

Proposal for Amendments to the Carer Payment and Carer Allowance – Medical Report with regards to Mental Health Unwellness

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Context :

This proposal is a result of the Q & A session with the [real title] Minister of Health, Mr Greg Hunt, at the Mental Health Australia Annual Issues and Opportunities, being the combined meeting of the National Mental Health Consumer Carer Forum (NMHCCF) and the National Register (NATREG) on 25th May, 2018 in Melbourne, Australia.

The minister responded to the following question:

“The current process for assessing the need for Carer Payment and Carer Allowance is based on a Medical Report Form (SA332(a).1711) and this form uses tests of physical disability and it is biased against those who are family and carers of the mentally unwell. What actions can be taken, and when, to create a fair and realistic test of mental health related psychosocial disability?”.

The minister’s response was:

“Send me a letter and a proposal outlining the challenges this situation creates and the changes required”.

Challenges and changes required for with carer benefit processes:

The application process for Carer Allowance, Carer Payment and Special Disability Trust includes submission of a Medical Report (SA332(a).1711).

This form is scored to assess eligibility for each of the above benefits.

This form assesses needs in the categories of physical, intellectual and psychiatric¹, one or more of these categories can be selected.

Evidence of the type and extent of the need for assistance is gathered in questions 13-1 through 13-10².

The following categories of need are assessed in this section:

- Bowels (13-1)
- Bladder (13-2)
- Grooming (13-3)
- Toilet Use (13-4)
- Feeding (13-5)
- Transfer (13-6)
- Mobility (13-7)

¹SA332(a).1711, page 3, question 1

²SA332(a)1711, page 5

- Dressing (13-8)
- Stairs (13-9)
- Bathing (13-10).

The compensating factor with the inclusion of these needs to mental health is a note in section 12 of the form is the suggestion that

*“If the person needs to be supervised or prompted to perform certain tasks because of their disability and/or medical condition(s) they are considered to be ‘dependent’..”*³

The physical abilities in section 13 of this form are scored to determine the success or failure of the initial application or a renewal of the benefit. This does not reflect the degree of supervision and prompting required by those caring for mental illness to perform physical self-care tasks.

The challenges this situation creates

This problem of using tests of physical disability where mental unwellness was present was well documented by Carers Victoria in their report *“Invisible Care – Access to Carer Payment and Carer Allowance by Victorian carers of a person with a mental illness”*, published in 2002⁴.

This national issue was thoroughly reported on by Carers Victoria and the 16 years that have since passed, with no redress, are a statement of lost opportunities and a continuing unnecessary burden for mental health carers and families.

Mental Illness Fellowship Victoria also addressed this issue reporting “criteria for carer allowance and carer payments include an assessment of the level of disability of the person being cared for that focuses on physical mobility”⁵ as part of a submission to the House of Representatives House Standing Committee on Family, Community, Housing and Youth in July 2008.

Wesley Mission reported on the carer burden, including issues with Centrelink in its work titled *“The Wesley Report – Keeping minds well: Caring till it hurts”* in 2012⁶.

Mental health carers who are providing substantial supervision and prompting are being denied carer benefits.

- Mental health carers who provide substantial supervision and prompting are severely impacted in their opportunity for employment and training.

³SA332(a).1711, page 4

⁴Carers Victoria, *Invisible Care – Access to Carer Payment and Carer Allowance by Victorian carers of a person with a mental illness*, 2002

⁵Mental Illness Fellowship Victoria, *Inquiry into better support for carers*, section 5.3, page 10

⁶ Wesley Mission, *The Wesley Report – Keeping minds well: Caring till it hurts*, Sydney, 2012

- The economic impact on income limits the capacity of mental health carers to provide for food, rent, transport, electricity, therapy programs and medications
- Lack of access to benefits adds a burden as the family and carer work to establish, through substantial efforts to appeal a potentially invalid decision, which will increase the carers stress and anxiety and substantially impact on their capacity to care

The inability of this form (SA332(a).1711) to adequately assess the contribution of family and carer lack of access in supervision and prompting is a failure to recognise the effect and contribution of the economic benefit of the work of family and carers of the mentally unwell currently estimated to be worth some 22 billion dollars a year⁷.

The changes required for this situation:

- Review and update the form with specific changes to the Medical Report form.
- The form [number] be reviewed and recommendations and are co-designed and co-developed to include more relevant scoring.
- Assessment that equally weighs the level of carer prompting and supervision, not just the consumers abilities.

Steps Involved:

We propose:

- Establishing a Carer Benefit Expert Reference Group suggested representation being:
 - mental health carers
 - the Department of Human Services
 - Centrelink
 - ministerial representation
 - ministry of Health
 - GPs
 - psychiatric representatives
- Using NMHCCF members as the source in this process.
- Using co-design and co-development in all processes pertaining to this forum

⁷Carers NSW analysis undertaken on 2009

- The reference group should supply recommendations to the minister

Outcomes:

- Define the 'what' and the 'when' of the improved form process
- Establish accessibility of the carer related benefits
- Reduce carer burden with regards to application or appeals pertaining to carer benefits thus improving outcomes for carers and consumers

Peter Heggie