MHCA response to DSP Senate Inquiry Questions

Can we describe our role in the development of the trial process?

The MHCA were members of the Advisory Committee, which comprised a mix of medical and allied health professionals as well as representatives from FaHCSIA, Centrelink, CRS Australia, DEEWR, DVA and at least one disability peak organisation. A MHCA representative attended each of the meetings and we were made aware that the trial process was to take place, as well as being provided a summary of the findings; however, we did not play any role in the development or carrying out of the trial.

Was the timetable for the trials, or the scale and scope of the trial process, shortened or diminished in order to meet the tight timetable for implementation?

According to the Final Report, the draft revised Impairment Tables were subject to useability testing by Job Capacity Assessors from March to June 2011. The MHCA does not know whether the timetable for the trials or the scale/scope was shortened, however there was a tight turnaround to have this done and the Committee organisers were not particularly keen to have any further extensions or delays leading up to the trial period or after.

Can we reflect on our original concerns regarding the cumulative effects of mild or moderate disability across the tables? Do we still have concerns in this regard?

Originally, it was proposed that when using the revised tables to score a person's functionality (i.e. their eligibility for DSP), that a person with comorbid conditions from different tables would not be able to have their scores cumulated. That is to say that if a person had two moderately impairing conditions, the cumulative impact on the person's overall wellbeing and ability to work and function would not have been considered. Both of the conditions would have been assessed as individual conditions. This would have been extremely concerning for people with a mental illness given the evidence that shows that many people with psychological disorders also have other co-occurring health conditions.

With regard to Frank Quinlan's comment at the hearing, that *'some corrections were made'* (allowing points to be accumulated across different tables). It is our understanding that these corrections were captured in the draft revised impairment tables dated 30 June 2011.

Can you reflect on the episodic nature of mental illness and the likely effects of this on DSP assessment and management?

The concern with this matter is that a person could be assessed as ineligible for DSP when they are functioning quite well, but could lapse into an episode shortly thereafter. There doesn't appear to be a specific system for managing the episodic nature of many mental illnesses.

Have adequate resources been allocated to assisting those experiencing episodic mental illness?

The MHCA hasn't been able to find any information to suggest that there have been resources allocated for episodic illnesses, whether mental illness or other physical illnesses, where people might have relapsing conditions.

Can we outline any issues with the specific pathway for assessment, failed eligibility, subsequent support and intervention as it effects those experiencing mental illness?

It is unclear what process exists for a person to seek assessment after they have been declined. It is also unclear what support processes are in place for a person who is assessed as ineligible yet they may not be well enough to work, or may need to do so with assistance.

Are there any other issues we wish to bring to the attention of the Committee?

Approximately 41% of cases that were classified as eligible under the current tables were changed to an ineligible rating under the revised tables, although this did not apply for the assessments relating to Table 6 (Psychiatric), which remained relatively unchanged. Further information is needed to ensure that people who are unable to work are not abandoned by the system.

The pilot testing was done on a very small sample (215) and the MHCA would recommend that an external research body with statistical expertise look at the pilot test findings to provide their comments about whether the results, based on the sample size, are actually valid and reliable.

If the DSP tables are to commence, the MHCA would recommend that their usage be reviewed in no less than six months from this date.