



The peak organisation representing the non-government mental health sector in Tasmania at a state and national level

## **Submission**

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# **Productivity Commission inquiry into Disability and Care Support Inquiry**



**The Mental Health Council of Tasmania has a vision for a vibrant and effective mental health sector in Tasmania.**

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The Mental Health Council of Tasmania (MHCT) is the peak body representing the interests of consumer, carer and community mental health sector organisations, providing a public voice for people affected by mental illness and the organisations in the community sector that work with them.

The MHCT advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania. As such, the MHCT is ideally placed to comment on the Productivity Commission Disability Care and Support Inquiry.

The MHCT welcomes the Productivity Commissions report in acknowledging mental illness as a form of disability. In Tasmania the mental health sector is funded separately to the disability sector. As a result of this funding arrangement, people experiencing disabilities associated with their mental illness have little or no chance of accessing services which they require to function in their own community. The MHCT supports the Productivity Commission in identifying the scheme is to be available for those people in significant need of support, rather than being identified as having a disability. People with a mental illness can experience many changes in their lives and thus their support needs can change accordingly.

The MHCT advocates that people with a mental illness and their carers and families would best have their care needs met by receiving the funds directly. This would enable the person to buy in the services which best suits their needs. This also empowers people to make their own decisions, for they are the expert in their own care. This is reiterated in the principles which underlie “The Fourth National Mental Health Plan 2009 -2014”, which include the respect for the rights and needs of consumers, carers and families; services delivered with a commitment to a recovery approach; recognition of social, cultural and geographic diversity and experience; social inclusion; recognition that the focus of care may be different across the lifespan; services delivered to support continuity and coordination of care; service equity across, areas, communities and age groups.<sup>1</sup>

People affected by mental illness experience different cycles of the illness throughout their lives. They have periods of acute ill health, as well as stable mental health. This in turn can affect their level of disability throughout their lives. Thus it is imperative that the person with the mental illness experiencing their disability have control of their own funds to access the services which they need to help them to live fulfilled and productive lives.

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<sup>1</sup> The Fourth National Mental Health Plan, An agenda for collaborative government action in mental health 2009-2014

The MHCT suggests that to improve service delivery it is best that organisations that are assessing for eligibility should look at how the disability impacts on the person's life, rather than focussing on the illness. This would break down the "silos" which currently exist in the areas of disability, mental health, aged care, alcohol and other drugs. These "silos" reiterate the stigma, loss of human rights and social exclusion which is still experienced by people with a mental illness.<sup>2</sup>

One of the key questions which the Productivity Commission would like address in the paper is "ways of achieving early intervention". The MHCT can make reference to the current Tasmania's Mental Health Plan 2006 -2011, which focuses on early intervention and prevention.<sup>3</sup> It promotes mental health and wellbeing in the community through the progression of the Promotion, Prevention and Early Intervention strategy according to the five priority areas in *Building the Foundations for Mental Health and Wellbeing* which are:<sup>4</sup>

1. Promote mental health and wellbeing across whole of government and whole of community
2. Build capacity across sectors and in the community to implement programs and initiatives that support mental health and wellbeing
3. Invest in the early years and families
4. Consolidate and further strengthen reorientation of Mental Health Services and Community Sector Organisations to support mental health and wellbeing
5. Reduce mental health inequalities

The MHCT will not be commenting on the areas of assessment tools, gate-keeping, data collection and financing options to access services, for this is not our area of expertise, and believes that other services are best placed to provide recommendations in these areas.

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<sup>2</sup> From Discrimination to Social Inclusion. A review of the literature on anti stigma initiatives in mental health. Queensland Alliance [www.qldalliance.org.au](http://www.qldalliance.org.au)

<sup>3</sup> Mental Health Services Strategic Plan 2006-2011 Department of Health and Human Services [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)

<sup>4</sup> Building the Foundations for Mental Health and Wellbeing. September 2009 [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)