Submission to the Senate Community Affairs Committee on the

Family Assistance and Other Legislation Amendment Bill 2011

15 June 2011

Mental Health Council of Australia's submission to the Senate Community Affairs Committee on the:

FAMILY ASSISTANCE AND OTHER LEGISLATION AMENDMENT BILL 2011

Following is our brief submission to the Senate Committee's inquiry into this Bill.

In summary, the MHCA recommends that:

1. A determination of 'severe impairment' can be made according to co-occurring disorders or impairment which occurs across two or more tables;
2. More discretion to be given to the assessor's to decide a person's overall level of impairment and or functioning, rather than being restricted to a single table rating; and
3. Clarification and clear guidelines around what will happen for a person that does not have a severe impairment yet they are not able to participate in a program of support due to the ongoing or episodic nature of their illness or co-occurring disorders.

The Mental Health Council of Australia has provided this submission with a focus upon the reduced level of functioning that an individual may have when affected by one or more disorders. A person with a mental disorder can be have reduced level of functioning, however, when a person has two or more disorders, the impact upon the individual is greater than the sum total of the individual disorders, even if these disorders are only judged as 'mildly' or 'moderately' impairing on their own. This is because regardless of how the co-occurring disorders develop, they often maintain each other. This can result in severely limited levels of functioning for the individual experiencing them. For example, mental illness and substance use can interact to make each diagnosis worse, leading to adverse effects in other areas of an individual's life, including work, relationships, health and safety.

A recent study found that co-occurring disorders can negatively affect employment outcomes, requiring tailored services and supports to achieve vocational success (Cook et al. 2007). Recovery for a person experiencing co-occurring disorders can be challenging, with more complex issues arising than if a person has been diagnosed with a single disorder. Further to that, the recovery process can be prolonged for a person with co-occurring mental and substance use disorders, with relapse much more likely than for those with a single diagnosis (Mental Illness Fellowship of Australia 2011).

A study assessing the prevalence and impact of co-occurring mental disorders in 104 adults admitted to a private drug and alcohol treatment program in Brisbane, Queensland (Dingle & King 2008) found that 92% of patients also had at least one mental disorder. This correlates with international research which has estimated that 45% of individuals with alcohol use disorders and 72% of individuals with drug use disorders have at least one co-occurring psychiatric disorder (Regier et al 1993). The United States National Comorbidity Study (Kessler et al 2005) found that 78% of alcohol-dependent males and 86% of alcohol-dependent females met the criteria for a lifetime diagnosis of another psychiatric disorder. A recent US nationwide study of 7,000 individuals at addiction treatment centres found that two-thirds of patients had at least one co-occurring disorder in addition to their substance use disorder (Chan, Dennis & Funk 2008).

What the above research shows is that a person with either a mental disorder or a substance use disorder is highly likely to have at least one co-occurring disorder, which will likely have a negatively exacerbated effect on the person's life and level of functioning. Schedule 3 as it stands will not take into account the cumulative effect that co-occurring disorders might have on a person, unless each of the individual disorders has accumulated at least 20 points, reaching the 'severe impairment' level. What this does not take into account is that a person could have be severely impaired by virtue of having two, three or more co-occurring disorders which may only individually be assessed at the 'moderate impairment' level.

It is also unclear whether two or more disorders under the one impairment table can be combined to achieve a total score of 20 i.e. co-occurring mental and substance use disorders.

Section 6, after subsection 94(3)(B) currently states "A person's impairment is a ***severe impairment*** if the person's impairment is of 20 points or more under the Impairment Tables, of which 20 points or more are under a single Impairment Table". It further states in Example 3 that "if a person's impairment is of 20 points under the Impairment Tables, made up of 10 points each under two separate Impairment Tables, the person does not have a severe impairment". This means that a person with co-occurring disorders will not be classified as having a severe impairment, unless one or both of the disorders are individually assessed as causing a severe impairment to the person. Again, this does not take into account the cumulative effect of co-occurring disorders.

Similarly, if a person has co-occurring mental and physical disorders, their level of functioning may be severely impacted due to the nature of the interaction between the two disorders, but singularly they may not reach the full 20 points, making them ineligible for further support.

Schedule 3 states "in a case where the person's impairment is not a severe impairment within the meaning of subsection (3B)—the person has actively participated in a program of support within the meaning of subsection (3C)". The question needs to be raised about what happens to an individual who is too unwell to participate in the program of support, due the cumulative level of illness, as a result of their co-occurring disorders? Will they be ineligible for disability support? Given the complex nature of co-occurring disorders, and diagnosing them, what happens while this process is taking place, will the person be receiving support or will they be left without any support? The other issue of concern is the question of what happens for a person who, by virtue of their illness or co-occurring disorders, experience relapses? Many mental and substance use disorders are episodic in nature meaning that the level of functioning for an individual can fluctuate depending on a number of factors that may not be able to be controlled or predicted.

This brief submission has focused upon issues that will most likely arise under the proposed amendments to Schedule 3, as they relate to a person with mental and substance use disorders, particularly when they are co-occurring. The MHCA provides this submission to the Senate Inquiry with the request that further consideration be given to the recommendations outlined at the beginning of this paper, prior to any changes being made.

References

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