

NATIONAL DISABILITY INSURANCE SCHEME

Submission to the Australian Government Productivity Inquiry.

From Julie Petty.

I write in support of a National Disability Insurance Scheme; and to raise some questions in particular about the design of such a scheme to address key problems for those whose disability is psychiatric: who are sufferers either of severe depression, or of severe disabling anxiety disorders, schizophrenia and bipolar disorder.

Mental health, and how such a scheme might support those periodically, or chronically psychiatrically disabled is my key concern. Because the section of the submission draws on my own experiences and those of my immediate and my extended family, I have marked it confidential. This is section 2.

But I also write as one who is the honorary grandmother of a three year old girl who ; was born full term after an unremarkable pregnancy, with a severe level of disability that means she cannot walk, talk or sit unsupported.

She has a gastrostomy button for assistance with feeding, and has had occasional seizures. Adania has Hypotonic Quadraplegic Cerebral Palsy, but this does not explain all of her symptoms – and so she is also described as having an unknown neurological disorder. There are many such children these days.

Her parents are making a separate submission to this inquiry, outlining their concerns, and the frustrations they encountered in finding support for Adania's care and education, particularly in the lack of co-ordination between services.

WHAT KIND OF SCHEME:

I believe , passionately, that a national insurance scheme for disability is needed. Adi's parents are highly educated, socially skilled, and tenacious but their ongoing expenses are significant. In order to give our little girl a decent quality of life (she is a sweet, giggly sentient child, slow in her neurological responses but capable of affectionate interaction, and taking pleasure in things such as music, games such as one would play with a baby under twelve months, and some learning) her mother has had to put aside a highly skilled, job in order to be, at the moment, her full time carer. This puts additional strain on the family, economically, and is also a distinct loss of productivity.

WHO WOULD BE ELIGIBLE?

I am very worried that such a scheme may limit eligibility to known conditions, or indeed prioritise such conditions. I noted with alarm that during this election campaign, the Labour Government was offering some support to early intervention for disability sufferers with a list of known conditions: autism, cerebral palsy, etc

I believe we are seeing a general rise in the level of births of disabled children, which I attribute to the interaction of three conditions:

1. Many more women having their first babies in their mid thirties, and later.
2. An increase in the ability of the medical system to intervene , deliver and care for premature and low birthweight babies.
3. A high level of chemical insult in the environment (including the maternal environment.)

In these circumstances, it is likely that more children will be born, like Adi, with conditions which are hard to identify, and label.

I therefore believe that the Commission, in considering eligibility for those to benefit from such a scheme, should adopt a functional definition of disability, rather than a series of “recognised, eligible disorders”.

Julie Petty.

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