as recommended by Thompson & Chambers), should be particularly mindful of informed consent, autonomy of the research subject, confidentiality, harm avoidance and co-creation of outcomes (2012, pp. 25-32).

Informed consent was incorporated into the research design at several points of the process, both before and after the collection of data. Potential participants were given detailed information about the research project (Appendix A) and signed an informed consent form (Appendix B). They were given time to consider the information before consenting to an interview, and were also given multiple opportunities throughout the process to pause the interview or withdraw from the process entirely. Research participants were also given the opportunity to stay informed on the progress and results of the study.

Great care was required in conducting the interviews because of the issues surrounding mental health impairment, and the narrative semi-structured methods used hoped to create an environment in which participants would maintain complete autonomy and freely express their stories without judgement or being forced into a dominant narrative of disability or vulnerability. Narrative research places an important responsibility on the research to reflect on their own biases, vulnerabilities and situation power which can distort results. Because the research is focused on a sensitive area with potentially vulnerable interviewees, every effort was made in the research design to ensure that the interviewees were empowered and power distance between interviewer and interviewee was reduced, and that a neutral physical space could create a neutral discursive space (Hydén 2013).

Confidentiality was maintained throughout the project, with numerous procedures set up in the research design to protect the identity and responses of those who participated, and to make sure that their participation was kept separate from their service-delivery or support and their service-providers. Data collected was not shared with staff at E-focus and was de-identified to ensure that individual participants could not be identified in the discussion of results.

The research design also took the issue of co-creation seriously, by using a narrative methodology that put the emphasis on the stories of those interviewed rather than only the needs of the research. Confirmability is an important part of qualitative research, which
concerns ensuring that data that is collected in interviews reflects accurately the stories that interviewees want to tell (Liamputtong 2013). Confirmability was made part of the research design, as all interviewees were given the option to review the transcripts of their interviews and to make changes or to withdraw consent before any of that data was used. This also ensured ongoing agreement and consent.
Findings

The interviewees gave a rich and varied set of responses to questions and probes, and the themes that emerged from the interviews were not always the same that the researcher expected to find. Some expectations were confirmed, but others did not find the same level of support.

Some of the deeper implications of the research will be discussed in the next section, but in this section, the findings will be discussed in terms of the key themes that emerged from the interview responses, as well as some of the narrative context that the interviewer observed beyond the content of the responses.

The overriding narrative from the interviews however was that, in general, interviewees were positive about their engagement with the not-for-profit disability employment service provider and hopeful about their employment futures. Although many raised important problems with the disability employment system and the state of the labour market generally, they were not focused on blame or anger responses. Despite the interviews taking place in the context of a disability employment service provider, interviewees felt comfortable discussing the service provider freely and the issues that they had experienced in looking for employment.

Employment Experiences

All participants had some experience in the workforce, sometimes multiple jobs over many years, and most had held jobs they were happy with and perceived to be good for some period. The lived experiences of the workforce were varied between participants. Discrimination however was a common theme from respondents, and most had experienced discrimination in various forms during their working careers. A common type of discrimination mentioned was that participants felt their capabilities were undervalued in workplaces or they were not able to get more responsibility or promotions from employers, even after obtaining more qualifications, experience or education:

*I started out as a kitchen hand there and I remained as a kitchen hand because I did my hospitality certificates there and I was too good at my job and they, my boss wouldn’t let me go do another job. In the same building, you know, the industry. So, I didn’t know that, and one day the supervisor said to me, because I was complaining because everyone else was getting transferred and*
promotion and whatever, and she said, “don’t be so good at your job.” That’s it. (Interview 3).

They tell I can choose whatever days I wanted but I just want two days to work a week, but no, I was on call. And I got a bit frustrated and bit frustrated with a few things. They got me to sweep and do mundane things instead of being with the children. That’s what I wanted. And they looked down on me, the young ones. And then I go no, this is not for me, because I’ve had enough, I’ve looked after parents, I’ve looked after children, I’m not going to be put down. Although I don’t say it in front of them, I would say yes, it was the way I felt when I went home (Interview 5).

Direct discrimination from employers and people in the workplace was also common, but not all stories like this necessarily ended badly and many participants were more proactive and felt more able to speak up and handle those who were openly prejudicial. For example, one respondent in particular was able to turn it into a positive experience:

The senior worker used to call me names, used to swear at me, and everything like that, and I felt really uncomfortable. During the workdays I was alright but by the weekend I felt really really bad. I felt gut-wrenched and feelings like that. So much so he continued doing it and I thought “I’ve got to speak up” so I actually approached him and said “this isn’t right, I don’t really like you doing this” so he stopped but then he started again. So I approached him again and he stopped completely. And now we’re best of friends (Interview 1).

One theme from the interviews was the importance of employment to the sense of well-being and happiness amongst the participants, confirming similar findings from some of the other studies noted in previous sections. Many participants had previously held full-time or sufficient part-time work but had lost their jobs due to a variety of factors, including budget cuts or discrimination. These losses often had significant impacts on participants:

I loved [name of school], the kindergarten was like a family to me, second family, like a home away from home. Now cause of being made redundant because of the budget a bit sad and hard. I really understood being there and I understood them (Interview 2).
Changing Labour Market

Most participants, when probed on whether they found it easier or harder (or no difference) to find employment in the open labour market now compared with the past responded that they found finding work harder now. However, there was great variation from interviewees when asked why they believed this was so. One of the main contentions established in the literature review – that the changing conditions of the labour market in recent decades would put significant pressure of the ability of people with mental health impairment to find employment – was only partially confirmed from responses. Some interviewees did believe that increased competition for a decreasing pool of appropriate jobs was a major factor in their problems getting full-time employment:

Depends I think what line of work you go for. So, the area I’m in, I’m trying to branch out. I’ve already looked at job in Coles, Woolworths, Big W, Aldi, Australia Post. I’ve tried to broaden it a bit. I feel like there’s a stigma attached since I’ve got a mental health issue and also work in that area so it’s hard to branch out without hitting a brick wall potentially. I think it’s more difficult now because there’s a lot more competition and lot of people have got super-duper qualifications (Participant 1).

Some were tempted to paint a broader theoretical picture of the structural economic conditions that might have been responsible for the increased challenges in securing employment:

And then you got caught out with Paul Keating’s recession – the one we ‘had to have’ – in August ’90, and then in April ’91 26 years ago I got sacked. So my job was basically off-shored to India I presume or some other part of Asia, Malaysia, Thailand. And then I was just one of about 40,000 people sacked over the last 25 years. And then I did 100s of jobs applications and had no success and then I did a job delivering plastic bags for the charities, the collection bags with the clothing and shoes etc (Participant 6).

However, the majority of those interviewed did not identify increasing labour market competition, increasing qualification requirements, or other issues related to the changing nature of the open labour market to be the primary reason for increasing difficult in securing employment, and a range of other suggested causes were offered. For example, several respondents felt that age discrimination was one of the biggest barriers to employment and the main cause of increased difficulty securing employment:
Because of the age discrimination. Once you turn 45, they don’t want to know you. They just don’t want to (Interview 4).

When I started looking for a job with the [name of qualification], there were young women in front of me giving me the questions, and I had another girl with me, they were looking at both of us but she was younger, and she was asking me the questions but she was looking at the younger woman. And I thought ‘is she giving me the interview or the other girl?’ And she said, ‘oh you’re very good, we’ll ring you’, and as soon as I got home they wrote me a letter saying I’m not suitable here. So, I saw there were mainly younger girls around. But with child...an older woman has more experience, it doesn’t matter. There are new ways of teaching, and we are adaptable, but the main gist of rearing children, a child, is the same (Interview 5).

[It’s] a lot harder to find work. Because of my age. I’ve been for a couple of job interviews, but because of my age it holds you back with your age...Three weeks ago, I went for a job interview for making coffees, an eighteen-year-old come up against me and go the job over me (Interview 8).

But age was also relevant to some interviewees because they felt they were less able to cope with their impairments as a result of advancing age. That is, age was making finding employment harder because their own capacities to cope were declining:

And also, my emotional and physical strength has been affected a bit by family problems, and my own aging and health and so on. I’m not as able to...I think when I was young I could cope with some severe difficulties just because I was so young and I had a lot of energy, and now it’s harder (Interview 7).

Finally, one respondent felt that the nature of government’s policy on disability employment had had a negative effect on finding employment:

No, it’s become harder now because as I said, the young people are on pensions, the government pressures people into going to work. Like, I’m under pressure to do 15 hours a week of work. It’s not that I don’t want to, it’s just that over the years I’ve been on dole quite a lot and I’ve noticed that I’ve been crying out to get traineeships and due to the fact then the reason I couldn’t get work was that I didn’t have the experience (Interview 3).
Changing Government Policy

All respondents had experiences to share of their interactions with government and had felt the changes of government policy in recent years, but the effect it had on them as individuals, and their opinions about the justifiability of those changes, was also quite varied. However, a number of important and consistent themes emerged from the interviews.

Most respondents had observed the impact of changing government policy on their lives and had negative experiences of increased conditionality. There were many important narratives of lived experiences of the impacts of increasing welfare conditionality and the difficulties it had created in their lives, as well as direct experiences of increasingly being pushed into other support categories (like DSP to Newstart) or out of eligibility entirely:

Yeah well I’m put into limbo, I haven’t got permanent disability, and the permanent disability is getting tighter and tighter as they assess it every two years. So it’s a big difference from when my uncle back in 1983 had several heart attacks, bypass surgery, and I think he quadruple bypass. The surgeon said you’ll be back to work milking cows in six to eighteen weeks, that never happened. He couldn’t do the work, and then after six to eight months he had to sell the farm. But he went straight onto the invalid pension because he couldn’t work a forty-hour week. Well I don’t know what the rigorous testing was but basically that was it (Interview 6).

Now at the moment they’ve put me off, they’ve put me into I have to look for a job that’s it, and I just can’t understand that. Because like I’ve been through so much, that they...Centrelink is pushing me to find a job. [Centrelink is pushing you to find a job?]... If I don’t work, I won’t get a small measly amount of money that I’m getting, but, you know, they said nope. [So how do they do this?] How do they do that? They ask me questions how I am so I only have to work 15 hours – 2 days. I can’t work more because I can’t. I tried but I just can’t (Interview 5).

Yeah but, the government should not put that condition on it at all. For some people who have got a disability they cannot get out there and work. And I reckon that is not fair what the government is doing (Interview 8).
There were also many observations about the decline in financial support from the government, whether that be in the form of direct payments and the transitioning of people from the DSP to Newstart, or whether it was indirect in the reduction of funding to service provision, or in the case of one respondent, both:

...[name of service provider] have been knocking me back for two months because there’s been an overflow of people going to them because the government’s cut down their funding. And it’s happening everywhere. So people are finding it more and more harder, right, it’s like the government’s putting out care plans for people but you only get five visits ...I couldn’t get hearing aids because I was only a on a Newstart and yellow ticket and it was only due to the fact that E-focus spoke to the assessors, the social centres at Centrelink and upgraded my card to a blue card, I was able to get medicine for my asthma... and I still can’t get a full pension because I don’t meet the 20 points. (Interview 3).

Many were critical too about the application of welfare policy – that the paperwork and processes were not helpful, and that they felt like they were going through the motions with pointless activity to satisfy conditions rather than getting closer to finding employment:

Yeah but its bugger all and it’s pretty useless. What is it? It’s just filling in the paperwork and playing around with keyboard, so I don’t know what they’re saying, and then you just sign the form because they say “oh we’ve got to sign this for Centrelink.” And then you see on the form that it says you’re supposed to be looking for work 15-22 hours a week. You supposed to have a health review in another on the 23rd May. Well it’s just more bureaucracy, it won’t help my problems, just goes into the computer and some public servant writes a report and makes some statistic and blah blah blah (Interview 6).

However not all respondents had direct experience of the changes, or were simply resigned to the reality that welfare payments had conditions attached to them and that there was always going to be a lot of bureaucracy attached to that. For example:

No, because I’ve always had casual work so I always have to report every fortnight anyway to Centrelink. I don’t think any of the changes have affected me at all. [And can you tell me what’s it like to report your income every 14
days to Centrelink?] It’s fine, it’s part of the thing. I need to be able to keep the pension, so it doesn’t bother me (Interview 4).

Moreover, an interesting and sometimes counter-intuitive theme however was how respondents reacted when probed on whether increasing conditionality on government welfare had affected them and how they felt about those changes. Although many had negative experiences of those impacts, there was plenty of support for the principal behind those changes. For example, several interviewees gave explanations of the reasoning behind welfare conditionality that are pretty common amongst the general public, and there was significant support from some respondents for the concept of mutual obligation:

Having the pension shouldn’t be a lifestyle it should be based on merit and need and people can act when they go and get assessed. So I believe, I think it’s fair because there are people that are busting their chops to make ends meet and if they had to pay less tax it would good and make it a bit easier for people but at the same time they’d have to cut services in other areas if they’ve got too many people on welfare that aren’t entitled to it really (Interview 1).

Others had more philosophical perspectives on why work was important and why welfare recipients should be encouraged to work for their own good:

I prefer to be working. It just helps me. And I think if people can work they should, but there’s also a real shortage of work, and some work is too dangerous or requires too many specific skills. I’m lucky because I’ve got a lot of qualifications and specific skills, but some people because of their disability don’t have that, and so they might have to do work which is taxing – too taxing – and too difficult. I wouldn’t like to say to everybody that they have to work but I think if you can you should because it’s better for you (Interview 7).

The same respondent went on to suggest that volunteering or other forms of community engagement should be mandated if there is no work available. Another respondent (Interview 6) suggest job-sharing or other innovations in labour market practices to get more people with mental health impairments into work, rather than trying to find everyone full-time work. Ultimately then, a consistent theme emerged where narratives were often supportive in principal of the reasoning behind increased welfare conditionality and saw the benefits of encouraging (or even requiring) that those in Disability Support Pensions or NewStart work,
but were critical of its application and most had negative personal experiences of the system as it applied to them.

Service Provider Experiences
Despite a lot of criticism and negative experiences with regards to welfare conditionality and the requirements, there was a more mixed view of providers of disability employment services and there were many positive stories about individual experiences with service providers.

Well I was with another agency before I came here. They were very good, I mean you still had to go every fortnight for appointments and stuff, but they weren’t as thorough as here. But they didn’t have the funding I don’t think, this place must have more funding than those guys had so I was with them for 18 years or something. But once you get into a job, like they prepare you and stuff and if you got a job, [name of service provider] was fantastic at supporting you, but the initially trying to get into the workforce – they didn’t have enough computers, you couldn’t book them in advance, and all that sort of stuff. But here you still come every fortnight, you have any problems during your employment you’re given advice on where to go if they can’t help you. And you don’t know, so it’s very good. And finding jobs like, they do interview practices and all the sort of stuff so it’s good (Interview 4).

Most respondents had similar positive stories, both about their current service provider and some of those they had had previously (Interview 1, 2, 4, 5, 7 and 8). However, there was also plenty of criticism of other DES providers, especially large providers in which individuals did not feel like their needs were met or much help was available:

And I just feel like a lot of them just see you as a number regardless of whether that’s mental health specific or not, they just try get you out the door and hope to get some money out of you, you know applying for a grant from the government because they got you a job. But a lot of them don’t even get you a job, it’s really up to you. And I can understand that because they got other things to do, but at least give some support (Interview 1).

An important factor that leads to better satisfaction from participants seems to be those that are equipped specially to handle people with mental health impairment and are understanding of those who have them:
To tell you the truth, this one – this one being E-focus – and when I was with [name of employment service], I can’t remember what they call it as in the correct title for it but its service that was done through the [name of employment service] which is now called [new name], and the other one I had in-between, which was called...I forgot what it’s called now now but let’s just say the other two, I found they were the best ones I ever had because they actually supported me when I had down moments or when I was up to scratch mentally (Interview 1).

A common theme amongst several respondents was that for their situations they need patience and understanding, especially if they are struggling with their mental health impairments from time to time. This is an important theme for people with a mental health impairment, as the nature of their disability and their ability to engage with support services and employment can vary a lot depending on other factors, and a system of government policy where constant and steady engagement is required can be extremely stressful for those in the system. One respondent, for example, noted that the most difficult part of interacting with welfare was that you were constantly pushed, and here the service provider could make a big difference in helping with that (Interview 5). For many respondents though, small aspects of the service provision experience, like helping fix up a resume or demonstrating genuine care and interest in customer service, were the most important in shaping their attitudes towards the service provider and creating a positive interaction with the system:

Their half which is the hub in Heidelberg West, the volunteer there [name of volunteers], they are helping me to apply for jobs and they’ve done a cover letter and fixed my resume up and that is of vital importance to me because I’m not able to do that myself, and I think that’s a lot of the problem. A lot of people don’t know how to do that. And until the hub I never had anyone help me to do that (Interview 3).

They’re all friendly to you. And that I like, I’ve been with offered to go with another job network with the [name of service provider], but I said no because the staff treat me like a number, like your one of the numbers. But here you walk in and you get a ‘hello, how are you.’ (Interview 8)
Other Narrative Themes

Beyond responding to direct probing and questions, there were many emerging overall themes of the narratives provided through interviews that are also important findings:

**Positivity:** Most respondents were had a generally positive outlook on their lives and their work futures, and most were generally positive about their work experiences as well even when there was discrimination present. Most participants responded positively when asked to talk about their long-term prospects too. Although all respondents had offered specific criticisms about government policy, employers or service providers, the overall tone of narratives were not angry, resentful or despondent. Despite the expectation of increasing difficulty in both getting support and finding work due to changes in policy and the labour market, participants were not despairing of their long-term employment prospects. One respondent expressed particular upset or displayed signs of grief and loss when discussing their interactions with the labour market.

**Rich Past and Future Narratives:** All respondents had rich narratives of their past and a strong sense of themselves, and were able to describe with strength and character their previous challenges and successes in employment. Most were proud and happy with previous employment experiences. But most respondents were also eager to share narratives of their present and future, and to explain how they were taking steps or looking for opportunities to continue to engage with the labour market. There was a strong sense of confidence amongst respondents that they could bring value to future employers and had genuine skills to offer.

**Individuality:** Many narratives from respondents sought to stress the importance of empowering those with mental health impairments and treating them as unique individuals and recognising their varied abilities to contribute in society. There was frustration of the way respondents were treated collectively by others, either by the welfare system generally or employers broadly, and most felt current structures did not do enough to recognise individual differences, values or needs:

_They should know that everyone’s an individual, we’re not all the same, we may have an illness, we may have an injury, we may be in a wheelchair. But that doesn’t make us the same as the next person in the wheelchair or with that same injury or that illness. Individuals, not groups this big and say that all got that – they haven’t. Putting someone in a category and not seeing them as a person, you know what I mean? It really annoys me (Interview 4)._
**External Challenges:** Most participants had to face significant challenges and barrier to employment that were not related to mental health impairment as well. Several narratives from interviewees detailed other major impediments to working that might have arisen in their domestic circumstances. These were important to acknowledge as well, as often mental health impairments were linked to personal circumstances that require understanding and care.

**Discussion and Conclusion**

This thesis had the aim of exploring the lived experiences of people with mental health impairment on the open labour-market, given a context of changing government policy and changing labour-market conditions over the past couple of decades. Eight participants were recruited to give their personal narratives of their experiences, and the aim was to give these individuals a voice and by doing so find out more about how macro-level changes are felt by individuals in vulnerable positions.

What was found was that despite macro-level observations about government policy that is increasingly restrictive (through conditionality, category shifting and other recent policy changes), and an open labour-market that is more difficult for people with disability to participate in (due to rising competition, less low-skilled positions, automation etc.) there is a lot of positivity and hope from individuals, and a lot of individual variations in these stories that are lost if we only look at statistics. In this last section, the most important conclusions from the research will be discussed and some suggestions for change offered.

**Labour Market Experiences**

Although the literature and statistics were clear on mapping out the long-term changes in the Australian labour market and how that has negatively impacted (and will continue to get worse) on people with mental health impairments, when probed to explore their stories and talk about their experiences of the labour market, most participants did not see their experience in terms of the macro-level changes that are occurring. Only a couple of participants had observed changing labour-market conditions specifically and incorporated those changes into their own employment narratives. Although most interviewees acknowledged that finding work had become harder over time, they have a variety of explanations for why this was other than the changing nature of labour market. Some strong themes like age discrimination were important counter-narratives that were not predicted in
the literature but directly experienced by the participant. Age discrimination in employment is well documented in Australia (e.g. Encel & Studencki 2004; Richardson et al. 2012), but there has not been enough research specifically on the combination of disability and aging in employment outcomes, and this might be an important area for future research identified by the participants.

But there are important questions here about whether people with mental health impairments lack broader understanding some of the bigger changes in Australian labour market conditions that are making finding and keeping suitable employment harder. Or alternatively, that too much emphasis has been placed on changing labour market conditions, and that they’re only a relatively small factor in the lived experiences of participants and that other factors, like age discrimination or worsening health, are just more relevant. These participant experiences also raise some unexpected obstacles to accurately answering the original research question of this thesis. If people with mental health impairments are likely to face age discrimination in the labour market as they get older, and/or if they are less able to cope or compensate for their mental health impairments in the workplace as they get older, then it’s hard to say whether worsening employment outcomes in recent decades explored in these narratives are more a result of the changing nature of the Australian labour market or more the result of participants aging in that period of time.

These factors come along side other types of discrimination which are also clearly relevant, most notably disability discrimination which was remarked on by several participants, and reflects what has been routinely observed elsewhere about discrimination in the labour market against people with disabilities (Morris 2006; Sayce 2011).

There are others issues too. Budget cuts were mentioned by a couple of participants as the reasons they were not able to keep their jobs. And amongst interviewees, half had engaged in forms of higher education and received supplementary certificates or diplomas. So there were many participants who had increased their skills and education and were not necessarily competing for that shrinking pool of low-skilled jobs. Despite the mantra of the importance of increasing education and qualifications to compete in the contemporary labour market, they still pretty much faced same challenges as others in finding and keeping suitable employment. Increased labour market competition has been found to increase the prevalence of discrimination generally (De Haan, Offerman & Sloof 2016), and these narratives may provide some lived examples of this, as despite many participants upskilling during their
working career, their employment opportunities had stayed the same or decreased over that same period.

Therefore, we can only conclude that while the changing nature of the labour market is a theme in some narratives, its only one of many themes relevant to lived experience on the open labour market and not clearly the biggest barrier felt by individual participants.

**Experiencing Policy Change**

Participant experiences of changes in government policy are extremely important and reveal many important issues. Nearly all participants acknowledged and had felt the impacts of policy changes in their lives, and had direct or indirect experiences of things like increasing conditionality, mutual obligation, bureaucratic oversight and reduced funding. The experiences of interviewees matched more closely what has been observed by other studies of changes in Australian welfare policy (Morris & Wilson 2014; Morris, Wilson & Soldatic 2015).

But the responses from interviewees to these changes are much more important and diverse in the narratives that emerged. The changes in policy and the government’s rhetoric on welfare has obviously shaped the narratives of some participants themselves. All participants felt they were deserving and in need of support to participate meaningfully in society and maintain a dignified standard of living, but several were quick to question whether others were as deserving as themselves. Indeed, several participants mentioned issues like welfare fraud and undeserving recipients of government support, and repeated the kind of rhetoric conservative and progressive governments alike have used in recent years to justify spending limitations to welfare. Most interviewees had negative experiences of the bureaucracy around welfare programs, had experienced reductions in their payments they perceived to be mistaken or unfair, or had frustrating experiences with engaging with government agencies on issues like transport, housing, medical services as well as employment support. Yet several participants were at the same time support in-principle of the existence of the established bureaucracy to prevent fraud or underserving applicants.

The acceptance amongst many participants, and occasionally unprompted repetition, of the ‘workfare’ and ‘mutual obligation’ rhetoric that has come with government welfare policy reform in recent decade, is consistent with another larger longitudinal study of people with a disability in Australia (Lantz & Marston 2011), and may reveal some forms of internalised oppression (Mullaly 2002, pp. 122-128). Although no participant narratives displayed beliefs
of personal inferiority in the system, there were several participants who expressed acceptance or fatalism towards increasingly damaging and restrictive welfare reforms over the period discussed, or believed that others with mental health impairment were deserving of these restrictions, all of which are commonly observed signs of internalised oppression (see Mullaly 2002, pp. 124-125).

With increased conditionality and declining funding, people with mental health impairment are placed in a situation where there is more competition for limited support from the government, and some of the narratives might provide some evidence of this, given several participants providing stories about others within the broader welfare system as less deserving and collecting benefits that should go elsewhere. Competition within an oppressed group is another possible sign of internalised oppression, and the undermining of a marginalised group’s solidarity a method by which domination can be strengthened (David 2014, pp. 218).

Even one participant’s request (quoted earlier) for people with mental health impairment to be treated as individuals and not treated the same can be maybe interpreted as an increasingly individualistic view, rather than a statement of community solidarity, which is perhaps encouraged by new paradigms around welfare and disability (Humpage 2007). That changes in government policy can be negatively experienced by nearly all participants, and to evoke very mixed and sometimes supportive responses from those participants, raises troubling questions about how government policy and rhetoric not only changes lived experiences but also how individuals interpret and understand those experiences.

**Service Provision**

The experiences of individuals also provided some interesting observations of DES, and in this sense E-focus stands out as an example of good engagement and service provision to people with mental health impairment. Nearly all participants had experiences across several service providers, and most were happiest with E-focus or other providers that had specific capacities and experience in working with clients with mental health impairments. Personalised service and genuine engagement were very clearly important to participants, who wanted to be treated as individuals and not just ‘as numbers’. Participants were very positive about the level of service provided by E-focus, and that satisfaction was not obviously tied to specific outcomes (like whether or not they were found employment) but more to general attitudes from staff, sincerity of engagement, and being given hope and
respect through the process. Large service-providers with non-personalised service were criticised by participants, and again whether or not they were found employment by those providers was not raised as a relevant criticism by interviewees.

**Mutual Obligation**

Mutual obligation has been one of the core ideas behind social welfare policy in Australia for the past couple of decades, and has become an integral part of the government’s rhetoric towards those with disabilities or impairments (Murphy et al. 2011, pp. 3-5; Parker & Fopp 2004). But the narratives from participant interviews suggests that, if anything, it is the government rather than people with mental health impairments that is not keeping up its end of mutual obligation.

All participants generally accepted in their narratives that mutual obligation was valid, and there were few objections to the prospect of having to regularly demonstrated that they were seeking work. All participants were motivated to work, wanted to find employment, and wanted to make meaningful steps (like getting more education or engaging in self-improvement) to improve their employability, which is consistent with previous studies (Honey 2004; O’Day, Killeen & Goldberg 2006). There was some variation in the narratives on the conditions individuals made on that employment – there were various limitations and restrictions that might make the type of employment suitable more specific. But all participants demonstrated strong desires to keep engaging and keep trying, even as they got older.

This is particularly so when government policy has not kept up with its end of the ‘mutual’ obligation. Many participants felt frustrated that despite continuous efforts from them to keep up with increasing conditions, their benefits had generally fallen, their standards of living were being challenged, and the difficulty of proving entitlement had increased in unproductive ways. Increasing the requirements on reporting had simply created more bureaucracy and had not helped them find employment. Many participants, while overall supportive of the moves (which has its own implications), did not feel well supported by government or that their efforts to engage were recognised or trusted. This is a disappointing outcome from the interviews, as given the positivity and continuous engagement of participants, there should be some recognition and obligation from government to make good on its own promises and responsibilities to people with mental health impairment.
There are also some important questions raised about the effectiveness of these policies. Given the diverse employment stories of interviewees and the significant combination of factors that might conspire to make it very challenging for people with mental health impairment to find employment in the contemporary open labour market, increasing conditionality and reducing financial support is not likely to do anything other than make challenging lives even more challenging. It will not create a motivation or greater capacity to find work, or a greater sense of mutual obligation, as participants are already making significant efforts to find work and already generally agree with the spirit of mutual obligation.

**Conclusion**

When considering all the challenges faced and the difficulties experienced in the open labour market, all respondents were aspirational in their attitude towards their futures and working in general. This is an important reason why capturing narratives of participants is vital. Statistical outcomes and scholarly research paints a bleak picture of employment outcomes for those with mental health impairment, but individual attitudes of participants suggest that they have not accepted these outcomes as simply inevitable or unchangeable. All individuals were motivated to work, wanted to continue seeking it, and had clear and realistic career goals – they were not despairing of their prospects and had not ‘given up’. This attitude is crucial if there is to be positive change, because government policy should be looking to use this attitude to work with those with mental health impairment and find better employment outcomes for them and policies that will help support them. It is paramount also for wider understanding of these stories in the broader community – employers and businesses need to hear and see these narratives to better understand the value of employing people with mental health impairments and challenge prejudice and discrimination.

However, there are also important specific changes in policy that can also help with some of the challenges faced by people with a mental health impairment in the labour market, and the narrative suggest further research is needed. For example, the narratives stressed the importance of being treated as individuals rather than as ‘a number’. Bringing the responsibility for disability employment services back to local communities and organisations rather than national schemes could potentially change the dominant discourse and allow more flexibility, tailoring and personalisation for local conditions and economies. It also may help create a sense of collective responsibility in communities for the employment of everyone, rather than outsource the problem to a national agency.
The narratives revealed that participants were highly motivated to work but faced significant discrimination and competition in the open labour market. As a result, mandatory engagement with disability employment services as a condition of government support should be reviewed. Employment outcomes for people with a mental health impairment are not improving since it became mandatory, and it can be argued that requiring constant engagement with a DES provider gives service-users unrealistic expectations about finding jobs that in most cases are increasingly unavailable. Mandatory engagement also consumes resources from employment agencies that could be better spent elsewhere given declining government support.

Finally, it can be argued that the system is further disadvantaging people with a mental health impairment because the narratives reveal that government rhetoric and policy is causing people with a mental health impairment to increasingly compete with each other for fewer resources and questioning the eligibility of each other for support.
References


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Squire, C. 2013. ‘Experience-Centred and Culturally-Oriented Approaches to Narrative.’ In Doing Narrative Research, Sage, Thousand Oaks.


Appendix A – Information to Research Participants

INFORMATION TO PARTICIPANTS INVOLVED IN RESEARCH

You are invited to participate

We would like to invite you to participate in a research project called: “Service-user experiences of open labour market participation: perspectives from clients of specialized mental health Disability Employment Services.” This project is being conducted by student researcher Izak Hiensch as part of the social work honours programme at Victoria University, under the supervision of Professor Marty Grace and Leila Rahimi, of Victoria University and Dr George Giuliani of E-focus.

About the Information to Participants Sheet

This sheet tells you more about the research project and it explains the processes involved with taking part. Knowing what is involved will help you decide if you want to take part in the research. Please read carefully. Ask questions about anything that you don’t understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or local health worker. Participation in this research is voluntary. If you don’t wish to take part, you don’t have to. You will receive the best possible service from E-focus whether or not you take part.

Project explanation

The reason for undertaking this research is that we would like to know more about disability and employment from your perspective. By interviewing people on their experiences with the open labour market, their perspectives will add to our knowledge about disability and employment. This project is not specifically about reviewing the services provided by E-Focus, but our findings might help inform the disability employment service delivery, social policy, and support advocacy efforts.

What will I be asked to do?

If you would like to take part in the project, you can make an appointment with the student researcher for a face-to-face 45 minute interview. At the start of the interview the student researcher will read out the consent form, to make sure that you:

- Understood what you have read
- Consent to take part in the research project
- Consent to be involved in the research described
• Consent to the use of your personal information as described
You can then choose to sign the consent form, and fill out any additional data. During the interview the student researcher will ask you questions on topics such as: employment, unemployment, employment services and welfare. If you choose, you may receive a transcript of the interview, and/or an update about the research project once it is finished.

What will I gain from participating?
We cannot guarantee that you will receive any benefits from this research. However, by participating in the research you will have the chance to share your opinion and lived-experience with us and help add to our knowledge of disability and employment. We appreciate you taking the time to be part of our project, and you will be gifted a $20 gift voucher for your time. Your decision about whether or not to participate, or to participate and then withdraw, will not affect the services you access, your relationship with job consultants, or your relationship with E-Focus.

How will the information I give be used?
The information you give will be recorded and transcribed. The student researcher will then analyse the information you and other participants have given, and summarize this information in the form of a thesis. The student researcher can also use the information to write a journal article, a report to the organisation, produce an information sheet, and give presentations.

We will protect your privacy and the confidentiality of your responses to the fullest possible extent. Any information you give to us during the research will be used for the research only and will not be shared with anyone else under any circumstances. No information you give to us will be shared with E-Focus, and your interview will not be used to review your benefits or services. Your name and contact details, and the recording of the interview, will be stored only on the secure Victoria University research drive. In the final report, you will be referred to by a pseudonym or respondent number only. We will remove any references to personal information that might allow someone to identify you.

What are the potential risks of participating in this project?
As the interview will focus on your experience and ideas on topics such employment, unemployment, welfare payments and disability, you may become upset or distressed discussing your experiences. You can pause or stop the interview at any time. Should you feel uncomfortable at any stage of the interview, whilst reading the interview transcript, or when reading the research report, you can choose to discuss any matters concern with someone you feel comfortable with. There are a variety of confidential support services that
you may wish to contact. In addition to your treating health professionals, there are free
services available including:

- Beyond Blue
  1300 22 4636
  Beyond Blue also offers support via chat, email and facilitates peer forums, you can
  find more information on their website www.beyondblue.org.au

- A free of charge confidential consultation with a health professional via E-focus, if
  you would like to make an appointment please contact George Giuliani.
  George Giuliani
  (03) 9450 5700,

How will this project be conducted?

If you volunteer to participate in this research you can contact the student researcher to make
an appointment for an interview. Before the interview the student researcher will ask you if
you have any questions about the research project, the information sheet, or the consent form.
Following this the student researcher will ask you to fill in and sign the consent form. The
individual interviews will be held at E-focus, 73-75 Burgundy Street, Heidelberg and will take
45 minutes.

What if I wish to withdraw from this research project (after the interview)?

If you do consent to participate, you may withdraw at any time. If you decide to withdraw
from the research project after the interview, please notify a member of the research team.
You will be asked to complete and sign a ‘Withdrawal of Consent’ form; this will be
provided to you by the research team.

Can I make changes after the interview?

On the consent form you will also find the option to receive a transcript of the interview for
your own records. The student researcher will send you the transcript of the interview within
12 working days after the interview to the email address you provided. You will then have 12
working days to reply to this if you wish to make any changes. If you do not reply, the
researchers will assume you do not wish to make any changes.

Can I receive an update about the research once the project is finished?

On the consent form you will also find the option to receive an update about the research
project once the research project is finished. You will be sent a summary of the findings of
the research to the email address you provided.
Organisations involved in the project are:

Victoria University

Professor Marty Grace
Head of Social Work
College of Health and Biomedicine
Victoria University
Phone: 03 9919 5022
Email: martygrace@vu.edu.au

Dr George Giuliani
Chief Executive Officer
E-focus
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Ms Leila Rahimi
Izak Hiensch
College of Health and Biomedicine
Victoria University
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izak.hiensch@live.vu.edu.au

Any queries about your participation in this project may be directed to the Chief Investigator listed above.

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email researchethics@vu.edu.au or phone (03) 9919 4781 or 4461.
Appendix B – Consent Form for Research Participants

Consent Form for Participants Involved in Research

Information to participants
This project is interviewing clients of mental health specialist Disability Employment Services about their experiences of open labour market participation. You are invited to attend a voluntary interview to have a discussion on this topic.

Should you feel uncomfortable at any stage of the interview, you can pause or stop at any time. If something is raised in the interview that makes you feel uncomfortable, you can choose to discuss the matters raised with services listed in the ‘Information to Participants Sheet’. This can support you in clarifying any issues and if necessary seek further assistance.

Certification by subject
I, __________________________ (your name)
of __________________________ (the suburb you live in)

• am at least 18 years old, and I am voluntarily giving my consent to participate in the study: ‘Service-user experiences of open labour market participation: perspectives from clients of specialized mental health Disability Employment Services.’ by Professor Marty Grace.
• freely consent to participation in an audio recorded face-to-face interview.
• have been fully explained the objectives of the study, together with any risks and safeguards associated with the audio recorded face-to-face interview by student researcher Izak Hiensch.
• certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.
• have been informed that the information I provide will be kept confidential.

Signed: __________________________ Date: __________________________

Any queries about your participation in this project may be directed to the researcher

Professor Marty Grace (03) 9919 5022
Further participation

I would like to opportunity to review and edit the interview transcript.

YES  NO

I would like to receive a summary of the research findings once the research project is finished.

YES  NO

If you have answered yes, please provide your email address below:

___________________________________________________________________________

I would like a copy of the signed consent form.

YES  NO

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email Researchethics@vu.edu.au or phone (03) 9919 4781 or 4461.
Appendix C – Interview Questions and Prompts

1. Have you ever been employed? If yes: I’m interested in your story of employment over time. Can you tell me more about that? If no: I’m interested, would you like to be employed? And can you tell me more about that?

2. Can you tell me about your first job? What was it like?

3. What has been your most recent job?

4. In your experience of participating in the labour market, has it become easier or harder over time? Or is it the same?

5. Often multiple people apply for the same job, and through a selection process the employer chooses who they think is the most suitable candidate and offer them a position. What has been your experience with this process?

6. Have you experienced stigma or discrimination, either positive or negative, in the process of finding employment, or whilst being employed or having a job?

   If yes, can you tell me about this? If no, next question

7. Services, such as the Disability Employment Service, are supposed to support you in finding employment. What has been your experience with these services?

8. The government places conditions on receiving welfare payments, like Newstart or the DSP. For example, people who receive welfare must engage with Employment Services regularly and or engage in a Work for the Dole program. What has been your experience of conditions like these?

9. Are you currently receiving, or have you in the past, received welfare support, such as the Newstart Payment, Parenting Payment and/or Disability Support Pension?

   • If yes: If you’re comfortable disclosing, which welfare supports have you received, and do you think this is the right welfare support for you in your situation?

   • AND If yes: Can you tell me, this income support you currently receive, how does it affect your employment possibilities?
If no: Do you believe welfare support should be available to you? What would this support look like?

AND If no: Would receiving income support affect your employment possibilities?

10. As you may know, the Australian government has tightened eligibility criteria and increased conditions for many welfare payments in recent years. Has this affected you, and if so how?

11. Based on your experience with Disability Employment Services, do you have any suggestions to make this service better suited to you? And what would those suggestions or changes look like?

12. If you would imagine the perfect job, doing what you like to do, the hours you would like to work, and to do that for the median Australian wage, what would this job look like?

13. What needs to happen for this job to be available to you?

14. do you have any comments, or is there a question you think I should have asked, but I haven’t? and what would be your answer to that question?
Appendix D – Participant Information Poster

Research Project

Are you currently part of the Disability Employment Service at E-focus in Heidelberg? We would like to hear about your experience of looking for work and participating in programs like DES (and others).

The information we collect is confidential and is not connected to Centrelink. Your comments will inform a research project that seeks to improve services to DES participants.

We know your time is valuable, if you participate in the research project you will receive a $20 gift card.

If you would like to participate, please ask at reception for an information sheet and contact the student researcher (details below) for an interview.

Izak Hiensch  Phone: 047 5684 570
Email: izak.hiensch@live.vu.edu.au

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