Centre for Inclusive Employment

Centre for Inclusive Employment & Disability Employment Australia
Lunch & Learn session | Wednesday, 12 August 2026

Work Well, Live Well: Mental Health & Meaningful Employment

Speakers: Liz Trickey and Nicole Saliba, ORS Group
Host: Simon Rowberry, Deputy CEO, Disability Employment Australia

SIMON ROWBERRY: Okay everyone, good afternoon or good morning depending on what side of the country you are calling in from. My name is Simon from DEA Australia and welcome to today's Lunch and Learn session, which is called Work Well, Live Well, Mental Health and Meaningful Employment. I'd like to take this opportunity to do an Acknowledgment of Country. I'd like to acknowledge the Traditional Owners of the land on which we are all meeting on, their continued connection to land, waters and community. We pay our respects to the cultures and the Elders, past present and emerging. A little bit about Lunch and Learn sessions, they are delivered by the Centre of Inclusive Employment in partnership with Disability Employment Australia. The Centre provides us with practical supports for people with disability and employers and DEA is the National peak body representing National disability providers. The centre is delivered by a National consortium led by the University of Swinburne University of Technology bringing together research, lived experience and sector expertise.

A little bit of housekeeping for today's session. Live captions, and I think Liv has already put that in the chat will be provided by Expressions Australia. That's in the chat. If you've got any questions during today's session please feel free to use the Q&A function. We hope to have time at the end of the session to do a bit more of an interactive Q&A if we can. Today's session will be recorded and a transcript and slides will be available on an online hub. In today's session our presenters Liz and Nicole who you can see there on your screen in the top left-hand corner will explore how to support people living with Mental Health in Meaningful Employment. It will highlight the benefits for people with mental health. Key considerations when providing support throughout the employment

journey and the - I can never get this word right - dietetics in promoting long-term success. Real world case studies will bring it to life and demonstrate person-centred approaches that can make finding work for accessible sustainable and meaningful. Liz is the general manager of employment services for the ORS Group. Liz has worked for ORS for over 20 years, and NDIS at both sites, regional services area and National levels and our second speaker who I believe will be doing most of the talking is Nicole Saliba. She is a passionate accredited practising dietician with a strong background in marketing and development. She is passionate about supporting individuals with mental health diagnoses and connecting them with services, whether it be employment or Allied Health in order to help them overcome barriers, achieve goals, improve health, outcomes - while I take a breath - it is over to Liz and Nicole. Welcome.

NICOLE SALIBA: Thank you. We are really excited to present today about Mental Health and Meaningful Employment and how we do things at ORS. So a little bit of an agenda today, we'll talk about who ORS is as an organisation, mental health and employment in Australia. Coming from an Allied Health background I wanted to touch on the biopsychosocial model for mental health, which is a big mouthful. We'll touch on some of the benefits of employment for mental health which I am sure everyone is aware of. We'll touch on some key considerations when working with this cohort and finish off with a case study and what we are doing at ORS to help collaborate with Allied Health health supports.

So who is ORS? ORS, despite being a large organisation with over 800 employees is actually a family owned and operated organisation. ORS was founded in WA, but we have offices all over Australia and annually we provide support to over 20,000 Australians every year. We have got the Allied Health supports, which includes behaviour supports, psychology, Occupational Therapy, speech pathology, dietetics and workplace rehab. In addition we provide inclusive employment under which we have a specialist mental health cohort and as well as the NDIS finding and keeping a job which we'll touch on. There is multiple funding pathways to access our services at ORS, whether it is the NDIS private Allied Health or Medicare, and we believe this gives people flexibility and increased accessibility to access our services.

So let's just touch on a quick snapshot of mental health and employment in

Australia and supporting people with mental health and employment is something we are very passionate about. So mental health challenges impact 1 in 5 Australians each year and almost 1 in 2 of us will experience some form of mental health challenge throughout our life with the most common being anxiety and depression. We know that people that experience mental health challenges are less likely to be employed than other people with a disability and they are likely to experience things like discrimination and stigma. If we look at employment rates 26% of people living with a psychosocial disability are employed verses 57% of people living with other disabilities, and 80% of people living without a disability.

So coming from an Allied Health background we know that when it comes to supporting people with mental health concerns usually things like medication and psychological support from a psychologist would previously be our main things. We know there are lots of different factors impacting a person's mental health. The biopsychosocial model, our lifestyle model is a model we are starting to adopt now when we are looking at treating and managing mental health. We know that employment is a critical health intervention and also a meaningful outcome for people living with mental health conditions. There is 4 different domains there and in lay terms it shows that mental health is not caused or improved by just one thing, and we have circled that employment is definitely key under that social framework under this model.

So when we look at the benefits of employment for mental health they are wide-ranging. So some of the evidence-based positive outcomes for employment for mental health and they are things that we probably witness working with people everyday include enhanced self-esteem, financial stability, structured daily routines, improved self-reliance and confidence, social inclusion and improved community participation, reduced financial strain and then from a health perspective we've got improved symptom control, reduced risk of hospitalisation and improved recovery support. Yes, there is financial benefits but there is widespread benefits in terms of health as well.

What are some of the key considerations when we are providing support to participants with mental health conditions? It is important to acknowledge that people experiencing mental health challenges are facing several barriers to employment including discrimination and stigma, as well as a lack of

coordinated supports which is why we have adopted the model that we have at ORS. Symptoms can wax and wane and there is lots of different things that can impact these like medication side-effects, past negative work experiences and significant gaps in work history and we know these can affect job readiness and confidence. We know that mental health rarely exists in isolation, people are also facing challenges with housing, financing, drug and substance abuse and relationships, so coordinated support really matters. We also know that recovery isn't linear and neither is the path to employment. The right supports matters more than the speed of the person's journey.

So these are some of the key considerations. So we know that employment support is most effective when it is person-centred, strengths-based and trauma-informed and we'll just touch on a couple of these. Person-centred employment support focuses on placing the individual at the centre of all planning and decision-making, treating them as the expert in their own life rather than focusing primarily on their disability or their deficits. Key components include shared decision-making, strengths-based profiling and customised job matching. A strengths-based approach focuses on a person's existing abilities, skills and potential rather than their deficits or limitations and key features of this would be identifying a person's natural talents and their personal goals and fostering that collaborative planning alongside them.

Trauma-informed support is also key. Trauma is a state of emotional distress that happens when a person experiences an event or a series of events where they are harmed, threatened or feel threatened and trauma also describes the longer-term impact of these events. So a trauma-informed approach recognises how common and profound the effects of trauma are and it ensures that services and supports are delivered in ways that avoid causing further harm. Trauma-informed services are person-centred, responsive and sensitive to the experiences of people without being intrusive about what led to that trauma. The last thing that's really important - I think it is the most important thing - is integrated support. Integrated employment support combines job searching with wrap-around services like Allied Health, mental health care housing, help and skills training and key elements include coordinated case management, multidisciplinary teams and personalised long-term planning.

So what are we doing at ORS to collaborate with Allied Health supports? So Liz

and I really believe that what sets us apart as a provider is our ability to provide integrated support. So being a multidisciplinary provider working across the IEA NDIS and rehab pathways we are able to direct participants with our own psychology, dietetics and Occupational Therapy teams to address those barriers to employment and people can access that through different funding pathways. Some of the funding pathways that our employment participants are able to access our services are through Medicare, and the two key pathways that we'll touch on are Medicare Better Access which some of us might know as the Medicare Mental Health Care Plan and this entitles people living with healthcare concerns to up to 10 sessions/year with a psychologist. At ORS we are really proud to provide this service at no fee, so we bulk bill it for our IEA participants. People living with a mental health condition are able to access a Chronic Condition Management Plan which entitles them to 5 visits with a dietician or Occupational Therapy and the clients that come through that also have NDIS funding. There is a capacity building budget and a service called Finding and Keeping a Job which provides vocational functional cognitive, IQ and communication assessments as well as on-the-job coaching for people that need more of those capacity building supports. Often we'll start with this for people that do have that funding that are quite employment ready and where it is suitable and where the participant is ready we might dual service them or directly register them into IEA. Our referrals are able to happen inhouse, so Allied Health input can be coordinated, it is efficient and we are all working towards the same goals. Do you want to add anything?

LIZ TRICKEY: Not yet.

NICOLE SALIBA: I will start with the Medicare Better Access psychology supports. We use this service where we feel that their anxiety, trauma, low confidence or uncertainty is impacting their capacity to find and keep a job. So how the referral works is the IEA specialist might find there is some psychological barriers. We get the participant or client to get a Medicare Better Access referral from their GP and then they are able to access the psychologist at ORS with no waitlist, either face-to-face or via telehealth. There is a range of things that the psychologist would cover throughout those sessions which we'll touch on on the next slide as well. Why it is really important it is pretty self-explanatory but we know that psychological supports runs alongside, not instead of employment support, so progress in one area is really going to reinforce the other.

These are - I won't go through every point - but these are some of the psychological barriers that the psychologist might work on alongside the IEA participant. So say for instance if we feel like their depression and anxiety symptoms are impacting their energy and leading to absenteeism we might work on that. We know that even though we've got a specialist mental health cohort a large number of our IEA clients would have ADHD or ASD, these neurodevelopmental conditions and we know eating disorders are prevalent in this group. So if we feel like they have got eating habits or they need to sort out eating habits that are inhibiting their level to concentrate then the psychologist can work on that. There is also cognitive, if they are struggling with low self-confidence the psychologist can work on rebuilding that self-worth, reducing the fear or workplace stigma. There is a range of things our psychologists can help with and it is all about providing practical strategies to help with that workplace participation.

Then the Medicare Chronic Condition Management Plan. I have a dietician background so I am bias and passionate about this area. The IEA consultant would recommend the participant getting a Chronic Condition Management Plan if they felt like their nutrition or energy, side-effects are affecting their capacity to obtain or sustain employment and a large number of our clients would be on antianxiety or antipsychotic medications. Again it is the IEA flagging that there is some sort of nutritional barrier. We have got no waitlists for dietician support either face-to-face or via telehealth. I will touch on what we cover in the sessions on the next slide as well, but most people don't know this, but nutrition is one of the most important and modifiable risk factors in terms of supporting people with their mental health. So these are some of the things that we might work on with our participants. So if they are on medication that is potentially impacting their appetite and they are not eating regularly, they have got really low energy, we can work on those types of things. We know that people living with mental health conditions have really increased rates of GI concerns, so they might not be able to go to an interview because stress exacerbates their gut concerns, we can work on those as well, it is also a big cause of absenteeism. People with mental health they have a significantly high risk of health conditions like diabetes that can also impact their mental health, their energy levels and their capacity to show up at work.

Then we've got the same Medicare Chronic Condition Management Plans for OT

support and we have got a wonderful OT team at ORS. It is for participants whose day-to-day functioning, energy, routine sensory tolerance or task management is getting in the way of starting or sustaining employment. Same referral pathway that we have mentioned, and they get up to those 5 sessions/year. We know that practical functional support helps translate psychological and vocational progress into a job, but a participant can physically and mentally sustain day-to-day. So these are some of the occupational barriers that the Occupational Therapy can work on alongside the client. So if they are struggling with structure and routine we can help with that. Again, if we are supporting people that have things like ASD or ADHD alongside their mental health diagnoses there might be sensory sensitivity, so they might be sensitive to noise or things that makes the work space hard to tolerate and we can work on addressing those barriers as well.

We'll touch on the NDIS and keeping a job. We are really fortunate to work in an organisation that we can tap into this pathway as well. Essentially finding and keeping a job comes under the capacity building part of an individual's NDIS plan, unfortunately but enough people receive it and it is more for people who aren't quite employment ready or ready for IEA and need more capacity building support, so they need help with building their capacity skills and confidence that they need to find and move into employment. The IEA consultant identifies any further capacity building and we refer inhouse. If a client isn't quite ready for IEA they can just fill in our usual referral form on the ORS website and it covers general capacity building and employment assistance which can include vocational assessments to help explore suitable career pathways, functional assessments of capacity for daily and work-related tasks, cognitive and IQ assessments to identify strengths and support needs, and communication assessments to support confident effective workplace communication. We witnessed first-hand that this can be a great place for people to start before they move into IEA. Why it matters because building the right supports early means job matching, workplace adjustments and ongoing assistance are grounded in a clear understanding of the participant's needs. On this next slide we've just got a bit of a summary around the different assessments that we are able to provide under finding and keeping a job. I won't go through them, I am sure everyone will get a copy of the slides and they are able to look into them. Did you want to elaborate on any of these Liz?

LIZ TRICKEY: Not really. I will just add that generally how referrals for finding

and keeping a job are coming through as just forwarding general assistance, then we get to look at their plans to see what type of supports they need. That's when we'd refer out for the functional or the cognitive assessments, just depending on what their needs and goals are in their plan. Not all participants that come in through the finding and keeping a job pathway are going to be eligible for IEA because we are that specific mental health cohort. Obviously we'd continue servicing them under the NDIS and help them into employment that way as well. So it really depends on what, I suppose, what the client's need, what they are eligible for and also the type of IEA program that you are providing as well.

NICOLE SALIBA: So we thought we'd finish with a case study that we'll call David. A bit of background. Workplace anxiety significantly affected David's concentration, memory task completion and confidence. In terms of his employment history he had previously regularly secured employment but struggled to sustain roles and after each job that he had been let go from there was an increasing level of anxiety there. He connected with one of our wonderful IEA consultants and commenced as a TAFE customer service provider earlier this year, and he initially reported feeling excluded in the workplace, he was over-thinking workplace interactions and wanted to quit. He felt that he was working slowly and making mistakes and it was really eroding his confidence and he was experiencing these emotional meltdowns. So in terms of early intervention he got weekly post-employment support, lots of opportunities to debrief and guidance to focus on work tasks and reassurance about just letting his workplace relationships develop organically or naturally. The IEA consultant said he'd benefit from seeing a psychologist to address some of these concerns, so he accessed one of the psychology plans in April to address things like his anxiety, his unhelpful thinking patterns and workplace barriers that were able to sustain him in employment and he completed the whole 10 sessions. He got linked in with the dietician, he was on some medications that were impacting his appetite, his low energy and he was having some gut complaints that were exacerbated by his workplace anxieties. We worked on those. The psychologist worked on monitoring his thinking styles, addressing any barriers he encountered and encouraging him to use workplace resources. We are really happy to report that he is progressing very well. He's reached 6 months of employment and he's concluded his psychology and dietetic sessions, but in this case the IEA consultant was adamant that she felt without psychological support and dietetic support that he probably wouldn't have sustained and maintained that employment. So that's just one of the amazing examples that we have

coming through of that coordinated multidisciplinary support.

Has anyone got any questions?

SIMON ROWBERRY: While people are thinking of a question, I will fire one at you. So this is obviously a great example of what ORS can do with all that kind of inhouse support. But I am assuming that these types of supports are available to people that are outside of the ORS Group, the only difference would be waitlists and those types of things. So you could potentially get this level of support if you weren't being supported by ORS specialist, IEA program, but the issue would be that it would take a while because of waitlists et cetera?

LIZ TRICKEY: It depends on the discipline. Psychology has got immediate availability. Generally it is speech and OT where there is a bit of waitlist. But it also depends on the site. So we do have availability on our website about where we have capacity and generally if it is telehealth we don't really have waitlists for that at all, because most people want face-to-face particularly for things like speech and OT. Yeah, but on the website it has all of our availability. If anybody wants to refer someone through if you come directly to me or Nic, we can try and push you up the waitlist as well.

NICOLE SALIBA: If you'd like to refer to ORS we've got immediate capacity for psychology and dietetics but I think just a bit of research in your local area, usually there is a lot of dieticians and psychologists with capacity. It is probably just curating your own list. My hope for this talk was for people to think outside the box of employment and tap into these other services to help people like with their journey through IEA.

LIZ TRICKEY: If you are working for an IEA provider and there is a sister company or someone under your organisation that is - you are providing the NDIS, tap into those services for your IEA clients. I mean we are very blessed here, we are really lucky that we do everything basically, all Allied Health services we can provide. We can even tap into other staff in other areas, health counsellors, physios. Find out in your organisation what they do outside of those areas because it is great to tap into all those. I can see one about Jack from Mascot. Yes, we do have a site in Mascot. ORS is in Mascot.

NICOLE SALIBA: Do you support people employed who aren't on NDIS or part of a provider but requires support? If you are talking about psychological support we do and the fees are on our website. Unfortunately we don't bulk bill anyone else outside of IEA so there is an out-of-pocket cost, but maybe we can send them through to Olivia and she can send them through to people.

LIZ TRICKEY: If you've got someone who is not employment but they are on NDIS or part of IEA you could work at a work assist registration IEA if they are available. Obviously if their job is at jeopardy and they may lose their job, you can look at IEA. For psychologist the rate is $256/hour. OT and speech is $199/hour.

NICOLE SALIBA: If someone gets a healthcare outside of IEA, we can send that through to Olivia including the gap fee.

LIZ TRICKEY: Will these presentation slides be available after for review? Yes. If someone was currently experiencing similar delays or lacking support going into PPSOS and works in the industry but would simply like to chat in order to see if these services would be beneficial.

NICOLE SALIBA: These services are only provided to people, like at IEA participants with ORS.

LIZ TRICKEY: The Medicare services are available for our ORS IEA participants.

NICOLE SALIBA: Otherwise we can help them Jack but there would be an out-of-pocket cost. Marley has got two questions. Do you also help people to get accepted on to the NDIS? Are we talking about IEA participants or just people coming in and wanting to apply for the NDIS? If so, then no we don't really help them to apply for the NDIS. There are though supports available in the community to help with that and there are a lot of planners. There are a lot of supports that specifically help people.

People often come to us to ask for reports to help apply for the NDIS, whether it is like a functional assessment with an OT or a cognitive assessment with a psychologist, but there is an out-of-pocket cost.

LIZ TRICKEY: Tasmania, we used to have back in the old days, we used to have mainstream and DES in Tasmania, but we don't at the moment. We are always looking at getting bigger. Maybe in the new future.

NICOLE SALIBA: I wouldn't mind Tasmania.

LIZ TRICKEY: It is cold though.

NICOLE SALIBA: So the no cost no gap services are only for IEA clients being serviced at ORS, not external providers, sorry.

LIZ TRICKEY: Sorry. But OMNIA is a new mental health cohort as well, Rachel I believe you could look at, I am not sure what OMNIA are doing in terms of their services, but they would need to obviously register for Medicare.

NICOLE SALIBA: In terms of Cathy your client on the Sunshine Coast maybe you could inquire about a specialist mental health provider, otherwise if you could just Google psychologists, I am not sure.

LIZ TRICKEY: We are not on the Sunshine Coast. We are looking at getting everywhere, we have just got to wait for the opportunity. But there are pretty much everywhere in each employment services area there are providers that specialise in the mental health cohort. So if you just have a look on the Workforce Australia website and you just type in the specialist mental health cohort when you are searching for a provider it will come up with a lot of them.

Can you assist IEA participants with evidence for applying for the disability pension? I mean, if they are a participant of ours and, like we can do a letter of support, there is a letter that's required for that Disability Support Pension

application. So we can do those. If we have provided them with any type of services, so Medicare or any other types of assessment we would incorporate that in our letter of support. So yes to a degree. Obviously we can't do it for them, but we can help them with their application and see if there is supporting evidence that they need for that.

NICOLE SALIBA: Jack, we can definitely support your people that you are seeing if they've got NDIS funding, but there would be a cost for the people that are on the NDIS, but again we'll send them through.

LIZ TRICKEY: Yeah. So if a participant already has their own employment but needs to transition into a different role in an organisation, can they communicate with employers to improve additional support like mental health? Again they would need to be registered with an IEA provider. If their job is at risk and they need to move into another company they can register with Work Assist and we can assist with setting that up with their employer. That would be through IEA. IEA and NDIS are very different. So there are supports that we can offer under - both differ and so is the funding structure. Obviously with IEA we are funded to provide that employer assistance, it is all about getting them back to work. Under the IEA we are offering free medical...which would be dependent on what the state of supports are and their funding that they have got in their plan. So if anybody has any clients in particular that they want us to take a look at their NDIS plans or anything, happy to have a look at them and then see if you let me know what type of support they are looking for, I am happy to have a look in their plans and just break them down a little bit, because they are very confusing in terms of the stated supports and IDL and the home support and improved relationships and everything, so it is very complicated, but happy to have a look at some.

NICOLE SALIBA: We don't service remotely.

LIZ TRICKEY: Not for IEA, no. For NDIS we can do telehealth. So we can basically do that all around the country, but IEA is specific for our 15 sites. So we've got Coburg and Mount Waverley in Victoria and we have got Fyshwick and Mitchell in ACT, Corrimal in Wollongong, Gosford, New Lambton, and then in WA we have got Stirling and Jandakot and... So if we've got support coordinators or

anybody out there that is looking to refer some of their participants through IEA services they are all of our sites. For NDIS we have another 7 sites, so around the same sort of location. So we don't have anything at the moment in Queensland, South Australia, Northern Territory or Tasmania, but all the other sites. That's all the questions. If anyone has got any inquiries or follow-up questions, happy for you guys to reach out to me or Liz and we'll pop our email in there and we'll try our best to answer your questions.

LIZ TRICKEY: It is a complicated beast. Being a provider that does all of it is handy because it gives us insight into all of the areas and how - then we can tailor our service. So any participants looking for work or Allied Health services we can generally do it all, it is just how we do it, whether it is NDIS, IEA and what their goals are as well. We might have people who want to come into IEA but actually don't want to work for another 3 years, they are on the NDIS, so let's use that 3 years to build their capacity to get them ready for work. So we look at each case by case and tailor the service that way.

SIMON ROWBERRY: Okay. Thanks Nicole and Liz. Just to repeat that everyone, so we will send through a copy of the presentation, a copy of the transcript as well and we'll make sure that we've got Liz and Nicole's details on there should anyone wish to reach out and contact them directly. We will be putting up just a short poll at the end of this before everyone disappears so we'd appreciate it if you could take 30 seconds to fill that out. For those of you familiar with DEAs CPD system, there is 2 CPD points that you can log for attending today's session, so make sure you get on there and do that and also just need to remind you that our next session coming up in 2 weeks' time is Understanding Foetal Alcohol Spectrum Disorder in the Workplace, and that's delivered on Wednesday the 26th of August. Thank you once again Nicole and Liz for a really insightful, fantastic session. I think we peaked there at about 187 people, so I think that's the highest we've had for a period of time. Lots of useful information and we'll make sure that we get those resources out. So everyone if you can just complete that survey for us, just quickly before you go that would be greatly appreciated and for everyone else, we'll see you in a couple of weeks' time.

LIZ TRICKEY: Thanks Simon, thanks Olivia.

NICOLE SALIBA: Thank you.

(End)