

## Submission to the Productivity Commission's Inquiry into Mental Health

My Name is Linda Fenton, and I am making this submission to the Productivity Commission not as an organization that deals in mental health or as a Psychologist/ Psychiatrist/Doctor/Nurse but as a person who has been through the system.

Back on 14 September 2016, I set up the car so that I could die by carbon monoxide poisoning; I had been dealing with depression for over ten years. I had just recently been dismissed from a job I had for only six weeks. The reason I was given for my dismissal is that I did not "fit in".

During the six weeks I was there I endured one of the worst workplaces I had even been in. I was not trained; I was bullied and been spoken to so badly that I would sit in horror at my desk wondering what the hell was I doing staying in this place. Well, in simple terms, I needed the money.

I spoke to the Human services department about that fact no-one was training me, and I had pressure put on me to perform work that I did not know how to do. The HR department did nothing; in fact, the person who I spoke too was rather dismissive about it all.

I then spoke to a senior manager about it, and by this time, I was emotional as the stress was intense. Again, nothing was done.

I would go home and cry every evening as I didn't know what to do. I needed the money, the fact that I was in my fifties and was finding it more and more difficult finding a job. Ageism in this country is also a significant factor in this country. Every day I would go to work hoping things would change, but it only got worse. I wondered why I was hired at all.

I had extensive experience in customer service and administrative work and was more than qualified for the job (I had three interviews to get it). I was not being trained on their computer programmes and processes that the company had, and I was unable to complete tasks given to me. I was meant to be a mind reader when it comes to performing my duties. It was an impossible situation.

As much as I did everything possible to get help, none was forthcoming. After six weeks, I was asked to attend a meeting with the HR department, who knew that I was not being trained. They arranged this meeting in regards to the issues I was dealing with; finally, I thought, something was happening when it came to my training. Well, I was wrong.

I was informed that I was being dismissed as I did not "Fit In", no other reason was given to me, I was stunned. My supervisor was in the meeting with the HR manager (who had only just joined the company two weeks after me). They informed me to leave the premises immediately. My supervisor left, and I was given no opportunity to speak. Although looking back, I don't think it would have mattered.

As I went to my desk to get my bag, I had the HR manager follow me like I was a criminal. Some people noticed that something was going on and were extremely kind to me, and they also knew how I had been treated, but they were in positions that could not help.

For the next 2-3 weeks, my depression, that I thought I had under control, came back with a vengeance. I had worked in some horrible places in the past 35 years of my life, but this one, without a shadow of doubt, was the worst. This company was not a small one, it was an international company that employed over 100 people.

The reason why I have told you this is it that I wanted you to know the lead up to the attempt on my life. But more importantly, how workplaces impact on your mental health and that many companies treat their workers terribly.

After this occurred and I made an attempt at taking my own life I subsequently endured our poor mental health system and also dealing with government organisations that made my condition worse. I experienced such a lack of empathy regarding my condition and felt like nobody wanted to help. I saw first hand how bad our system is.

During my working life, I have worked for over 50+ companies. I performed a lot of temporary work; sometimes, I only worked for a week and other time for a month or more. I was a fill-in when someone went on holidays or maternity leave so, therefore, that is why I have worked for so many businesses. On many occasions, I was asked to return and perform other duties as I had gained a good rapport and professionally performed all of my assignments.

As I have worked in so many companies, I have seen that good businesses that treat their employees well are few and far between. The vast majority of people do not "rock the boat" when it comes to adverse treatment by a boss or being bullied and harassed for fear of losing their job.

Most companies do have Human Resource departments, but the vast majority are useless and are only there to make out that the company is doing the right thing. The reality is that even the people in the Human Resources department are working within a system that usually protects the perpetrators of poor behaviour because they are generally in a management position.

Early in my working career, I had permanent positions, and in my late twenties and early thirties, I worked for a very large Australian company. I was employed as a customer service officer, and I was in this position for a year when I was promoted to a Sales Executive for the following six years. I was hugely successful in this position and exceeded targets that were expected of me. At times it was difficult working in a department full of men as I was the only female out of 18 staff in the sales department. As much as I loved this job and got along with all of the men, I endured sexual harassment on many occasions, mainly by the senior managers in the department. I never reported it. The company was very male-dominated, and I knew that I would end up being seen as a "problem" and more than likely dismissed.

In 1995 I fell pregnant with my son and subsequently went on maternity leave in 1996.

On 19th June 1997, less than six months into my maternity leave, I was asked to come into the office for a meeting. This meeting was to inform me that I was being made redundant from my position. The company was going through a "restructure", and I was one of the people chosen for redundancy. I was devastated. Subsequently, I filed for unfair dismissal with the Industrial Relations Commission. You can read this on the Austlii website and search for

Jordan v Amcor Limited [1997] IRCA 153 (2nd May 1997) Case VI2256 OF 1996 or click on the link below.

[http://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/IRCA/1997/153.html?context=1;query=jORDAN%20V%20AMCOR%20;mask\\_path=](http://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/IRCA/1997/153.html?context=1;query=jORDAN%20V%20AMCOR%20;mask_path=)

When I filed for unfair dismissal, I was unaware that I was the first woman to go to court in Australia for unfair dismissal while either pregnant or on maternity leave and that my case set a precedent for

all future cases. I found it hard to believe that in 1996 I was the first, even though I had heard this happen to many women with family responsibilities.

Over the next twelve months, I endured severe bullying by the company in the leadup to the court date on the 19th and 20th February of 1997. Yes, my case went for two days, it took a considerable toll on me, and ultimately led me down a path of anxiety and depression. I did not acknowledge this at first and continued to hide my depression like many others who have it due to the stigma it has.

The day before I went to court, I was offered, what I call, shut up money by the company I worked for. It was for an amount of \$10,000. I did not take up this offer as I felt strongly about the false allegations made against me in the lead up to the court case and that they were nothing but bullying and intimidation.

If you don't read my case online, I will give you the short version. I won my case, and the company was severely criticized by the Judge on how I was treated and how the company dealt with the fact I was on maternity leave. The one thing I was disappointed with is that the company did not receive any fine and I can assure you that my compensation barely covered my legal costs. I was not looking for a large payout, and I had been informed by my legal representatives that I would not get one. I did this so I could prove that many companies treat women unfairly due to their family responsibilities.

It saddens me greatly that this is still a significant problem in the workplace. In 2014 a report was done by the Human rights commission and 18 years after my court case very little has changed. Women with family responsibilities are still being discriminated in the workplace and also find it challenging to return to the workforce after having a child.

Please click on the link below for the report.

<https://www.humanrights.gov.au/our-work/sex-discrimination/publications/supporting-working-parents-pregnancy-and-return-work>

One of the reasons why I started working in temporary positions is I had lost total trust in any employer.

When I took on the position that I only lasted six weeks in, I hoped this job would be different. Sadly, it was, without a doubt, the worst company I have ever worked for, this was by no means a small company, it currently employs over 100 staff.

As much as I have spoken about how women are treated in the workplace, I have seen men treated appallingly as well. I do think that women are treated poorly more often than men, mainly because men dominate management positions, but I have seen good men, "stabbed in the back" on many occasions. I like to call it "Work Wars", it is a battle of the strongest and a desire for survival and to do everything and anything to keep your job. This goes on everywhere, and the place where it is seen the most is in Government. The backstabbing that goes on in Canberra in just the past five years is appalling. Society now has very little faith in our leaders, and that is something only adding to our mental health issues in society.

As much as I firmly believe that the workplace impacts on our mental health due to the way people are treated and many keep silent so that they can keep their job, I also believe that this country has lost its way.

As the saying goes "Money is the root of all evil", this is the case with Australia. The cost of living in this country is out of control and keeping your job is more important than ever before. Sadly though, people don't feel secure in their jobs, and the use of casual work is overused by many businesses today.

Many businesses have a lack of regard for family responsibilities and cause more stress for people raising families. The fact that both parents have to work today to cover the exorbitant cost of living and out of control house prices, this is also a significant contributor to our mental health and why suicide in the country is unacceptable.

So much more needs to be done to support people with mental health issues, but I believe what is more important is WHY this is happening. Why are mental health issues so prevalent in this country? The first place we need to look at is our environment, and the place where we spend a considerable percentage of life is in the workplace.

With recent reports of wage abuse in the country, I think that it is only the tip of the iceberg. So many more companies are doing this, but employees keep their mouths shut just like people who are bullied, harassed or discriminated against. Our laws do very little to protect bad behaviour in the workplace and filing for unfair dismissal is very difficult, and many people don't make a complaint.

More companies need to be given fines when complaints are made against them, and management also fined for not complying to workplace laws. Those fines should go towards funding our mental health hospitals and facilities plus assist in the contribution to the prevention of mental health issues.

In the following submission I have detailed more about, not only what has happened to me but what I believe should be done to help our mental health system.

Having looked into the submissions for the draft report I have read some independent comments made by individuals and the hardships they have gone through but most of the information in the draft are from organisation who deal with mental health or doctors, nurses, phycologist and psychiatrists, all of which know a lot out how bad the system is and how to improve it.

I hope my recommendations are considered and that many are implemented and that they are not dismissed like my mental health condition was by most Government departments.

**The submissions that I have written about are**

**7. Mental Health and supports**

**11. Mental health workplaces**

**17. Other (These refer to Centrelink, Department of Humans services and NDIS)**

## 7. Mental Health Services and Supports

It is obvious by the report that more services are needed when it comes to mental health issues. Although there are lots of organizations you can find online, it is also very overwhelming how many there are and who is the best to support your needs. When I needed help, I contacted BeyondBlue as they were the first to come to mind.

When Googling mental health organizations this is the list I came across.

Mental Health Australia

Mental Health Foundation of Australia

Mental Health Association of NSW

Mental Health Association of Qld

Sane Australia

Grow

Beyondblue

Mind Australia

Mind Health Connect

Black Dog Institute

Mental Illness Fellowship Australia

Australia Association for Infant mental health

Children of parents with Mental illness

Mental Health in Multicultural Australia

Mental Health Carers Australia

The Mental Health Coalition of South Australia

Lifeline

Mental Health Services Australia

SA Health

Open Minds

Orygen Youth Health

Community Mental Health Australia

Can Mental Health

The Children of parents with mental illness national initiative

Twenty10 incorporation GLCS NSW

**Now that was only this tip of the iceberg.**

This is what I found when I Googled top 30 Mental health organizations, there are many more, TOO MANY. The reason why I say “Too Many” is it seems to be a lot of “Organizations” but what are they actually doing. I am sure they assist people and put them in the right direction but are they providing services like beds in hospitals or outpatient facilities?

Interestingly I also found that a large majority of these organizations are non-for-profit and therefore have large tax deductions available to them. It would be interesting to know how much money is claimed in “Tax deductions” every year?? I would have to assume, a lot. How much of this money, that is tax deductions and Government funding are used for actual services that include beds in mental health facilities?

I look at all of these organizations and wonder how much money they get for funding and what they use it for. Clearly it is not bed’s in hospitals or outpatient facilities as this is where the “System” is lacking the most. A lot of people don’t use, or need just online information, they need to be able to go to a place and have “time out” as I would call it, too be able to deal with their mental health issue away from the day to day grind so they have time to heal.

As mentioned on page 3 in Key Points in the report

- Services for people experiencing a mental health crisis that operate for extended hours and which, subject to the individuals needs and circumstances, provide an alternative to hospital emergency departments.
- Acute impatient beds and specialised community mental health bed-based care sufficient to meet assessed regional needs.

This is, what I consider is the number 1 issue that we have. Not enough beds in mental health facilities or places to go when you need help.

When I was admitted to the Emergency department at Wonthaggi Hospital it was quite a few hours before I got to see an ACIS Clinician. Although the nurses looked after me, they were obviously very busy treating other emergency patients. When the clinician arrived, I was assessed and I recall being asked if I had someone at home I could stay with. As I lived on my own, I said “NO”. I recall being asked if I had anyone that could help, as I lived in the country and my family lived in Melbourne, I did not have anyone living close by. I gave them my sisters phone number, who lives over and hour away, they called her and advised her of my condition and that I was in the emergency department at Wonthaggi Hospital.

My sister stayed with me while the clinician tried to find a bed for me in a Psychiatric unit. I was one of the “Lucky ones” and a bed had just become available at La Trobe Reginal Hospital. As it was clear I could not drive there and Wonthaggi hospital did not have or provide transport to La Trobe so my sister drove me there. She had travelled from Cranbourne to Wonthaggi at about 2pm and at about 10pm she drove me to Traralgon after the clinician had finally found a bed for me. After dropping me off and having me admitted it was probably after midnight before she drove back home to Cranbourne.

I recall being given sleeping tablets at the hospital to not only make me sleep but to calm me down.

The next morning, I remember getting up and not knowing what was going to happen. I eventually had a nurse see me and show me to the dining area. I was terrified. Although I was in a Psychiatric ward due to my suicidal ideation, I was, what I saw, put in a place that had predominantly severe drug addicts.

I do understand that many drug addicts have mental health issues and also need help but while I was there the people that had drug addictions (which were most of the patients) dominated the staffs time. While I was there, which was 8 days, I only saw a doctor once. Another woman, who had bipolar, and was very quiet and had not seen a doctor in about a week and she had no idea when she was going to see one. We were both very scared to go out of the woman's only section as some of the men terrified us. I was so glad that we could stay in a room doing puzzles and not be concerned about some of the aggressive patients. Even some of the women were terrifying but the men more so. If you wanted a drink or to eat you had to be in the same room as all the other patients. I have never eaten so quickly in my life.

When it came time to getting your medication you had to line up at a doorway, with all the other patients to be given your medication and ticked off the list. This would happen 3 times a day. Some patients would be yelling and being abusive to the nurse as they were clearly going through withdrawals. They would bang on the door where the medication was dispensed and demand that they be given their medications, it was the worst time of the day.

I have to say that the nurses endured so much abuse I wondered how they coped with such a job and that they probably needed help when it came to their mental health issues. When talking to one of the nurses about seeing a doctor (or should I say, when was I going to see a doctor), she said she had no idea. We spoke about the other patients and that there was a lot of drug addicts admitted but she told me that they get sent there because there is nowhere else to send them.

As I have stated earlier, I do understand that people with drug addictions have mental health issues as well but having been in a Hospital Psychiatric Unit and seen first-hand, and experienced it, that drug addicts must be placed in separate facilities than people dealing with mental health issues that are not related to drug addiction.

I am aware that some "businesses" or "health services" provide rehabilitation for drug and alcohol addicts plus some dealing with mental health issues but the cost of these services are outrageous. The cost of these usually range from \$1000 a day or more which is obviously out of reach for most people. Subsequently, that is way they end up in hospital Psychiatric units.

It is well known and documented that Australia has a major drug problem but it is clear that not enough resources are spend on it. The Government consider it a "personal" issue and something that they should not really have to fund. The sad fact is that they are funding it as a large majority of beds in Phyc units are taken up with drug addicts and subsequently people, with non-related drug mental health issues, can't get the help they need because all the beds are taken.

The Government clearly needs to spend more money on mental health issues due to the fact it is costing this country so much in productivity. It must spend more on drug trafficking and providing more police resources to stop making drugs so easy to get. But, more importantly it needs to also recognise that two systems of mental health services need to be applied. One for drug mental health and the other for non-drug related mental health.

The other issue I would like to raise is the lack of outpatient facilities. When I was discharged from La Trobe psychiatric unit, I was transferred to PARCS

## Prevention and Recovery Care Service (PARCS)

The Prevention and Recovery Care Service (PARCS) is a 10-bed residential facility run as a partnership between MI Fellowship and Latrobe Regional Hospital Mental Health Services.

Adults who don't need or no longer require hospital admission are able to receive intensive short-term treatment of up to 28 days. For people who had been admitted to hospital, a stay at PARCS is an opportunity to consolidate their care plan as they move towards recovery.

I was eligible to attend this facility as I was not a drug addict. Due to the fact you were able to leave the facility and by food you could not be an addict as you could be at risk of purchasing drugs. It was a facility to assist you returning back into day to day life. It was a wonderful facility and the staff were always available to talk too. It was also good to just be amongst other people that were dealing with mental health issues that were not related to drug addicts. The sad reality is that this is the ONLY facility available in the whole of Gippsland. I was at PARCS three years ago and in that time, they have obviously not received any more funding to take on more patients. They still only have 10 beds available.

Although I could stay at PARCS for up to 28 days I stayed for about 10 days. After that time, I felt the need to return home and I also missed my dog, who was being looked after by my parents.

A couple of days after returning home I had an appointment with the ACIS Clinician that I saw while I was in Wonthaggi Hospital. I saw her on a couple of occasions and decided to try and see a phycologist near the town of Inverloch where I live. The lack of phycologists or psychiatrists in country areas is appalling. I subsequently got a referral to see my original phycologist back in Melbourne where I used to live. Also, the reason why I see a phycologist is that they charge less to see than a psychiatrist. In a lot of cases a psychiatrist cost twice as much!

As I was unemployed at the time and was able to be provided with a subsidised cost to see a phycologist provided by a Mental Health Plan that my GP provided. I was still out of pocket with this plan but I received more back from Medicare due to having a Mental Health Plan. You are given 10 visits per year which at some time did not seem enough but if I was to see my phycologist more the cost would be something I could not afford. I actually know of many people who would like to see a phycologist but they are not eligible for subsidised consultations and subsequently don't see one.

Over the past three years I have continued to return to Melbourne and see my phycologist. I am still managing my mental illness although I am greatly improved through medication and mostly through my own determination to get well with the help of eating well, meditation and exercise. I have taken on some casual work from time to time but I still find that the workplace environment to be a toxic place and have had jobs, in recent times, where people have treated me poorly. I consider myself a good worker and very capable and I would like to find more work but my age is also against me, I am currently 55.

Even when it comes to working, I have found that it is increasing difficult to get work when you have a mental health condition and as I am getting older this has made it more difficult.

Having had to use job networks while being on unemployment benefits, I can assure you that they do NOTHING to help you get a job. All you do is go in to see them every fortnight, have a quick chat about what jobs you have applied for and they get you to sign a form that you have been there and that is it. In Wonthaggi, the largest town near to where I live there are 4 job network places getting government funding, for what, I say??? They do very little.



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It seems that a lot of money is thrown around but with very little impact on getting people work or helping them with mental health issues. The system needs a complete overhaul and the first thing that needs to be looked at is consolidating these organizations and making sure the money goes to people who need the help. These organizations need to be more accountable for the money they are allocated and what they are doing with it. Just providing money helping people with advice on what to do is not enough, we have to spend the money on facilities that provide accommodation and face to face care. These facilities need to be appropriate to the condition and provide the care and support so that people can be put on the road to recovery.

## 11. Mental health workforce

Having a mental health workforce is, without a doubt, one of the most important issues that needs to be dealt with.

As stated on page 3 of the report in Key points reform, area 4.

- Mental health should be explicitly included in workplace health and safety, with codes of practice for employers developed and implemented

In the report it does raise the issue of prevention in Reform 1 regarding consistent screening of social and emotional development in childhood physical development and checks to enable early intervention which obviously needs to happen but this should continue in the workplace.

Even when we are growing up and going to school our education system needs to be much more aware of social and emotional welling of its students the same principal should apply to the workplace.

When you raise the above issue of mental health being included in workplace health and safety codes and under the banner of organisations like WorkSafe, I don't believe that it should be placed under that banner. When it comes to "WorkSafe" it is really seen as a "safety issue" such as ensuring workers don't injure themselves. Its main emphasis is on physical health and not mental health. To tack it onto OHS (Occupational health and safety) will not bring the awareness that is required to ensure a health "Mental health" working environment.

With not only what I have seen in the workplace over the past 35 years, plus what I have personally experienced I think that workplace mental health is a bigger issue than safety and something that clearly impacts on the productivity in all companies.

On the 28/11/19 The Victorian Premier Daniel Andrews commented on the Productivity commission report and stated the following

**Victorians will soon pay a levy to help fund mental health services in the state, to act on a recommendation in the interim report of the state's mental health royal commission.**

**\* Among the inquiry's nine recommendations to the state government was designing and implementing a new approach to mental health investment, including a tax or levy and a dedicated capital investment fund**

**\* Premier Daniel Andrews says senior ministers will work on deciding a model for a levy over the summer, before running their idea past the royal commission and introducing it sometime in 2020**

**\* The model of the levy will determine whether or not it requires parliamentary approval**

**\* When exactly the levy will be introduced will depend on its frequency, with some existing levies charged annually and others quarterly**

The coalition stated that the Government should avoid a levy, arguing appropriate funding can be achieved in other ways.

On that note, I could not agree more. Having “another” levy placed on the people of Australia is only going to put more financial pressure everyone.

The “Levy” should be placed on businesses or more importantly large corporation who don’t pay enough tax. It should be mandatory that they spend a proportion of revenue for mental health programmes, not only within the company but make payments to ongoing mental health programmes and mental health facilities around the country.

The fact is, that they will actually benefit from this by having a more cohesive workplace and therefore their staff will feel more secure and be more productive and help increase profits. It’s a win win.

As stated on page 37 of the draft report the links between employment and mental health. Being employed can improve mental health and that providing a mentally health workplace will improve productivity. Very few organisations provide a mentally health workplace and most only make their staff more stressed by overworking and putting undue pressure on them for the sake of increased profits. Management are only taught about the “bottom line” and they usually don’t have any experience in how to deal with staff that are struggling at work.

With what I have not only seen but also experienced in the workplace is that if someone is struggling, they are usually sacked or made redundant. If someone takes time off on stress leave, they usually don’t get their job back. If they do get back to work, they are stigmatized and made to feel so uncomfortable at work that in the end they leave.

We spend so much of our lives at work so it is only natural that the workplace should be one of the first places that is required to put in place workplace activities and processes to ensure everyone is supported and made to feel secure in their jobs.

Depression is the number one cause of non-fatal disability in Australia 23%. This means that on average, people with depression live with this disability for a higher number of years than people suffering from other non-fatal diseases such as hearing loss and dementia. The World Health Organisation estimates that depression will be the number one health concern in both the developed and developing nations by 2030 (source Black Dog).

This information above obviously indicates that depression is a major issue and therefore requires a massive contribution from not only the Government on funding but also from business who will benefit from being more proactive when it comes to the mental health of its staff.

I have seen online that there are some programmes that companies can introduce when it comes to setting up policies but I see them as nothing more than words on a piece of paper. Just like policies that protect people from discrimination or harassment they do very little to actually stop such things happening in the workplace and usually the perpetrators are the ones that keep their jobs.

When it comes to HR departments within organisations, I have seen that they do very little to help and are usually influenced by management when it comes to dealing with issues the arise within the organisation. At the end of the day the people in the HR department want to keep their jobs and end up going with the status quo.

Due to this I believe that all companies should have a HR department that is independent of the organisation and that way staff members can feel more comfortable in speaking about bullying and harassment but also their mental health. Going to a boss and saying that you are not feeling well and

need to go home is hard enough, but to see them about not coping in the job is just out of the question.

Being able to go outside of the company and have an independent person looking into a particular situation will bring not only more clarity to what is going on but more importantly that the situation is actually dealt with and the procedures that are implemented within an organisation are followed through without interference from senior management.

Having a “inhouse” HR department rarely works within private organisations. Also going through Fairwork Australia is nothing more than a joke. Most companies that are actually guilty of treating staff poorly are not given any fines to them. All they are made to do is pay the worker some form of compensation which is usually minimal. That is why large fines should be issued to organisations who do not conform with implementing mentally health workplaces.

This is why it should be mandatory that all organisations including Government ones should spend a proportion of revenue on mental health programmes for staff.

One of the best things I have done to help me with my mental health issue is Meditation. A lot of people are very sceptical about it and think that it is all about sitting cross legged and saying OM.

Well it is not.

Meditation has been practiced for centuries and was not invented just recently. It dates back more than 2000 years. The sages and the ascetics of that time already realized that the main problem with which the human being and society had to face had more to do with what went on the inside than what happened on the outside. From the point of view of psychology and physiology, meditation can induce an altered state of consciousness. Such states have a neurophysiological correspondence that can be measured.

To this day, there are many types of meditation practiced in the Western culture. Conscious breathing, and progressive muscle relaxation, have been found beneficial in cognitive terms such as relaxation. With training in meditation, depressive orders can be lowered, and greater peace of mind can be achieved.

According to a Harvard-based study, eight weeks of mindful meditation has measurably positive changes to the brain. *“Participating in an eight-week mindfulness meditation program appears to make measurable changes in brain regions associated with memory, sense of self, empathy, and stress,”* wrote experts on Harvard’s website.

Harvard’s study was the first to document meditation-produced changes in the brain’s grey matter over time. Although the practice of meditation is associated with a sense of peacefulness and physical relaxation, practitioners have long claimed that meditation also provides cognitive and psychological benefits that persist throughout the day.

This study demonstrates that changes in brain structure may underlie some of these reported improvements and that people are not just feeling better because they are spending time relaxing. Researchers reported the following after studying a meditation group who spent around 27 minutes a day practicing mindful meditation:

Scientists noted an increased grey-matter density in the hippocampus, known to be important for learning and memory, and in structures associated with self-awareness, compassion, and

introspection. Participants reported reductions in stress also were correlated with decreased grey-matter density in the amygdala, which is known to play a significant role in anxiety and stress.

There are many more studies being done on the benefits of medication and all of them show that spending even a short amount of time a day meditating will help.

I am well aware that a lot of companies spend money on “training” which in most cases can be claimed as a tax deduction. Over the years I have seen companies spend a great deal of money on conferences (what I call junkets) and this was part of the expenditure the company allocated under “training”. Well, I suggest that instead of money being spend on conferences that just talk about what the company expects out of its employees they should be about dealing with the stress of work and helping people be more productive instead of putting more pressures on them to make ‘KPI’s.

Companies should be spending money on retreats that help with stress and teach people how to deal with it and also teach meditation plus the importance of exercise and eating a healthy diet. This is not only just important to our mental health but also our general health as obesity in the country is also out of control and well documented. The two go together.

The other very important thing that some companies are doing is by being more family friendly. The fact the both parents have to work today to ensure they keep their heads above water finically we must ensure that there is more fixability when it comes to when and how employees get their work done. Raising a child is time consuming and many parents don’t get to spend anywhere near enough time being with their children and I also believe this is why we have such an increased level of suicide amongst teenagers. Increasing children don’t interact with parents and spend more time on mobile devices, watching TV or paying online games than actually having one on one time with parents.

As you would have read about my story, I was made redundant while on maternity leave and went to court for unfair dismissal. That was 23 years ago now but from what I have seen and heard in recent years very little has changed and that many women are still losing jobs because of either being pregnant, on maternity leave or due to family responcabilites. This is evident in the Human rights commission report.

<https://www.humanrights.gov.au/our-work/sex-discrimination/publications/supporting-working-parents-pregnancy-and-return-work>

We live in such a fast-paced society today with more and more pressure to make money, raise a family and work longer hours it is no wonder we have so many people with mental health issues. This needs to shift rapidly or we face a society where we have increased suicide and more pressure on an already struggling mental health system.

When it comes to workplaces, they have to take on more responsibility when it comes to its employees and they will also benefit from this with more productivity.

As I would say “It’s a no brainer”

## 17. Other

When referring to “Other” in the submissions. I would like to raise the issue of **Centrelink, Department of Human Services** and the **NDIS**.

After my hospitalisation in the La Trobe Psychiatric Unit and also the PARCS facility in Bairnsdale, I was unable to attend work or even apply for jobs due to my condition, I was advised to apply for the disability pension when I returned home.

I applied for the disability pension on the 6<sup>th</sup> of October 2016.

My first appointment to discuss this was not until the 6<sup>th</sup> of January 2017, 3 months after I had originally applied. The appointment went for an hour. It was a male, which to be honest, was the first time I had to spoken to a male at Centrelink. I was actually very uncomfortable speaking to him as all of my doctors are female and I prefer to speak to females about my condition.

During the one-hour appointment I was very emotional and stressed talking about my condition to someone I have never met before. He had all of my medical evidence and asked lot of questions. About halfway through the appointment this man sat in his chair behind a desk with his hands held on the back of his head and elbows pointed out. Having seen this type of posture by men on many occasions I know that it is a position of dominance and intimidation. At the end of the appointment he told me that I would be fine in about a year and that my disability application would be rejected. I was a complete mess by this stage and totally distraught. The only qualification this person had, to make a judgement on me, is that he was an occupational therapist.

When I did receive the detailed assessment from the appointment on the 6<sup>th</sup> of January 2017 it did state that my mental condition was permanent and that I probably only had a capacity of working up to 7 hours a week but my claim for disability was rejected.

After a couple of days and having spoken to my doctor about the appointment I decided to make a complaint to Centrelink and that I would like to be interviewed again and this time by a woman.

I contacted Centrelink on numerous occasions regarding another review appointment but I did not get acknowledgment about this in writing until the 31<sup>st</sup> of May 2017, which is 5 months after my original appointment.

On the 16<sup>th</sup> of June 2017 I received a letter from a Centrelink Review Officer stating that my condition did not meet the requirements under the Mental Health Functions table and that my rating was 0. Although this person was more qualified than the man I saw on the 6<sup>th</sup> of January 2017, she had a MPH, Bahsc, Dip App, DE, RN, I never had a face to face appointment with her and I only had spoken over the phone with her for about 10 minutes.

In the letter that was sent to me I was informed that if I was unhappy with the decision that I should apply to have a review by the Administrative Appeals Tribunal (AAT). As I have never met with the person who had made this decision, I made a further appeal.

One the 7<sup>th</sup> of September 2017 I received a letter from Centrelink regarding my claim to review the decision by the AAT. At this stage Centrelink had to provide the AAT all the information on my file which included all of my medical evidence and information about all of my contact with Centrelink which include phone calls made, which were considerable. In fact, at one stage I was told by Centrelink that my file had been misplaced.

I was contacted by the AAT and further discussed my claim and subsequently on the 17<sup>th</sup> of November 2017 it was acknowledged by the AAT that I had an impairment rating of at least 20 points under the impairment table for my condition and that I qualified for the disability pension.

On the 15<sup>th</sup> of December I received a letter from the Department of Human Services Litigation branch that they were appealing the decision made by the AAT. The litigation department had requested that I have an independent assessment by a Psychiatrist that was recommended by the Department of Human Services.

By this stage, which had been over a year since my first application my condition had worsened considerably. I had considered just walking away from the claim as I felt that it was all a waste of time and more importantly, energy that I did not have.

I was informed by the litigation department that an appointment had been made on the 22<sup>nd</sup> of February 2018 with a Psychiatrist that was located in William street Melbourne. As I live in Gippsland I asked if it was possible to see someone more local as going into the city was extremely stressful for me.

The request was rejected.

So, on the 22<sup>nd</sup> of February 2018 I had my appointment with the Psychiatrist, this appointment was about an hour and a half, it was incredibly draining but I was relieved that at least it was a woman.

Approximately two weeks after this appointment I was contacted by the litigation department that my claim had finally been accepted for the disability pension and that the AAT had requested that I be back paid from the original application date of the 6<sup>th</sup> of October 2016. This process took over a year and a half!

To say that I was shocked is an understatement as I was convinced that my claim was going to be rejected and that my mental health condition, as far as the Department of Human Services was concerned, did not exist, despite the medical evidence.

The Psychiatrist I saw on the 22<sup>nd</sup> of February confirmed my condition in an 11-page document. It also confirmed that my condition was permanent and ongoing treatment was required.

For a year and a half, the Department of Human Services had rejected all the medical evidence that had been provided by my GP, Psychologist, Psychiatrist and medical information supplied by the La Trobe Psychiatric unit. The department of Human Services considered that my condition did not exist, this was from people who were not qualified to make a decision on mental health issues. During the year and a half that this went on my condition worsened considerably due to, not only the stress, but more importantly, not being believed despite the medical evidence.

Once this horrible process was all over, I could finally concentrate on getting better which is something I could not do very well while I was going through this process. I completely understand why people give up on their claims. I also believe strongly that the Department of Human Services deliberately make it hard so that people do give up. When it comes to mental conditions it does not want to acknowledge them at all.

When it comes to people with mental health issues it became very obvious that the Department of Human Services could only identify a "disability" as someone who had a physical disability and not a mental health disability. I was completely disregarded by Centrelink on my first appointment and by a person who had no qualifications and informing me that I would get better in a year (as stated by

my assessor in my first appointment on the 6<sup>th</sup> of January 2017). I was dismissed by every person I spoke too with the Department of Human Services.

When I look back on this time, I can't understand why the Department of Human Services didn't have me do an assessment by their own Psychiatrist at the beginning of my claim. Why they kept on asking for more medical evidence when it was all dismissed. I can assure you that my own doctors were not impressed that they were also being dismissed and their expertise was totally ignored.

So, when it comes to acknowledging Mental Illness it is Government departments who clearly need more training in this area. It is well known that Mental Illness has a bad stigma and many people do not understand what it is like to have this type of condition and often you are shunned by people, including family and friends who don't know how to deal with it. I know, as I have had to deal with this myself.

During the time I was applying for the disability pension I was sent information about the NDIS. I did not request this information; it was just sent to me in the mail. I applied to see if I could get some further financial assistance for my condition as living on a disability pension is very difficult just paying for day to day life expenses.

Too my surprize I was given funding which helped me greatly when it came to getting other supports and help with my condition. I actually thought that the Department of Human Services and the NDIS were linked and that is why I got the funding. But I have now learnt that this is not the case.

In May 2019 I had a call from the NDIS for a review of my funding. I had a face to face appointment and was informed on what was required for more funding which was letters from doctors regarding the type of help I needed to help my condition.

About two weeks later I received a letter from the NDIS stating my review was complete even though I had not supplied letters from my doctors. My funding had been slashed by about 80%.

I contacted my NDIS co-ordinator to find out why this had happened and she informed me that I should have had the letters from the doctors on the first appointment. She was well aware of the fact that I was getting this information and that she did not ask me for this before the review appointment. She agreed that it was a harsh decision from the NDIS but she could do nothing until the next review a year later. Not only had my funding been slashed but a small travel allowance had also been cut and I was told I should get public transport. I live in a small town in Gippsland where public transport is very limited plus my phycologist was in Melbourne. It would take me over 3 hours to get to Melbourne by bus, plus a 3-hour return trip!

I was once again being dismissed by someone who was not qualified and more importantly a decision was made on my funding without allowing me to get updated letters from my doctors.

I did not do anything about this and just left it alone. I thought about speaking to someone else in the department but I left as I did not want to go through the same process I went through with the Department of Human services and the AAT.

As time went by and I couldn't afford to do things that helped my condition I looked into the process more and read about how the funding worked. So, in December 2019, 6 months after my first review interview, I contacted the NDIS and spoke to a person over the phone about my funding. They could see that my funding had been slashed and that I should have it reviewed. I thought, here we go again!!



I was contacted by a review officer and I supplied her with medical evidence and also a letter on what had happened in my review appointment and that I was given no opportunity to provide this evidence. Once this was supplied, I have since had a phone call from her and that she received the information and that it would be a “few” months for it to be reviewed.

When I was contacted by the NDIS I had about a week to send the information though. This was over the Christmas and New Year which is a stressful time for me but I managed to provide this information within that time. But now I have to wait months before I hear anything about the review.

I am currently still waiting.

I find it mind boggling that the Department of Human services and the NDIS are not linked in some way when it comes to medical evidence. Having gone through a very lengthy and stressful time with the Department of Human services providing medical evidence and more and more medical evidence to so many people with little or no qualifications too only go through it again with the NDIS is something that only makes your conditions worse.

The process is extremely harsh and unforgiven.

In saying all of this I hope you can see how flawed this process is and that many people would just give up, as I almost did.

As stated in the draft report on page 6,

Key factors driving poor outcomes in Australia’s mental health systems –

**Difficulties in finding and accessing suitable support, sometimes because the relevant services do not exist in regions where people who need them live.**

Living in a small country town in Gippsland has made it difficult to get the help I needed but it was made more difficult by cutting my NDIS funding.

**Stigma and discrimination is directed at both those people with mental illness and those who support them.**

Stigma and discrimination is something I have had from family and friends but the place I received this the most was from Government departments.

It is obvious that the “system” is very broken. With departments not speaking to one another and so many other organisations out there trying to help it has become a very bad jigsaw puzzle with lots of pieces missing. The system needs to be more streamlined and more importantly it needs people with the qualifications to make decisions on medical conditions.