Private Mental Health
Consumer Carer Network (Australia)

engage, empower, enable choice in private mental health

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Hon Stuart Robert MP
Minister for Human Services,
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

Sent via Fax: (02) 6273 4406

Dear Minister Robert,

Carer Payment and/or Carer Allowance
Medical Report Form

The Private *Mental Health Consumer Carer Network (Australia)* represents Australians who contribute to Health Funds and who receive treatment and care, within the Australian private sector, for their mental illness or disorder.

The Network seeks to promote the interests of members of the community requiring these services, and to promote effective advocacy as the driving force behind all changes in mental health services delivered in private sector settings. Since the beginning of 2002, the Network has become an integral part of key policy and decision-making processes affecting many Australians.

The role of the Network is to be the authoritative voice concerning the policy and practices of provider and funder organisations as they affect consumers and their carers using private sector mental health services.

It represents an opportunity to raise issues of concern for people directly involved in the receipt of mental health services, and those that care for them, in private sector settings. These include treatment and care from psychiatrists in private practice, general practitioners and allied health professionals.

The Network welcomes the opportunity to make this approach to the Australian Government, Department of Social Services. We are also very pleased to see that a review of the assessment process is currently under way with responses being considered for possible amendments to the Medical Report Form.

The Network has had concerns about the need to better address the needs of mental health carers with amendments required to the assessment process and Medical Report form, assessing people for the carer payment and or carer allowance. We have raised this issue consistently since our Submission to the Senate Select Committee of March 2005.

The Network recognises the indispensable role of carers in the provision of mental health services in Australia and their contribution to the wellbeing of consumers. In the light of their diverse and demanding responsibilities, it is clear that *full-time* carers require a much easier assessment for the

person they care for under the current assessment format and the Medical Report Form which does not in our opinion, adequately represent the tasks in their caring role.

In terms of assessment and the form itself, it has a strong focus on physical disability, for example Page 4 has 10 questions, 8 if which relate to physical issues relating to functions of:

1 bowels
2 bladder
4 toilet use
5 feeding
6 transfer from bed to chair etc.
7 mobility
8 dressing
9 stairs
10 bathing

The one question which could be related to mental illness or psychosocial disability is:

3 grooming relating to personal hygiene which we know affects many people with chronic psychosocial disability

Section 15 – Cognitive function
These questions make up the abbreviated mental test which again people with psychosocial disability could well find difficulty in responding to. We understand that this is a marker of their ability to function. They may not have any self-awareness of their mental health impairment and may not be able to accurately describe its affects.

It does not capture the role that carers frequently undertake around the need to support the person they care for with problem-solving actions which are very hands-on in order to address actions taken by the person they care for as a result of their impaired cognition. Sometimes the need for rectification are very significant and substantial and often occur on a regular basis. This is a part of care provision which is not recognised and section 15 does not account for or reflect this current issue.

This focus and applicability is included in the Disability Support Pension in particular from the *Social Security (Tables for the Assessment of Work-related impairment for Disability Support Pension) Determination* 2011 contained on Page 27 – (e) behaviour, planning and decision-making: Example 2: The Person's judgement, decision-making, planning and organisation functions are severely disturbed.

We therefore strongly recommend that a specific and additional question about a consumers 'insight' or 'judgement' is urgently required.

Question 16 - behaviour
The most relevant questions in relation to mental illness or psychosocial disability are contained in the following:

1 shows signs of depression
2 shows signs of memory loss
3 withdrawal from social contact
4 display aggression toward self or others
5 display inhibited behaviour

Suicidal ideation
Consideration must also be given to a 6th criterion for people who are experiencing long term suicidal ideation or risks of self harm. This sees carers being required to ensure the person they are caring for is not left alone at any time as 'they' have raised with the carer their concerns of feeling unsafe all of the time. So the carer is unable to leave them to ensure their safety which for many carers, means not being able to go to work.

Highly variable illness
What needs to be reflected in the need to take account of highly variable mental conditions. As chronic illness is the focus of the assessment process and the Medical Report Form, what needs to be understood is that mental illness in not a stable disability in itself.

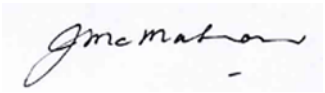
Drug and Alcohol Use
There are no specific criterion for assessment or within the Medical Report Form which takes into consideration the existence or co-morbidity of drug and alcohol use. For many people who are affected by long term chronic drug and alcohol use, they too neglect most aspects of self-care. The person finds it difficult to hold down employment, housing etc and many find themselves with intermittent homelessness, which is a reflection of the needs of carers in these circumstances.

Acute phase or crisis
We also need to raise the issue that despite chronic psychosocial disability, there are times when a crisis or acute phase of an illness occurs which renders the consumer completely dependent upon their carer. At these times the consumer is quite dysfunctional and would need assistance in all things including toilet use, feeding, mobility, dressing and bathing for example, but not all of the time. Psychosocial disability is a permanent condition which results in functional impairment but also within this condition are recurring episodes of mental health illness. The signs and symptoms of their mental illness may vary over a considerable length of time however account must be taken into consideration of the severity, duration and frequency of the episodes. The Network does not believe that this situation is fully understood and certainly the assessment process and the Medical Report Form does not adequately address this issue as it relates more to whole of life.

In order to rectify these serious anomalies, we request that further liaison be undertaken as a matter of urgency with the mental health sector most particularly the Royal Australian and New Zealand College of Psychiatrists. In terms of the Medical Report Form itself, it will in all probability be the psychiatrists who complete this form.

However, we would welcome the opportunity of further discussing this issue with you.

Yours faithfully,



Ms Janne McMahon OAM
Chair and Executive Officer
3 November, 2015