



Breaking through: mental illness and work

For decades governments have ignored the shamefully high levels of unemployment among people with mental illness. Recently however, the Rudd Government cited the problem as one of its key concerns. **Denny Rosey** reports on how bad the situation is and what can be done.

The prospects for people with mental illness getting and keeping work are worse than serious – they are “dire” says Sebastian Rosenberg (*above*) CEO of the Mental Health Council of Australia.

Australia is *half* as successful, as comparable OECD (Organisation for Economic Co-operation and Development) countries in employing people with mental illness. “Countries like France and Norway have introduced successful strategies and about 60 per cent of people with mental illness return to work,” Rosenberg states. “In Australia only 29 per cent go back to work.”

Sebastian Rosenberg says it is totally unacceptable that people with mental illness fare so badly in the job market given Australia’s record low unemployment and employers’ claims that expansion is being limited by extreme labour shortages.

“Listening to business leaders in Australia complaining about labour shortages is a lot like complaining the table is bare when they haven’t checked the pantry,” he says. “There’s a pool of available labour that would be very keen to contribute to the economy but at the moment that is even less likely than when we had medium to high rates of unemployment.”

He suggests Australia could follow models used successfully in Italy and France to encourage employers to hire people with mental illness. “In Italy employers are given tax breaks for hiring someone with a mental illness. There’s also greater community acceptance of the fact that society is made up of many different sorts of people, and some have mental illness.”

Unhappily, most employers do not understand and are not prepared to tolerate the episodic nature of some mental illnesses. “Very little is being done to encourage greater understanding of mental illness in the workplace and the instinctive reaction of managers and human resources

people when they discover someone is suffering from depression or schizophrenia is to exclude them from the workplace for a very long time.

“Yet all the evidence gathered from around the world indicates the best thing you can do is to keep people linked to their workplace and have them return to work as soon as possible.”

Despite the prevalence of mental illness in the community – the latest survey of mental illness in Australia put the figure at one in five – there is still a stigma attached to mental illness which Rosenberg likens to the prejudices society held ten years ago to homosexuality.

“Friends and colleagues mix socially and work with people with mental illness all the time and they don’t have a clue. There are myths that associate mental illness with violence but statistics show people with mental illness are more likely to be attacked than the attacker.”

Every workplace has to make adjustments for staff with various physical illnesses and impairments, Rosenberg says; it should not be any different for those with mental illness. “A good organisation shows it is committed to supporting staff when they develop maladies by modifying things such as starting times. There are a range of things which can be done to facilitate the smooth employment of people with mental illness but none have been explored.”

Unemployment, isolation and poverty are huge stressors for anyone but for people with mental illness, it can lead to breakdown and frequently, homelessness. But, says Sebastien Rosenberg, evidence shows that forcing people to take *any* work, irrespective of whether it suits their skills, temperaments or aspirations often results in a decline in their mental health.

“We have a production line approach to moving people off the Disability Support Pension under the current welfare-to-work regime but we have found it puts many people

with mental illness at risk. We need to look at providing individual solutions for people. One person might find stacking shelves soul destroying but for one man we know, that work provided him with an income that assisted him to stay at university.”

With \$1 billion going into psychiatric services, Rosenberg is anxious that more data is collected. “We need to know whether people are getting better and who is being seen so we have the right service models in place. We know there’s a wide discrepancy between the level of funding mental health receives and the burden in the community, but there

is no data that tracks how people with mental illness do throughout their working lives.”

The Mental Health Council of Australia has developed an employment strategy *Let’s Get to Work* to move the issue beyond rhetoric into action.

Employers who baulk at employing people with mental illness might like to consider the social costs of their ignorance – a world without the likes of Abraham Lincoln, Isaac Newton, Virginia Woolf, Gary McDonald and many thousands more.

Katielee, 30

I have Bipolar type 1 and ADHD. I first saw a psychiatrist when I was thirteen because I had severe depression and suicidal thoughts. My Mum has bipolar type 1 as well.

I get sick about every four to six months. I have a lot of highs and a lot of lows in very short periods of time. At the moment I’m having a chilled out period which is nice because I’ve just come out of a manic and depressive episode which happened within a month. There are some mornings when I wake up and I don’t know what I’m going to be and I really struggle with that.

I’m in therapy twice a week. I really battle with medication and I’ve been known to take myself off it and on again. Sometimes I feel everybody else should be on it and I’m fine.

I’ve had many different jobs – I’m a fully qualified chef and a fully qualified bush regenerator, I’ve been a barista, a waitress, worked with elephants and I’ve done a lot of volunteer jobs at Taronga Park zoo. I go through cycles of doing something for a while and then I’m over it and have to move on to something else – ADHD has a lot to do with that.

Most of the jobs I’ve had suited me but chef-ing is very high pressure and I worked really long hours and after a while I became very sick. I can’t deal with stress – I have to take a step back and retreat into my own little bubble. I’m a painter and I make things – that’s what I’m passionate about – but no one’s going to pay me to be creative.



I’ve been able to make a strong façade and I present as this bright and bubbly person in the workplace. I’ve got every job I’ve applied for, I see it as a game, but I never tell employers about my illness because people have these preconceived ideas about mental illness and some people just don’t understand, especially as I look normal. My Mum lost jobs when her employers found out she had a mental illness – that was fifteen years ago – and I’m not prepared to take the risk.

But I always feel the need to tell a co-worker in case something happens but that’s after I’ve been in a job for a month and have sussed people out. Some of the people I’ve told have been so supportive and they’ve asked what they can do to help. I can tell a co-worker because I know they can’t do anything [e.g. dismiss her.] Two of my employers learned that I had bipolar and they asked me why I hadn’t trusted them but I just couldn’t.

I’m not afraid of breaking down at work, but when it happens I become very anxious afterwards. One time when I was chef-ing, I hallucinated at work; it was just awful and I ran away. I couldn’t go back and explain, it was too embarrassing.

Presently I’m studying Community Services. It’s a very easy course and I’m not getting any stimulation from it and I need that as I’m fairly intelligent. I’ve had psychiatric job consultants and they treated me as though I was stupid. I said “I can do this and that” but they kept on saying ‘No, you need this kind of job’ which was in a shop or doing barista work.

I started the course because I thought it would tie in with the work I do as a volunteer at NSW Network of Women with Disability. It’s the only place I’ve ever worked where they’ve asked ‘If we see something happening should we let you know?’ or ‘what do we need to do for you?’ They are absolutely wonderful.

Peter, 46

I was diagnosed with Bipolar II three years ago when I had a breakdown brought on by a combination of work stress and my marriage ending.

I had been depressed on and off all my life and had tried cognitive behaviour therapy but the hypomania was only obvious in retrospect. Eventually, a GP put me on anti-depressants, first Aropax and then Zoloft.

The Aropax set off a wild hypomanic episode and I became involved with a girlfriend half my age, was awake for days on end, got tattooed, thought I was Jesus. I'm a statistician and a pretty quiet kind of person usually, so all of that was very out of character.

I eventually came off the anti-depressants but my moods cycled up and down quite rapidly and I was put in hospital and placed on Lithium but the cognitive impairment ("dumbing down") was so bad I couldn't work. My employer put me on "performance management" rather than try to work out what should be done. I was too drugged out to see this wasn't appropriate.

After a while I came off Lithium and other drugs were substituted but I'm not very compliant. Most of the time the side effects are more severe than the illness - I'm lucky. When I need them, I take them. I manage.

I've looked for jobs inside and outside the bank over the last three years. The interviews are fine and the rejections don't bother me but I don't risk disclosing my illness when I apply for jobs as I've seen a lot of bad responses. I work in a big organisation and I'll probably be here for a long time, so the fewer people who know the better.

Once I've got a job however, I let my immediate managers know that the medications can affect my productivity, and what I do to make sure I don't have an episode and what is likely to happen if that occurs. The mood stabiliser (actually an anti-convulsant) and anti-depressant also reduce my working memory.

Some listen and ask for more information. I even had a good cry with my immediate manager before and after my hospitalisation. Unfortunately, her boss doesn't believe mental illness exists ("it's just weakness") and he pressured her to put me on performance management as a way of getting rid of me.

When I have disclosed my illness to co-workers, I've been surprised at how many successful people have experienced major depression. Only a few distanced themselves. Luckily, the area I work in with its heavily mathematical/statistical bent has more than its fair share of people with mental illness and autism spectrum disorders so colleagues can be quite understanding.

The unpredictable nature of my illness is a problem and I constantly monitor my thoughts for appropriateness and rationality. I also keep a close check on feeling 'up' so I don't commit myself to more than I can manage. When I need medication, the side effects mean that I have to reduce my workload and that can be a problem - I don't like putting extra work on to my colleagues.

During the 'up' times I can work much harder and for much longer - it's the down periods that cause problems. I accept that I will occasionally say or do inappropriate things; the medications cause some of it and the anti-depressants turn every yawn into a mini-seizure."

Kate, 46

Ten years ago I was diagnosed with Post Traumatic Stress Disorder. The Public Service's limited financial resources provided twelve sessions with a counsellor for a year or two. After that I saw the therapist only sporadically.

Some of the symptoms of PTSD include nightmares and disturbed sleep, flashbacks, anxiety, and occasional panic attacks which can be triggered by certain work situations.

When I've had a disturbed night, it takes me a few hours to function well mentally. I sometimes wake up feeling as though I'm nine years of age and the trauma occurred that night. When I feel like this, work just escalates the symptoms.

However, when I'm fine I function very well indeed and I have no problems handling a highly stressful job but I need to be to be allowed to control when I go to work, and that can be tricky. I've had to find part-time jobs where I can start in the afternoon.

For the past ten years I have lived on a very low income - years where I could have been paying off a

Sarah, 44

The first time I had a mental illness was after the birth of my first child in 1982 when I had postnatal depression. In all, I've had four episodes of severe depression.

The third time, I was under a huge amount of stress as my former husband refused to pay any maintenance and the children & I were barely able to get by.

After some time, I just couldn't cope: I was yelling out to my neighbours telling them what I thought of people who stood by and let others starve. They must have called the police or the hospital because I was incarcerated, for want of a better word, and I was diagnosed with schizophrenia. That was 16 years ago.

I've had very few relapses but I don't allow things to get to the stage where they become unmanageable. I recently lost my job after I put in a complaint about an AWA and it was very stressful but I coped.

My job entailed looking after juveniles who were in out-of-home care. I was working 114 hours a fortnight on rotating shifts. The [private] company that employed me wouldn't put me on full time and they wouldn't pay shift allowances or allow me to have meal breaks. I lodged a complaint about the AWA and the boss found a means to sack me. The last few weeks were traumatic but I got through. I increased my medication slightly when I became aware things were becoming very difficult.

In January last year I moved to the city so my teenage daughter would have a better chance of getting work; there is 30% unemployment in the region where we lived. It's made a massive difference. Apart from the availability of work, there's a degree of anonymity in the city that you don't get in communities with 1500 people.

When I came out of hospital sixteen years ago, I couldn't get work in the town. Most people knew what had happened and they were wary. And strong psych medication often changes your behaviour and your appearance [weight gain]. I suppose I looked stoned. For a time I had trouble standing in a long queue at the supermarket and I'd have to leave my trolley and walk out.

I did a lot of voluntary work however, and I studied part time at uni, and was on a community management committee for an NGO for three and a half years. Still, regular part-time work would have helped a lot when the children were young.

I've always done well when I've worked and my illness was never a problem when I was studying. Since moving to the city I've worked ten and a half months out of the last sixteen and I'm actively looking for work. The social interaction and the responsibility push your self-esteem right up.

In my field there is a level of acceptance that mental illness is not a death sentence and you can go on to work successfully. But I don't mention I have a mental illness at job interviews; I say I have a disability that's unlikely to affect my work. It's uncomfortable to lie but you can be too honest.

I find the schizophrenia is only a problem when I haven't got something useful to do with my time. I thoroughly enjoy researching my field but I can't afford to have the internet at home and I can't afford to go out. It [schizophrenia] is such an isolating condition and once you're financially depressed it can be very difficult to find meaning in your life.

mortgage and setting myself up. I'm very intelligent and competent and I could have had a very successful career if I hadn't had PTSD. At the same time, the experiences I've been through, have helped me develop good communication skills, mediation and conflict management, insight and the ability to understand others.

I have never disclosed my illness to employers or co-workers and never will: there is too much misunderstanding and prejudice. I haven't had to look for work often - because of my skills, work tends to find

me. If job hunting goes well, it's good for my mental health but if it goes badly, I end up in counselling.

It's important to realise that a person with a mental illness can be absolutely normal and function very well even when they are going through some ghastly times. If I'm allowed to manage my condition in the way I need to, I can cope with a highly responsible position and do it very well - it just can't be full time."