

The lived experience

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Senator Troeth
Chair
Senate Standing Committee on
Employment, Workplace Relations and Education
Email to: eet.sen@aph.gov.au

**Dear Senator Troeth** 

Re: Submission in to the Social Security Amendment (2007 Measures No. 2) Bill 2007

The Mental Illness Fellowship of Australia (MIFA) is a leading national organisation with state and territory member organisations dedicated to improving outcomes for people with mental illness and psychiatric disability and their carers through:

- Influencing mental health policy;
- Establishing, piloting and evaluating innovative national programs;
- Raising awareness and increasing mental health literacy;
- Promoting optimal lifestyles with support based on need for housing, employment, education and other domains critical to a quality of life.

#### MIFA members:

Mental Illness Fellowship of Nth Queensland Inc

Mental Illness Fellowship Victoria

Mental Illness Fellowship of South Australia Inc

Mental Illness Fellowship of Western Australia Inc

Mental Illness Fellowship of the ACT Inc

Schizophrenia Fellowship of New South Wales Inc

Schizophrenia Fellowship Queensland Inc

**Mental Health Carers NT** 

Association of Relatives and Friends of the Mentally III (Tas)

With member organisations in all states and territories, individual members are principally those directly affected by mental illness either as consumers or families and carers. Our membership recently polled employment as one of the key critical issues for people with a mental illness.

This submission will be brief as a consequence of the short time frame of 2 days to respond to the Social Security Amendment (2007 Measures No. 2) Bill 2007. The submission will address four areas relevant to our membership.

### 1. DEWR initiatives and the incidence of severe mental illness

MIFA supports recent initiatives by DEWR to improve opportunities for people with a mental illness to obtain and retain work. MIFA's membership strongly believes that the high incidence of people with a mental illness in receipt of the DSP could be reduced if best practice employment programs were introduced. Education and information services to employers and job seekers will assist in providing accurate information about mental illness and is a vital resource. However, employment programs with on-going support to people with a severe mental illness are proven to be an essential program component to maintain such employment in studies internationally<sup>1</sup>. Even with best practice programs, participation rates in employment for people with severe psychotic mental disorders is only slightly over 50% - leaving approximately the 1.5%<sup>2</sup> of Australia's population needing social security benefits. The Bill as it stands appear.

# 2. Competency requirements of job capacity assessment providers

The Bill fails to describe the qualifications or competency requirements of the job capacity assessors [JCA] being proposed to replace the medical certification currently required. "Disability" can be a consequence of many factors: mental, physical, intellectual and caused by multiple events including congenitally-induced, trauma-induced and disease-states to name a few. The level of knowledge to cover all of these with a 'detailed, descriptive, and prescriptive' work capacity assessment belies the complexity of conditions which may result in disabilities. The JCA will need specialty training in particular types of disability in order to carry out an accurate assessment.

This is particularly relevant with disability arising from mental disorders which often are episodic in nature and may impair the individual's insight into their own level of disability. Indeed, some symptoms of severe mental disorder, such as grandiose thinking or anosognosia [lack of insight into illness] may result in an individual claiming capacity to do and/or carry out complex or difficult tasks which in reality they will be unable to do. Only quite specific knowledge of the effects of the many different mental disorders will result in an accurate assessment of work capacity. It is vital that adequate base qualifications aided by on-going education be a requirement for the JCAs.

### 3. The introduction of guidelines embedded in legislation

The right of appeal is a fundamental human right which has the potential to be undermined with the new guidelines which will be embedded in legislation. Once they form part of legislation they cease to be guidelines and become law. This new action in the Amendment Bill would seem to require an appeal to be made through formal legal challenges. This requirement would place many people with a mental illness at a disadvantage without the monetary and possibly mental capacity to make such a challenge.

## 4. Time limits on the transfer of people between payments

People with mental disorders do and will at times continue to fail to meet reporting requirements required by bureaucracies, often due to an episode of illness. Consequences that are unnecessarily harsh may precipitate a significant degree of

<sup>&</sup>lt;sup>1</sup> See Gary Bob, Bob Drake, Deborah Becker & Kim Muesner.

<sup>&</sup>lt;sup>2</sup> The incidence of Psychotic disorders among the population is 3%.

hardship which can result in exacerbating the relapse. The timelimits of the transfer of people between payments is a potentially negative hardship to introduce.

Comments on this Bill are necessarily brief due to the short time frame given for preparation and lack of time for consultation with MIFA's member organisation. Depending on the Bill's passage through Parliament if further consultation is sought I would request additional time for adequate consultation with MIFA's constituents.

Sincerely,

Margaret Springgay Executive Director Mental Illness of Australia