

I am a single women in my early 40's and make this submission drawing on my own extensive mental health lived experience, as a sufferer of Major Depression and the anxiety disorder OCD (Obsessive Compulsive Disorder), as well as the many conversations and interactions I have had with my fellow 'travellers' over the years.

**Unfortunately the primary overarching problem with the mental health sector appears to be two-fold: failure to acknowledge mental illness as a disability and money.**

Despite there being many Acts and publications defining mental illness as a disability (Commonwealth Disability Discrimination Act 1992, NSW Anti-Discrimination Act 1977, Australian Human Rights Commission Act 1986, etc.) unfortunately discrimination is still rife. Admittedly we are probably locked in a stigma cycle, where sufferers mask the struggle due to feeling misunderstood and at risk if they disclose, but obviously until mental illness is normalised the misconceptions and intolerance will continue to alienate the mentally ill and make their lives harder than they already are.

It is clear to me that despite laws and organisational policies (that often seem inappropriate for managing psychological illness), large or small, public or private business, ultimately the way mental health/illness is managed by employers comes down to how well informed, open minded, reasonable and compassionate one's individual boss is. Setting aside ongoing recommendations to create work environments that improve workplace mental health for everyone, an unsupportive manager when you have succumbed to the ravages of depression or anxiety for example, is crushing. What has unsupportive looked like?

- Unwillingness to mitigate workplace issues, eg bullying, that may be contributing to the mental illness.
- Unwillingness to make, or even discuss, temporary reasonable adjustments to the role.
- Refusal to allow time off to attend medical appointments.
- Increasing pressure and stress on you by requiring you to persistently prove, through unreasonable tests and assessments, your capability to keep doing your job, essentially threatening job loss.
- Relocation to a different department/position.
- Reducing the hours of work offered to you.
- Withdrawing workload.
- Making false claims.

There is also an attitude that mental illness has a time limit and if wellness can't be achieved within a certain period of time, then the person will never be able to work or live to the standard they did before, ie an appropriate standard. It is true that mental illness changes us and many of us don't return to the same functional capacities of the past or from one episode to the next even, however having the pressure of a six-month deadline, for example, is not at all helpful and a gross misunderstanding of the ebb and flow nature of mental illness; how acute periods can be brief with prolonged high-functioning plateaus between them, or yes how it may take many years to find a successful treatment and therefore longer term understanding and mutually suitable solutions need to be found.

The advice I give to everyone struggling at work is to hang onto your job if at all possible, to resist feelings and suggestions to resign, and fight attempts to take your job from you, because despite what they say the workplace rarely has your best interests at heart and as hard as it can be to work while you're unwell, especially if unsupported by your employer, it at least provides a purpose for getting going each day, as well as interpersonal interaction, mind stimulation, distraction, structure, purpose and income. Not only that, it is extremely difficult to re-enter the workforce following a period of illness – practically, emotionally and psychologically.

Having said all that though, I have also known employers who have been extremely accommodating of a staff member's mental ill-health, yet the staff member did not do everything they could to manage their mental health well and held the expectation that the workplace simply had to accommodate their every need. I think this is dangerous and shows the scales tipped too far in the opposite direction, to the more common scenario noted above. We need to find the balance where the majority of employers and employees, understand and apply their rights and responsibilities regarding disability discrimination as it applies to mental illness correctly and thoughtfully.

What changes would I recommend to workplace health and safety?

- Greater education, to all levels of every organisation, regarding: what mental illness is, how it may effect someone's work and personal life, where to get help, rights and responsibilities at work, the nature of mental illness (eg people try to normalise it by saying it's just like a broken leg, well it is in as much as it's just another illness, but it's not in the fact that it rarely heals completely in six weeks and there'll be times where higher levels of support and understanding are required). It's not necessarily that people with mental illness don't want to work, and working is sometimes the best thing for us, we just need acceptance and accommodation of our DISABILITY.

The education sector should not only apply the above to the management and care of their staff, but also to their student populations. I am personally aware of a number of school students who have been struggling with mental illness that has been mishandled, primarily as discipline issues, by their schools.

- Create, or promote if one already exists, a central help point to provide free and timely legal advice and support (including advocacy) on matters of discrimination, particularly in the workplace, to support people with mental illness. Sadly, in my experience, employers can't be relied on to do the right thing in terms of handling mental illness or directing cases into Workcover for example, and unions have also failed to provide correct advice. The service would need to operate across a variety of platforms (face-to-face, phone, email, web chat, etc.), 24 hours a day.
- Where assessment of an employee is requested to ascertain their current functionality, it should be approached from the perspective of how the position can be adjusted to work with the employee's current limitations, rather than a black and white can the employee complete all the tasks required if the job remains the same?. The atmosphere should be one of the organisation making no attempt to remove, or threatening to remove, the employee from their position and every attempt to reassure them of secure and supported employment. It should also be conducted and interpreted by staff and medical/occupational experts who assess and consult with the employee, the manager, the workspace, etc. as well as the employee's own medical team, if desired by the employee; and with the understanding that there isn't a 'one size fits all' solution to mental illness. If there must be a question of proof, the onus should not be on the employee to prove that they can do the job, but rather on the employer to prove the job cannot be modified to accommodate the employee's current disability.

I realise the Commission is not spending a great deal of time on the NDIS (National Disability Insurance Scheme), however at the recommendation of my community support worker, I applied to the NDIS early in its inception. That application was rejected (like so many others in the mental health community) essentially on the grounds that I did not meet their definition of disability. We submitted a review, given:

- a) their definition of disability was contrary to the definition found in the aforementioned Acts

- b) it was clear that their understanding of mental illness was lacking given that my functionality, etc. could be explained under their definition anyway, it just wasn't as blatant as for physical disability
- c) that if Centrelink considers my illness a disability, how could another arm of the Government not?

Now that 'psychosocial disability' has officially been included in the NDIS I've been invited to reapply, which appears to have triggered the processing of my review that has been pending for more than 12 months. If I am rejected again I, like so many others, will be left without a significant part of my support team unless 'gap' funding is extended; however with service providers becoming more and more focused on the NDIS there is also a risk that there won't be providers to offer appropriate services, especially in rural areas. Then of course we have a Federal Budget reducing funds supposedly because of a 'slow uptake', when in reality people have been trying to access NDIS and simply haven't been able to, mentally ill or not.

There are so many facets to the topic of money – the funds allocated to the mental health sector which I briefly touched on above, and that which affects the individual; this is where I wish to focus my attention. Rurality and employment history have made it necessary for me to access private services. I know this has afforded me benefits, mostly peace of mind, but it has also meant a significant amount of travel to access services, increased burdens on family and of course a much higher financial burden to bear. When living in the country you get used to having to pay more simply because you have to travel further to access services, but the NSW Government IPTAAS (Isolated Patients Travel and Accommodation Assistance Scheme) system is cumbersome and only covers specialist treatment, not treatments with psychologists and the like; and many people still appear to be unaware of it. Something linked to Medicare would be fantastic.

Of far greater annoyance however is the private health fund sector. **Why is it that to have hospital 'psychiatric' cover one has to take out the highest level of cover?** Even in the Australian Government Private Health Insurance Reforms just announced this discrimination is still occurring. People have been giving up other things, including extras cover and independent living, so they can maintain appropriate psychiatric hospital cover for years. Perhaps if we could improve the mental health outpatient sector (including private), this could be ceased as I can only imagine the tendency for frequent hospitalisation is the justification given by health funds and this may be reduced. The introduction of the Medicare rebate on private psychological treatments many years ago was great, but it has not kept up with the increase in psychologist's fees and ten sessions was never enough, at the very least 12, one per month, is warranted. Nonetheless, while I haven't seen private health fund data, I do know that I have held and will continue to hold the highest level of cover in years I have/don't attend hospital, to be sure it's available if I have a slump – perhaps taking into account those peaks and troughs of everyone, the payouts/premiums even out across members and they are in fact taking advantage of an already disadvantaged sector.

At its worst my depression caused me to self-harm and suicidal ideation was particularly prevalent while my depression remained treatment resistant for many years. Fortunately after numerous hospitalisations, medication trials and in excess of 150 ECT (Electroconvulsive Therapy) treatments, rTMS (Transmagnetic Stimulation) made a difference. **Sadly, even though this treatment has virtually no side effects (unlike the memory and anaesthetic risks of ECT) and is non-invasive, certainly physically and potentially also in regards to the interruption treatments have on one's life, it is not Medicare subsidised and is prohibitively expensive to take full advantage of outpatient treatment options.** This is particularly frustrating once an initial intensive treatment phase is completed and maintenance treatments are being undertaken. Here is a treatment that is life changing, I know it's made an amazing difference to many others apart from myself, yet it is also significantly out of reach due to cost and availability. Unfortunately too, because Medicare doesn't recognise it, private health funds will not cover it either.

I sometimes think my financial struggles are worse, than other mental health consumers, because I'm having to manage all my medications, therapy, medical appointments, inter-town health related travel, insurance, living expenses, etc. on the DSP (Disability Pension), but it doesn't take long to learn that some haven't been lucky enough to get understanding and helpful assessors at Centrelink and despite their inability to work and their frequent hospitalisations, they are hitting a brick wall with their DSP application and relying on family for money; or others who are working and therefore not eligible for the DSP but are spending so much of their income on medical expenses that they are overwhelmed by debt which is causing relationship issues and exacerbating their illness. One of the most helpful things about the DSP is the Pensioner Concession Card, primarily for the saving it affords on PBS (Pharmaceutical Benefits Scheme) medications – if that alone could be provided to these other people who are missing out on the DSP, I know it would be a relief. I am grateful for the DSP, I would not have survived without it, but I struggle to 'make do' and over the course of a few years gradually spent savings and 'maxed' out my credit card primarily to 'back up' the DSP on necessary expenses; and I have had to accept financial assistance from my parents on several occasions, which is humiliating for one who was previously independent in all aspects of life. I now find myself in a situation of preparing to sell possessions, as I already rent and house-share and my only other major asset is an old vehicle which I require for attendance at appointments etc., however even if this does resolve some of the debt, it will not resolve the underlying issue that my outgoings are simply greater than my incomings.

This practical issue then has a flow on effect on my psychological wellbeing, both in regards to the anxiety created, but also the powerlessness it creates and the isolation and loneliness it perpetuates. If I don't have money, I can't meet a friend, or even just go myself to read for a while, at a local café, or see a movie for example. I recently attended a women's social event, but was unable to fully participate because I couldn't afford both the activity at the beginning and the meal afterwards, in reality I couldn't afford either! I know when I was stuck in my darkest places I didn't really care about maintaining social connections, despite knowing and constantly being told how important it was (and sadly many friends didn't push me to, but that's another matter), so it didn't matter so much, but the more well I get the more I want to participate again, but I am constrained by lack of funds. Yes, it is true that there are many things that can be done that don't require money and I do those, but the reality is our world 'lives' on money. I hope to work again in the not too distant future, but for now I am in a 'rehabilitation phase' of recovery. As I continue to build mental, and physical, strength I'm aware that I may wish to relocate for the sake of my wellbeing, potentially even before I find new work. The psychological hurdles of this would be hard enough but I have absolutely no financial means to facilitate this, so I'm once again trapped, it's just in a different way. I'm not saying the Government should just give out more money, no, I truly think it starts with keeping people at work as much as possible – to do that we really, really need to get employers on board.

We all know that through all the ups and downs of mental ill-health it helps to have the support of everyone around us. There needs to be perpetual media advertising regarding mental illness, with topics similar to the things mentioned earlier for workplace education, but be careful to get it right!

In closing, I implore you to remember that everyone's mental illness is different and even some doctors need to realise that exercise doesn't necessarily work for everyone! Also things are different in the city compared to rural, compared to remote towns and villages – not just practically in terms of available resources, services, infrastructure, things to do, places to go, etc., but also in the way people connect and interact ... or rather become lonely and disconnected and isolated through mental illness. Most things that are available in the city are probably available, one way or another, in most parts of the country now, but there's no guarantee that they are available at a satisfactory standard. For example, tele-health has done wonders for rural medicine and even psychiatric services,

although talking to a screen is not the same as talking to someone face-to-face and telcom technology is frequently mediocre and if you're tele-conferencing why can't you just do so from home anyway? Please remember the uniqueness of the country situation.

Finally, I have been monitoring the submissions to the Commission website and am pleased to see that like me numerous people have left their submission to the last minute, however I would have thought a greater number of submissions/comments would be received given the apparent shortfalls of the mental health system and population affected. This leads me to believe that knowledge of the Commission's inquiry is not known widely enough, especially given that in recent weeks almost every mental health professional and consumer I mentioned it to was unaware of it. I also think that some people with mental illness would respond at community forums, particularly if they were small and unrushed, or to surveys, but are unlikely to write up a submission.