



mental health

community coalition ACT

Peak Body for Mental Health in the ACT

ACT Consumer Carer Caucus

Ms Patricia Scott
Commissioner
Inquiry into Disability Care and Support
Productivity Commission
GPO Box 1428, Canberra City ACT 2601

Dear Ms Scott

The ACT Consumer and Carer Caucus welcomes the Productivity Commission's draft report on its inquiry into disability care and support. We are a forum which aims to give mental health consumers and carers in the ACT the opportunity to meet, form partnerships and be involved in the development and implementation of mental health reform. We consider the links between mental health and disability matters to be irrefutable and are keen to see mental health included as a key component of any planned National Disability Insurance Scheme.

We draw the Commission's attention to the collaborative submission made by a number of ACT-based organisations, including Caucus' auspicing body the Mental Health Community Coalition ACT, and endorse the points raised through that document.

We also wish to note the importance of a fully considered and inclusive approach to development and implementation of a National Disability Insurance Scheme. With any government programme seeking to encompass such a broad area of need as disability, there is a risk of cost and responsibility shifting between portfolios, jurisdictions and, of course, budgets. This risk certainly exists when considering the links between the National Disability Insurance Scheme and existing mental health services and programmes. People may continue to fall through the cracks. It is therefore important that parameters be clearly defined and understood to ensure that there is no unintended negative consequence for mental health services, including community based services that support people with mental illness and psychosocial disability. People with disabilities, including psychosocial disabilities need to be able to access integrated care and support across both sectors.

Our argument is that it is well documented that people with psychosocial disability require a range of disability support services to enable them to participate in society and continue on their recovery journey. We also argue that the cyclical nature of



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need arising from many mental health conditions is similar to that of recognised disabilities such as multiple sclerosis or severe arthritis.

In relation to these issues we draw your attention to the current work of the National Mental Health Consumer Carer Forum (NMHCCF) on a position statement on psychosocial disability. We are aware that the NMHCCF has presented to the Productivity Commission on the importance of including psychosocial disability resulting from mental illness in the proposed National Disability Insurance Scheme and we fully support their comments and recommendations.

As raised by the NMHCCF it is important to distinguish between on the one hand a mental health condition and the medical defined impairment arising from that condition and on the other hand the mental and social disability, which may arise from that mental health condition. It is this second concept that the term psychosocial disability refers to. Two people with the same medical diagnosis and same medically defined impairment may well suffer very different levels of psychosocial disability depending on the social context they find themselves in and other factors.

A carer's Story:

My son suffers from schizophrenia and the big loss for him has been in the psychosocial area and in the intellectual area. He studied Medicine at university for 3 years but has not been able to study anything to its completion since the onset of his mental illness. He has lost all his old friends and not made any new ones - having no work has not helped. He has recently been given 8 hours of paid work per week by a local church and they are pleased with him, though he is slow. It has made a big difference to him. The Rector says he communicates much more now than when he started.

We support a social model of mental health that looks at the whole person, including their family situation, employment, living conditions and well being. The emphasis on categorising types of disability is unhelpful with a preferred approach being to focus on the level of disability and the impact the disability has on the life of the person, including their opportunities for social inclusion, participation in employment, education and cultural activities.

In relation to the proposed National Disability Insurance Scheme this is of high importance as the NDIS definition of activity limitation is too narrow and fails to address the severe functional limitations, which may arise from psychosocial disability. Despite being defined as non-core limitations in the NDIS, these limitations are often as debilitating in terms of social inclusion and the ability of the individual to participate in society as the core activity limitations relied upon by the NDIS as a guide to inclusion in a national disability insurance Scheme. In this regard there are distinct parallels between psychosocial disability and intellectual disability. These social and functional limitations arising from psychosocial disability are exacerbated by wide-spread community stigma. In this regard there are also parallels with intellectual disability.



Intellectual disability is also worth drawing attention to because of the high prevalence of depression, anxiety and other high prevalence mental health conditions in populations with intellectual disability and indeed of dual diagnosis among other disability groups.

In addition to clinical services provided by the health system, people with psychosocial disability require a range of disability support services to enable them to participate in society and continue on their recovery journey. The mental health sector is not limited to medical services provided by psychologists, psychiatrists and social workers. In fact, the community managed mental health sector is moving away from a medical model of service delivery. The community managed mental health sector provides a wide range of services including accommodation and support, peer support, family support, counselling and outreach which are similar to the supports described in the draft Productivity Commission report. This alone is a strong argument for the inclusion of mental health support and funding as part of a National Disability Insurance Scheme.

Finally, we wish to highlight the challenges which people with mental health support needs face in accessing government funded assistance when their mental health needs are cyclical in nature. This is akin to the impact which medical conditions such as multiple sclerosis or severe arthritis may have on an individual's support needs. While there is no question that the latter conditions would be considered as disabilities, the draft report does not indicate a similar acceptance of cyclical mental health conditions such as depression or bipolar disorder. A risk then arises that existing discrimination against people with psycho-social disability may be institutionalised by the proposed National Disability Insurance Scheme. An inclusive approach to determining eligibility is essential if we are to achieve equitable and transparent funding for all individuals in need of support under a National Disability Insurance Scheme.

We look forward to your final report.

Yours sincerely,

Simon Viereck

for and on behalf of the ACT Consumer and Carer Caucus

30 April 2011

