



Presiding Commissioner
Disability Discrimination Act Inquiry
Productivity Commission
Locked Bag 2, Collins Street East
Melbourne 8003

email dda@pc.gov.au

Dear Ms Owens

**RE NATIONAL COMPETITION POLICY REVIEW OF THE DISABILITY
DISCRIMINATION ACT 1992**

I am pleased to offer the comments of the Mental Illness Coalition to the Disability Discrimination Act Inquiry that is looking at the social impacts of the legislation on people with disabilities and on the community as a whole.

The Mental Health Coalition of South Australia is an independently incorporated organisation comprising 18 individual agencies. Collectively, we provide information, education and disability support services to people affected by mental illness, including consumers, their families and carers. While a number of our members are providers of generic and disability specific services, the majority operate on a self help and mutual assistance model. As such, we believe that we directly represent the views and interests of many thousands of South Australians affected by mental illness.

One of our guiding principles is the notion that every person with a mental illness and psychiatric disability is able to participate in and contribute to their community. This is congruent with the concept underpinning the DDA, that is the promotion of equal rights and opportunities for all people with a disability. Accordingly, we are highly supportive of the concept of the DDA. However, in Australia, there is generally a poor understanding of the nature of mental illness and psychiatric disability. This phenomenon frequently results in the rights of people with a psychiatric disability being disregarded and active discrimination continuing to be practiced. We believe that the community generally as well as many service planners and providers lack "mental health literacy".

In the absence of Australian attitudinal research, we can gain an insight into community attitudes by comparing with studies undertaken elsewhere. For example, a recent American survey conducted by the National Mental Health Association reported the following mistaken beliefs about the causes of mental illness:

- 71 percent thought mental illness was caused by emotional weakness.
- 65 percent believed mental illness was caused by bad parenting.
- 35 percent felt mental illness was caused by sinful or immoral behaviour.
- 43 percent thought people bring on their mental illness in some way.

We have no doubt that the Australian community shares many of these views. Of course, the reality is that mental illnesses are linked to brain chemistry, heredity, stress, and abuse of legal and illegal drugs.

ACM
Adelaide Central Mission

ANGLICARE

ARAFMI
Association Of Relatives & Friends
of the Mentally Ill

CARERS ASSOCIATION SA

CENTACARE

COMIC
Children of Mentally Ill Consumers

CONNECT
Social Anxiety Support Network Of
Australia Inc

Diamond House Clubhouse

EDASA
Eating Disorders Association

GROW

MIFSA
Mental Illness Fellowship SA

MDA
Mood Disorders Association

MCMHAP
Multicultural Mental Health Access
Program

OCDSS
Obsessive Compulsive Disorders
Support Service

PADA
Panic Anxiety Disorder Association

PACM
Port Adelaide Central Mission

ROOFS
ROOFS Housing Association

STTARS
Survivors Of Torture And Trauma
Assistance And Rehabilitation
Services

Mental illness is a brain disorder that is as real as cancer, heart disease and diabetes, and it is highly treatable with therapy and medication.

We are aware of the comprehensive submissions tendered by many advocacy agencies across Australia, particularly the Mental Health Council of Australia (MHCA), the Carers Association and the Mental Health Coordinating Council of NSW. Generally, we support the advice these agencies have tendered to the Commission. Our comments specifically seek to inform the commission on the particular topic concerning the “nature and magnitude of social...problems that the legislation seeks to address.”

There is emerging evidence that people with a disability are able to participate more in the life of the community. We consider that this change is due, in part to funding increases for services since 1985 as well as regulatory actions like the introduction of the DDA. However, we are unable to make the same claim for people with a mental illness and psychiatric disability. We believe that as a sub group within disability, people affected by mental illness are doubly disadvantaged.

Our conclusions are based on the following:

- In SA, people with a mental illness and psychiatric disability lack equitable access to Commonwealth funded employment support programs. There is evidence available indicating that employment outcomes for the latter group are achievable with appropriately designed open employment (Lehman et al¹). While this group comprises a large proportion of disease burden tables (15.4% of Disease Burden: see MHCA Submission 150: page 3), their participation in CSDA funded services totals 8.5%² One of the reasons for the exclusion of this population relates to the lack of capacity of the ‘system’ to respond to the needs of people with a psychiatric disability³.
- Similarly, we have observed that the joint Commonwealth/state funded Home and Community Care program specifically excludes specific disability groups, such a psychiatric disability, from funding. The HACC program prefers to resource generalist programs for all disability groups. Unfortunately, the support programs provided by these recipients of HACC funding have proven unable to provide appropriate services that meet the particular needs and circumstances of this group.

The structures of these Commonwealth programs actively discriminate against people with mental illness and psychiatric disability.

We look forward to meeting with the Commission.

Yours sincerely



Robert Leahy
Public Officer
30 June 2003

¹ Lehman AF, Steinwachs DM, the CoInvestigators of the PORT project. Translating research into practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations. Schizophrenia Bulletin 1998; 24(1):1-10. <http://www.ahrq.gov/clinic/schzrec.htm>

² AIHW Unmet Need for Disability Services: July 2002: Table 1.6; P12

³ ibid P181