

Submission to Productivity Commission Disability Care and Support

From Mental Health Carers Arafmi Australia (MHCAA)

April 2011

Context

The Mental Health Carer Arafmi Australia (MHCAA) represents the Arafmi group of services from six states and territories across Australia.

For over 35 years the Arafmi (Association of Relatives and Friends of the Mentally Ill) services have provided support and community care to people with a mental illness, and in particular their carers and families. These services provide a mixture of appropriate recovery orientated support and psychiatric disability support.

The MHCAA is concerned that the current debate about the need for growing mental health services across Australia is so focussed on early intervention approaches and youth mental health services, that little if any debate about the needs of people with longer term mental illness are being taken into account.

For many people who experience a mental illness (up to 20% of the population), the treatment options, and community based psychosocial rehabilitation provided can lead to a significant recovery from mental illness to the extent at least which will enable them to overcome the personal and social disadvantage they have experienced, such as unemployment, broken relationships and friendships and affordable housing.

For those people who have not been able to recover adequately from Mental Illness, the MHCAA strongly urges that they are included in a National Disability Scheme. If they are not included, this will further reinforce the prejudice within the community that people with mental illness are second class citizens, and the current isolation and stigma that many of these people experience on a regular basis will remain.

In most cases it is the carer or family who carry the personal and financial cost and responsibility of providing the opportunities for recovery for individuals because government mental health services are limited to treatment services through role and funding criteria.

It appears as though the current debate on the National Disability Insurance Scheme has largely been cast without direct reference to the inclusion of this long term disadvantaged class of people with long term psychiatric disabilities.

The Cyclical Nature of Mental Illness / and Mental Health Recovery

Because mental illness and recovery from it do not follow a straight line projectory, but rather are cyclical in nature, this has led many to misunderstand the nature and life course of mental illness.

Many people, including inexperienced medical staff can find it difficult to understand how a person who is before them in an acute stage of mental illness, can be so dysfunctional, and yet may recover to a level of medium functionality, supported by carers or friends.

Mental health treatment services (either from government funded clinical or General Practitioner provided medical treatment) are not designed to provide overall health care for individuals but rather to respond on a demand basis to episodes of acute mental illness.

Psychosocial Disability

Psychosocial disability is the term that mental health consumers and carers use to describe the disability experience of people with impairments and participation limitations that are the result of mental health conditions.

The failure to adequately identify psychosocial disability and to provide appropriate community supports for people with psychosocial disability in Australia has resulted in social isolation, exacerbation of mental health conditions, poor labour force participation, increases in physical health conditions, and pressure on acute health services not to mention the undue hardship poor quality of life experienced by mental health consumers and carers.

What form can psychosocial disability impairment take?

- Lack of energy and motivation as a result of the mental illness
- High levels of anxiety and deep depression on a cyclical basis
- Tiredness
- Debilitating side-effects of medication including drowsiness and dystonia (involuntary muscle movements)
- Lack of personal confidence in the face of social stigma
- Social disadvantage in the workforce, attaining housing and social relationships

The effects of psychosocial disability can be severe and the impact is frequently underestimated both for people with a psychosocial disability and for their carers.

The MHCAA proposes that –

- Psychiatric disability is fully recognized by the NDIS scheme being proposed within this report.
- Governments should fund research into psychosocial disability, its effects and ways to reduce its impact which has lagged behind health policy and research in comparison to other areas of disability.
- People with psychosocial disability and their carers are provided with a range of disability supports to assist them to participate effectively in the community.
- **Australia's Social Inclusion Agenda** needs to be developed to appropriately reflect the community of socially excluded people. The UK social inclusion agenda recognises that people with mental health conditions represent significant

proportions of socially excluded people. Australia's social inclusion agenda must better reflect the needs of its citizens with a psychosocial disability and meet Australia's obligations under the UN Convention on the Rights of Person's with a Disability.

- The overhaul of Australia's disability system represents an opportunity to address this.
- Community stigma around mental health conditions reinforces the impact of psychosocial disabilities and contributes to poor self esteem, social isolation and individual and systemic discrimination for both people with a psychosocial disability and their carers.
- Addressing psychosocial disability support needs requires consideration of the needs of both consumers and carers and requires:
 1. Use of a personalised approach tailored to address the specific disability support requirements
 2. Well integrated health services
 3. Systematic policy approaches to redress community stigma, social exclusion and to mandate the provision of appropriate services for people living with a psychosocial disability and their carers.
- Traditional or mainstream assessments of people with a disability can often fail to identify the most disabling aspects of psychosocial disability and thus lack relevance and accuracy for identifying support levels and needs. Eg centrelink.

The Draft Productivity Commission Report

The Productivity Commission's recommendations on the National Disability Insurance Scheme (NDIS) need to consider the data on psychosocial disability in more detail to provide estimates for the equitable inclusion of people with psychosocial disability in the NDIS. Including making special provision as it has done with intellectual disability for the same reasons.

The essence of disability support is that it is not illness or clinically based but focuses on individual capabilities and support needs and it locates people in their homes and communities not in hospitals and health centres.

It is considered highly inappropriate for the health system to provide social inclusion supports for people with physical disabilities or intellectual disability, and should also be the case for psychosocial disability.

To limit psychosocial rehabilitation to the services that are provided by the medical (hospital) system is to overlook the models of social health that most non-clinical mental health services provide.
