

**Australian Senate**  
Mr Ian Holland  
Secretary  
**Select Committee on Mental Health**  
Parliament House Canberra ACT 2600

**Dear Members of the Senate Select Committee on Mental Health,**

As the current Vice President of the Mental Health Association of Queensland (MHAQ) and a past Coordinator of *ANSA Support in Employment*, A Commonwealth Government Employment Support Pilot Program for people who have ongoing psychiatric disability attached to the Specialist Psychiatric Commonwealth Rehabilitation Service (CRS) for some years, I wish to focus on the cyclical nature of disability caused by mental illness, and the employment difficulties that presents.

But first a few brief statistics that tell us we have a growing, rather than declining situation of social dislocation due to mental illness and its resultant disability. The ABS statistics indicate “that the number of people with psychological or psychiatric conditions on the Disability Support Pension (DSP) has grown from 2 per cent of DSP recipients in 1992 to 24 per cent in 2002. It is now the second largest primary medical condition for people on the DSP. As mental illness is often episodic and “hidden” from employers, people with psychiatric conditions can find specific difficulties in securing and retaining a job”. Stigma and loss of confidence increase such difficulties, and the illness causes loss of skills all of which in turn cause employer rejection.

Despite the many new funding projects, specialist job support programs and Mental Health Inquiries over the past 10 years, The Australian Institute of Health and Welfare (AIHW) (Anderson & Golley, 1998) reported “that in 1996-97 workers with a psychiatric or deaf blind disability were more likely than average to work in jobs of less than 20 hours per week. (about 42% of those receiving support, the lowest of all disability groups.)

Two years later AIHW reported ( Andersen, Psychogious and Golley, 2000) that during 1998–99, as in the two previous financial years, there was considerable variation among primary disability groups in the measures of job experience ...whereas people with a psychiatric or deaf blind disability (43% and 40% respectively) “were the least likely to have been employed during the support period. Workers with a psychiatric or deaf blind disability *stood out* as having had the lowest proportion of their support time in work, as well as the lowest mean hours of work per week.” (italics added).

Almost 10 years later, Harvey Whiteford and William Buckingham (MJA 2005; 182 (8):386-400) confirm that there has been a 65% increase in Government Spending on Mental Health in the past ten years, which simply matches other areas of Government Health spending increases, so it is not impressive. Indeed the authors note there is “growing public and professional concern about deficiencies”. They noted de-institutionalisation reduced psychiatric beds from 30 000 to 8000 Australia wide, and

long stay beds have been decreased by 50% in general hospitals. What is more, total Federal health expenditure on private psychiatrists has been declining by 2-3% since 1996. People with psychiatric disabilities cannot easily find work, thus cannot afford private health cover.

The key observation seems to be that the level of spending, (not just in Queensland which has significantly lower spending on mental health than most other States), but Australia-wide, is inadequate. Whiteford and Buckingham (2005) submit an AIHW calculation that spending for the sector ought to be 13% of Australia's health burden, when in fact it is only 9.6% currently. They report a 7% increase in overnight admissions to acute psychiatric units between 1998 and 2003, yet the available beds were reduced by 50% during that time which is simply untenable.

Given the dollars squandered on unnecessary wars, refugee persecution, unjustifiable subsidies supporting the private health care system for the wealthy, corporate subsidies and the non pursuit of some 7 billion dollars in tax avoidance annually by the wealthy, it hardly makes sense that adequate funding support cannot be found for the 1 in 20 of the Australian population who have had some form of mental illness at some time in their lives. It cannot help that this year's budget will certainly put some pressure on such DSP clients to find work regardless of their current level of wellbeing in the mental health cycle. This poses new issues for the future, which will result in yet more folk sleeping on our city benches with the attendant social disruption, crime and public outrage.

Yours Sincerely

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