

## SUBMISSION INTO MENTAL HEALTH IN AUSTRALIA

- Terms of reference: examine the effect of supporting mental health on economic and social participation, productivity and the Australian economy;

As a nurse, I am very concerned about a particular cohort of my clients, who have slipped through the cracks in the health and welfare system and as a result, are in the most desperate state of social, emotional and financial crisis. I am, of course, speaking about; the homeless, low income and disabled, with chronic mental health and/or long-term addiction problems.

One of the most pressing issues is that many of these people are on Newstart when they need to be on the Disability Support Pension, have access to Disability Job Providers and be able to access the NDIS. This is an enormously difficult undertaking for these people as they have many obstacles to negotiate if they are going to even consider applying. The process is extremely complex and requires a lot of medical evidence gained through assessments, evaluations and reporting, usually involving at least two doctors and other allied health professionals, who have some history of knowing or caring for each individual over a period of time.

As these people have been on unemployment benefits anywhere between one and fifteen, or even more years, they are all living in abject poverty. Some are homeless, others are couch surfers or squatters, some live in boarding houses. The transient nature of these clients makes it very difficult to organise appointments and assessments. Some have not seen a doctor for many years and even then, they may not have seen the same doctor twice.

These factors alone mean that they are destined to live on Newstart until they get the old age pension. Being on Newstart is extremely problematic for these people, the chance of them being able to even meet the job seeking requirements is low and the chance of them getting to an interview...well...just not going to happen. The truth is that many of the clients I am thinking of are, quite frankly, unemployable, however; with time and the correct management, change could be possible. But whilst they are battling poverty, homelessness and chronic illness, it is very, very difficult.

Many of my clients deliberately avoid engaging with the public health system. This can be for a whole host of reasons including: previous negative experiences, fear of being hospitalised against their will, fear of being given medications with side effects or simply the lack of knowledge of some health professionals about how to cope with these people as patients. I don't mean to be disparaging of hospital staff when I say this, quite simply some of these clients can be very difficult to manage, particularly in a busy emergency

department, which is often the only place where they contact the public health system and often when they are having a psychotic episode. Understandably, it becomes a matter of 'get them in – get them treated -and get them out asap!' Not that the emergency department is the place for these types of assessments anyway, but it could be a first contact point from where to start. Yet many clients I know have been given medication and sent packing, with no money, no shoes and nowhere to sleep. Sometimes they are given a prescription for which, they have no money to pay.

I know that Centrelink will give them a period, such as three months, in which they may be granted leave from their job-seeking requirements and that this can be done on more than one occasion. I believe that a doctor's letter is required and this is particularly useful if a client is actually hospitalised for an extended period of time. I just wonder why Centrelink can't figure that out, if a psychiatrist is having to write letters for a person who frequently becomes hospitalised due to having regular psychotic episodes, they are probably not doing well on Newstart.

Applying to Centrelink for assistance is a very, very stressful process that many, including myself, believe is designed to make people give up their application altogether. A person may spend many, many hours on hold on the phone (remembering that 33 million calls to Centrelink went unanswered in one half of last year), mountains of paperwork, scanning, photocopying, uploading documents and numerous trips to wait hours at the Centrelink office. A person needs access to a computer, printer and scanner, a working telephone, have reasonable literacy skills and have computer skills. Can you imagine how it is for an older, low-income person, living on \$270 a week, who has no phone, no computer, no car, poor literacy skills, no computer skills and chronic mental health issues to be able to negotiate the stresses of the Centrelink experience? If a university graduate like me is struggling to manage it, how can they possibly do it?

Do you know that when it comes to applications for the DSP, it is the genuinely held belief in the community that Centrelink's default position is to string the process out as long as they can, make it as arduous as possible and then deny it? For many people this belief makes it too difficult to even contemplate, particularly when they believe they have no possible chance of qualifying. It takes many months for Centrelink to assess a person's abilities and disabilities, when in many cases a one-hour interview and a letter for a community worker and a doctor would suffice. To assess a person via a list of tables, whilst never having laid eyes on them, never having met as equal persons, is in my opinion, negligent.

One of the rules of the assessment of people applying for the DSP is that their condition be fully diagnosed, treated and stabilised. As I said earlier, many of these people may not have seen a doctor in long time, they may have never been given a diagnosis and they may have never received treatment, rendering them ineligible to even apply. The very nature of chronic mental illness makes it difficult to fulfil this brief, such conditions may never be stabilised, they may not be improved with treatment and even if they are assessed and treated, compliance rates can be low. When a person is homeless, living in poverty and fighting mental illness, then getting prescriptions, paying for them, remembering to take them and then managing to keep hold of them is virtually impossible.

The sorts of clients that I see, that fit into this category, have usually exhausted all avenues of assistance from family and friends and many are totally alienated from their families. This is a very real and sad part of these types of chronic conditions; families do their best, but there is a limit to what they can manage. Consequently, the disenfranchised tend to form friendships with others in the same sort of position. This is, of course, very understandable and yet not an ideal situation, as there is a tendency for this to exacerbate negative health behaviours and antisocial behaviour can become a serious issue.