



COMMONWEALTH OF AUSTRALIA

# Official Committee Hansard

## SENATE

COMMUNITY AFFAIRS LEGISLATION COMMITTEE

**Social Security and Other Legislation Amendment Bill 2011**

MONDAY, 5 SEPTEMBER 2011

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BY AUTHORITY OF THE SENATE

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**COMMUNITY AFFAIRS LEGISLATION COMMITTEE**  
**SOCIAL SECURITY AND OTHER LEGISLATION AMENDMENT BILL 2011**  
**Monday, 5 September 2011**

**Senators in attendance:** Senators Moore, Siewert and Wright

**Terms of reference for the inquiry:**

To inquire into and report on:

Social Security and Other Legislation Amendment Bill 2011



QUINLAN, Mr Frank, Chief Executive Officer, Mental Health Council of Australia .....1



**QUINLAN, Mr Frank, Chief Executive Officer, Mental Health Council of Australia****Committee met at 19:25**

**CHAIR (Senator Moore):** Welcome. I declare open the Senate Community Affairs Legislation Committee and its inquiry into the Social Security and Other Legislation Amendment Bill 2011 Schedule 3 (Disability Support Pension Impairment Tables). Mr Quinlan, you know the rules about parliamentary privilege and all those kinds of things.

**Mr Quinlan:** I do.

**CHAIR:** We have your submission.

**Mr Quinlan:** I do not believe you do.

**CHAIR:** We know that you have an interest in this area and we thank you for making yourself available this evening to fit into this time frame. I invite you to make an opening statement and then we will go to questions.

**Mr Quinlan:** I did flag earlier that I do not intend to keep you long, but we are very eager to appear.

**CHAIR:** We made a note of that.

**Mr Quinlan:** We do consider this to be a very important issue. I know the short time lines around the preparation of submissions and evidence ought not give lie to our respect for this inquiry. I am eager this evening to offer the resources of the council and to take any questions on notice that may form part of your inquiries.

I wish to briefly raise a number of issues that really highlight our concern. Firstly, to acknowledge that the review of the tables is a really welcome and important reform—it is a long time since the tables have been adequately reviewed—and, in particular, to welcome the direction of those reforms, which talk much more now about functional impairment rather than a particular diagnosis. I think that is the right kind of philosophical approach to the review of the tables and is to be welcomed.

One of the Mental Health Council staff was involved in the small committee that was involved in the review of the tables, although they are not able to appear today. We could provide more information about that process on notice. We are concerned, though, that there seems to have been inadequate consultation and testing of the proposed changes. Notwithstanding the right direction of the philosophy, it seems to us that there has been only a very short trial, and only on small numbers, of the impact of these possible changes on the real world of disability support pension entitlement. One of the submissions I read, the AFDO submission, made considerable notes about the very small numbers of people who would have appeared in any particular subcategories within the overall assessment process. That is of concern to us because if we do not have good information about the reliability of the testing tool, then we cannot give good evidence about its likely impact. Similarly, as I understand the evidence of the initial trial, it could give rise to some concern that there is considerable variability amongst assessors, both primary and secondary, but also between assessors. Again, that is early evidence because of the way the trial was conducted. But were it true that there was a considerable variability between assessors, that could well undermine the confidence that we would all have in the system once it was rolled out.

The Mental Health Council has a particular interest in some very small subgroups and some likely to have detrimental or adverse effects of a non-functioning system, so groups like Indigenous, the homeless, CALD, rural and regional and remote people and other marginalised groups. We are not yet clear that there has been adequate testing of these new arrangements amongst those groups. On the basis of those very brief trials, we have those concerns. On the basis of those brief trials, it is also uncertain to us what the reduction in eligibility is likely to be. We understand that there has been, at least, an initial impact that suggests that a greater number of people would have been entitled to the disability support pension under the prior arrangements than under the current arrangements. It would be important, notwithstanding our philosophical support for the direction, to understand what that is about and how that actually relates to real impairment on the ground.

We also remain concerned about the gap between an assessment that may question eligibility and the eventual progress into employment or other services. If new systems are to be rolled out, then we need to be sure that those who are affected in this context by adverse assessments are actually getting immediate and appropriate support with respect to the sorts of services that they will need to make a transition from what would have once been the disability support pension into some kind of employment context.

As I said, at short notice we were unable to prepare a submission, but I would certainly offer the resources of the council to support your further investigations.

**Senator SIEWERT:** Firstly, I would dearly love to get some further information on notice about the participation in the trial process and development process. Secondly, I recall from our inquiry involving the changes to access to the disability support pension where, if you do not make 20 points on the new impairment tables, you go through the new process. You then made some comments about the new process of having to get 20 points on the one table and the concern about comorbidity.

**Mr Quinlan:** Sure.

**Senator SIEWERT:** So you may have 20 points across several tables?

**Mr Quinlan:** Sure. I understand that some corrections were made. We were heard in terms of the capacity to accumulate certain point scores across various parts of the table. But I also understand that some concern has been expressed about the possible discount that that would have in terms of cumulative effects. I cannot give you an answer, but I could certainly provide you with some more evidence on that issue.

**Senator SIEWERT:** If you could take that on notice, that would be appreciated. You expressed that concern, other people reflected that concern and I had the concern that people with comorbidity may struggle and lack the ability to gain employment and would need more support through the employment system or in fact should be on DSP rather than trying to struggle through the employment process.

**Mr Quinlan:** Sure, and I think also in the mental health space there is concern about episodic mental illness and people who may be significantly affected by an episode of mental illness at one time but not at another and how that is assessed.

**Senator SIEWERT:** If you could take that on notice. Also, the government, as I understand it, has committed to giving additional resources to help with episodic illnesses. Could you take on notice your thoughts on whether that support will deal with the issues that you have just raised?

**Mr Quinlan:** Sure.

**CHAIR:** You have raised concerns about the short time of testing the process. In terms of ongoing engagement with this program, has there been anything negotiated or discussed with the department about being involved in watching how the program operates in terms of review of the program?

**Mr Quinlan:** There is a process underway—a so-called disability support advisory group, and I have been invited to participate in that process. We have already had a couple of meetings. It brings together quite a diverse group that will monitor the implementation. It is in its relatively early days. It has followed the trials, so it was a different group established after the trials.

**CHAIR:** It is a different group, but the advisory group that was looking at the change in the tables covered a very wide range of people with interest in the area?

**Mr Quinlan:** The advisory group was a little narrower.

**CHAIR:** So this has got wider?

**Mr Quinlan:** This subsequent group is a bit wider.

**CHAIR:** No doubt the department will give us details about how that will operate. In terms of the review, you are still working out how that will happen and how significant changes will be implemented?

**Mr Quinlan:** Following the implementation, yes. To be honest, there has not yet been so much attention paid to the impairment tables because they were seen to be a part of the process.

**CHAIR:** So this group is looking at the whole change and so that is being discussed. Do you know whether there has been any budget put aside for the review of this process?

**Mr Quinlan:** I do not, to be honest. That is not to say there has not been. I actually do not know.

**CHAIR:** So it has not been discussed. In terms of the process it is working with government to follow this progress because of the sensitivity of the changes. Is that right?

**Mr Quinlan:** Yes. FaHCSIA have consulted us on a number of fronts about a range of these sorts of initiatives in the models and so forth.

**CHAIR:** Do you know whether any consumer groups are on that?

**Mr Quinlan:** I cannot list them for you but, yes, they are.

**Senator SIEWERT:** I refer to the comment you made before about the comments on the small numbers in the trials and on the number of people who in the past would have got DSP but will not now. Have you raised this with government?



**Mr Quinlan:** No, not as yet; not that particular issue. We have raised the concern about the short, small trial but have not had a response as yet. I stand to be corrected but I think the number was something like 200 in total in the trial. Once you get to subsets of particular conditions and so forth then, on the face of it, you really get into quite small numbers.

**Senator SIEWERT:** You may not be able to answer this. This process has been brought forward. Originally, as I understand it, the whole process was supposed to kick in in January rather than in September. Is it your understanding that the short trial and the small numbers were because it had all been brought forward?

**Mr Quinlan:** Again, I do not know; I apologise. I came to the process late because I changed positions. I can certainly seek further information and we may be able to provide you with more information about that, about how the timetable for the trials unfolded.

**Senator SIEWERT:** That would be appreciated. Taking the disability support advisory committee, is it your understanding that the tables may be able to be revised if it is found that it is having unintended consequences?

**Mr Quinlan:** I have not had that sense as yet.

**Senator SIEWERT:** So what is it for then?

**Mr Quinlan:** I think it is to seek views. I suspect that they would be getting considerable views on those sorts of issues, but there have been no commitments made to making changes to, for instance, the tables.

**Senator SIEWERT:** Okay, thank you. There was something in this morning's media around groups that have been trialling and looking at the tables and who actually think that the number of people who are going to be unsuccessful is actually going to be higher than that predicted by government. Is that so?

**Mr Quinlan:** I have heard of that reporting but I cannot validate or verify it except to say that that is really our concern, that that may be the case, and I do not think we have evidence. I think the evidence of the trials suggests that the qualification rate will be less. I think others are putting a view that it might even be less than the trials indicated. But I do not think we have good information about that and I do not think that the trials themselves would yield very solid information on the basis of the small numbers.

**CHAIR:** In terms of the process the first round is for the initial assessment, so we are using the tables for initial assessment of meeting DSP requirements and the people who do not meet those then go back into the system of being linked with a job provider for that period of time.

**Mr Quinlan:** That is right, to undertake an approved program of support.

**CHAIR:** So it is not the drop-out. It is actually people who do not meet the assessment for DSP immediately. So that is what we are talking about, isn't it?

**Senator SIEWERT:** Yes.

**CHAIR:** So they go back into the system.

**Senator SIEWERT:** As I understand it, they then go into that new process that has just been put in place with a qualifying period, which is up to 18 months.

**CHAIR:** We had this discussion in the first round on this issue, which was up to 18 months with the clear acceptance that there must be an ability to reassess throughout that process. So your advisory group is looking at the whole process, isn't it?

**Mr Quinlan:** Yes, it is looking at the whole process. I know that the department, helpfully, were able to provide us with a fairly complex flowchart that detailed that whole 18-month process. They will may be able to provide that in evidence to you. It was a helpful way of getting an overview of the whole process and of perhaps focusing on some of the concerns.

**CHAIR:** And the various interactions all the way through this.

**Mr Quinlan:** Yes.

**CHAIR:** When you were formed into your advisory group capacity, were you given a plan for what your role was going to be or is it one of those things that evolve as you continue to meet?

**Mr Quinlan:** I think it evolves. There are fairly senior representatives from different organisations on that committee, so I think the advisory group have a certain capacity to assert their eagerness to influence as well. But it seems to me—and I am not sure if this is what you are asking—quite a genuine consultation. The public servants are often in the challenging role of consulting on policy that is made by governments—

**CHAIR:** They are always in that role.

**Mr Quinlan:** so they cannot always give undertakings on behalf of governments, but we certainly have the sense that it has been an open and honest consultation on the issues.

**CHAIR:** Are members of the committee bound by confidentiality—you are not allowed to go out and talk about your process while it is going on?

**Mr Quinlan:** The initial assessment process had quite stringent confidentiality requirements.

**CHAIR:** Yes, it did.

**Mr Quinlan:** I do not believe the current committee is bound by anything other than what I would describe as the normal, run-of-the-mill, standard sorts of consultative things, which would usually mean that documents marked 'confidential' cannot be recirculated but would allow a fair bit of free discussion and exchange amongst constituents on other issues.

**CHAIR:** You would not appear on Crikey or anything like that.

**Mr Quinlan:** No.

**CHAIR:** Thank you. Senator McKenzie.

**Senator McKENZIE:** I have a question about how this is going to happen. How are those who are on DSP who have mental health issues actually going to be assessed? Where are they going to go for the assessment, or has that not been decided yet?

**Mr Quinlan:** I do not think they would go anywhere different from—

**Senator McKENZIE:** I guess I am talking about this in terms of what we have heard today about there being misdiagnosis, where people had to fish around to match their particular issue with a health professional to diagnose it correctly. Whether or not they are going to be on the disability support pension, who is doing the assessment of whom would be quite a critical question.

**CHAIR:** Sure, and these are people are claiming the payment—

**Senator McKENZIE:** Yes.

**CHAIR:** because there is quite a significant discussion about what happens to people who are already on the payment when their standard reviews come up—

**Senator McKENZIE:** Yes.

**CHAIR:** We also have the issue of people who are claiming for the first time. So who makes that decision in each of those cases?

**Mr Quinlan:** Sure. Can I come back to you on that?

**Senator McKENZIE:** That would be great. Thank you.

**Mr Quinlan:** I understand the question. I would flag, though, that, regardless of who is doing the assessment, if there is in fact a higher level of inter-rater variability, that would be of concern as well. So, if you are very dependent on whichever class of people you go to see to get assessed, then I think that would undermine our confidence in the system overall.

**CHAIR:** Mr Quinlan, this is a question of opinion, and I do apologise for this—

**Mr Quinlan:** Your opinion or mine, Senator?

**CHAIR:** Your opinion! If you are concerned about the variation in assessments going into a new process, does that mean you are confident that there is no variation in assessments in the old process?

**Mr Quinlan:** No, and it is more than just opinion. There would be a lesser level of inter-rater variability under the pre-existing system than under the current system, and that would be our concern. I think there will always be some inter-rater variability, but I think it is a question of scale.

**CHAIR:** We will ask the department about that as well.

**Mr Quinlan:** Sure—which might well be expected in the early stages. It might well be expected as part of a trial and so forth, because I would imagine there will be a whole raft of retraining and monitoring processes that have to be developed. Nonetheless, it is important, I think, to have those measures well developed before the ratings are actually going to be affecting people on the ground.

**Senator McKENZIE:** Exactly.

**CHAIR:** Is the advisory group going to have any role in looking at the training tools? A longstanding issue for this committee has been the difference between policy and implementation, and any project of this kind depends on the implementation at the local or regional level. We have been given a commitment and will have it again

tomorrow from the department, I feel sure, about the quality of the training and the relationships between the people who are making those decisions and people with expert knowledge—all those things, we will be told. But I am just wondering whether the advisory group has any link to the training processes?

**Mr Quinlan:** I do not know if it is on our agenda yet. I would have to have a look.

**CHAIR:** Okay. Is it something you think the group should have?

**Mr Quinlan:** Yes. It certainly should be something that is consulted on extensively with the right and relevant groups. I know there are individual pieces of work that might be conducted with NDS, for instance, or others around that table—some of the consumer groups and so forth—that might be conducted independently of the advisory group per se. But it is work that should be being conducted somewhere and it should be fairly clearly identifiable.

**CHAIR:** Thank you. As there are no further questions, thanks very much, Mr Quinlan. Again I express my appreciation to your organisation for being so flexible with your time.

**Mr Quinlan:** Thanks for having us at short notice.

**CHAIR:** That ends this evening's hearing. Thank you, Hansard and Broadcasting, and the secretariat, as always.

**Committee adjourned at 19:45**