



**Submission to the Productivity Commission's  
Draft Report on Mental Health**

**23 January 2019**

**AN AUSTRALIA THAT VALUES AND SUPPORTS ALL CARERS**

## ABOUT CARERS AUSTRALIA

Carers Australia is the national peak body representing the diversity of Australians who provide unpaid care and support to family members and friends with a:

- disability
- chronic condition
- mental illness or disorder
- drug or alcohol problem
- terminal illness
- or who are frail aged

Carers Australia believes all carers, regardless of their cultural and linguistic differences, age, disability, religion, socioeconomic status, gender identification and geographical location should have the same rights, choices and opportunities as other Australians.

They should be able to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment and education.

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## SUMMARY

Carers Australia appreciates the opportunity to provide feedback on the Commission's Draft Report.

We are impressed by the amount of research, thought and effort that has been put into this very comprehensive document. We are also gratified that many of the perspectives and recommendations from our submission to the Commission's Issues Paper on the Social and Economic Benefits of Improving Mental Health have been incorporated into the Draft report.

We have not re-canvassed the content of our first submission, but rather have focused on information requests and recommendations relating to family and friend carers in the Draft report.

With some caveats, we agree with the recommendations directly relating to family and friend carers in the Draft Report, but note that changes to assessments and eligibility requirements for the Carer Payment and Carer Allowance, employment support, family focused services and carer inclusive practice should be extended to all carers, not just mental health carers.

However, we do not agree with the proposal that supports for mental health carers in their own right should be separated out from the new national Integrated Carer Support Services program being rolled out next April or that State and Territory Governments should take on sole responsibility for commissioning mental health carer support services outside of the National Disability Insurance Scheme.

## RESPONSES TO DRAFT REPORT RECOMMENDATIONS

### RECOMMENDATION 13.1 — REDUCE BARRIERS TO ACCESSING INCOME SUPPORT FOR MENTAL HEALTH CARERS

#### *In the short term (in the next 2 years)*

*The Australian Government Department of Social Services (DSS) should complete its review of the Adult Disability Assessment Tool used to assess eligibility for Carer Payment and Carer Allowance. DSS should:*

- *publish its analysis and findings from the review and field testing process*
- *consult with carers and health professionals before setting revised weightings for the new questions and the minimum score required to be eligible for each payment*
- *questionnaire to include psychologists and social workers.*

#### **Carers Australia supports these recommendations**

As noted in our earlier submission, the ADAT assessment is biased against the support needs of people with mental health conditions who do not also have intellectual or physical problems of consequence.

The ADAT is divided into three questionnaires. These are:

- Division A which covers physical needs, including the person's needs for assistance with mobility and to eat, dress, shower/toilet, communicate
- Division B which is about cognition and intellectual capacity, and
- Division C which focuses on behaviour and mental health. It is very hard to get a sufficiently high score for a qualifying ADAT on the basis of Division C alone.

While Carers Australia supports the Productivity Commission's recommendations in relation to revision of the ADAT assessment, we note that the Review of the Carer Payment and Carer Allowance which began in 2016 was not confined to the mental health aspects of assessment. Carers of people with physical disability and intellectual disability can also struggle to meet ADAT requirements. The provision of episodic care is not confined to mental health carers.

### *In the medium term (over 2 – 5 years)*

*DSS should amend eligibility criteria for Carer Payment (adult) and Carer Allowance (adult).*

#### *Amendments*

- *replacing the requirements for ‘constant care’ and ‘care and attention on a daily basis’ with a requirement to provide ‘regular care*

#### **Carers Australia supports this recommendation with one caveat**

We assume this recommendation refers to:

- the Carer Payment, which is income support for those who cannot work or work insufficient hours to have a viable income as a result of their caring responsibilities, and
- the Carer Allowance, which is automatically received by those on a Carer Payment but is also available to carers who have no care related working constraints, as long as their adjusted taxable household income does not exceed \$250,000.

We agree that requirements for constant care and attention on a daily basis for the Carer Payment, and the stipulation that daily care must be provided for 20 hours per week on a daily basis for the Carer Allowance, may seem too rigid and excessive, especially when the need for care is frequent but episodic. However, replacing these requirements with undefined “regular” care is not a solution. What does it mean? There have to be some parameters around the amount of care and intervals of care provided to justify these payments under the social security system.

- *replacing the 25 hour per week restriction on work, study and volunteering with a 100 hour per month restriction on work and volunteering only*

#### **Carers Australia supports this recommendation**

Carers Australia strongly supports replacing the 25 hour per week rule with a 100 hours per month restriction which will provide more flexibility for people on the Carer Payment to organise work opportunities around their caring responsibilities and to remain connected to the workforce or participate in volunteering. As well as helping carers to foster their sense of self-worth and social connection, volunteer work can foster skills and connections which can assist carers to move into the workforce when their caring role is reduced.

We also agree that education should be removed from the current list of restrictions.

- *replacing the requirement that care must be provided in the home of the care recipient with a requirement that care must usually be provided in the home of the care recipient*

#### **Carers Australia supports this recommendation**

Whether care is provided in the home of a care recipient who does not co-reside with the carer or in the carer's home, it is appropriate to use the qualifier "usually" to cover situations where the caring role involves accompanying the person being cared for to appointments and on other occasions when they need to be out in the community.

- *removing the eligibility restriction for Carer Allowance that states that for carers who do not reside with their care recipient to be eligible, they must provide care that relates to the care recipient's bodily functions or to sustaining their life and for more than 20 hours per week*

Whether or not care is delivered in the home of the carer or in the home of the person receiving care, it should be sufficient that they provide care and assistance in line with the care needs identified in the ADAT, whether those needs are physical or not. This is currently the requirement for co-resident carers and care recipients. Having said that, the ADAT needs to be revised (as discussed above).

### **PRODUCTIVITY COMMISSION DRAFT RECOMMENDATION 13.2 – EMPLOYMENT SUPPORT FOR MENTAL HEALTH CARERS**

#### *In the short term (in the next 2 years)*

- *The Australian Government Department of Social Services should evaluate its Carers and Work program to identify how to effectively support mental health carers to enter or maintain employment.*
- *A working group consisting of both Department of Social Services and Department of Employment, Skills, Small and Family Business representatives should use the evaluation to inform the development of guidelines that jobactive providers can use to tailor their services to the needs of current and former mental health carers.*

#### **Carers Australia supports this recommendation**

While there may be value in an evaluation of the former Carers and Work program, providing there is sufficient data and analysis to do it, we are aware that it involved a

comparatively small number of providers over dispersed sites and we believe that any learnings would need to be augmented by other research.

***In the medium term (over 2 – 5 years)***

***The Australian Government should require designated staff who are delivering the mainstream jobactive program and the Career Transition Assistance, Mid-Career Checkpoint and Transition to Work programs to undertake training to apply these guidelines.***

**Carers Australia supports these recommendations, but notes that they will need to be implemented and perhaps slightly modified in the context of the new Employment Services Model to be rolled out in 2022**

The new Employment Services Model currently being piloted prior to roll-out in 2022 is intended to provide more intensive, person-centred support to particularly disadvantaged job seekers. The important thing is to flag with policy-makers, program managers and providers in the employment services space that carers are generally disadvantaged job seekers for a variety of reasons – including the time they have spent out of the workforce and the complications in their lives that impact on their capacity to find and remain in suitable employment. For years Carers Australia has been trying to engage the Department of Employment (under its various names) to recognise the particular employment challenges of carers and to explore policy solutions and program solutions – but without success.

We are not sure if the introduction of the new Employment Model will impact on the Career Transition Assistance, Mid-Career Checkpoint and Transition to Work programs, but certainly agree with the recommendations that there needs to be awareness of the needs of carers and training in how best to assist them.

**DRAFT RECOMMENDATION 13.3 – FAMILY FOCUSED AND CARER INCLUSIVE PRACTICE**

***Family-focused and carer-inclusive care requires mental health services to consider family members' and carers' needs and their role in contributing to the mental health of consumers.***

***In the short term (in the next 2 years)***

- ***Where this is not already occurring, State and Territory Government mental health services should routinely collect responses to the Carer Experience Survey. The data collected should be sufficient for each Local Hospital Network to compare and assess the level of carer-inclusive practice across its services.***

- *The Australian Institute of Health and Welfare should use the data to report publicly on survey take-up rates and survey results at the state and territory level.*

*In the medium term (over 2 – 5 years)*

- *To improve outcomes for children of parents with mental illness, the National Mental Health Commission should commission a trial and evaluation of the efficacy of employing dedicated staff to facilitate family-focused practice in State and Territory Government mental health services.*
- *The Australian Government should amend the MBS so that psychologists and other allied health professionals are subsidised:*
  - *to provide family and couple therapy, where one or more members of the family/couple is experiencing mental illness. These sessions should count towards session limits for psychological therapy*

**Carers Australia supports these recommendations.**

We have long been strong and active advocates for carer inclusion in services delivered to those they care for – whether these be clinical services or other types of support services. Such inclusion is at the heart of the concept of “partners in care” which is a central principle of the Carer Recognition Act.

We also support the value of family centred interventions, including family therapy,

**DRAFT RECOMMENDATION 23.2 – RESPONSIBILITY FOR PSYCHOSOCIAL AND CARER SUPPORT SERVICES**

*In the medium term (over 2 – 5 years)*

*State and Territory Governments should take on sole responsibility for commissioning psychosocial and mental health carer support services outside of the National Disability Insurance Scheme. The Australian Government should provide funding to support the new and expanded roles that State and Territory Governments are taking on, and continue to administer the Carer Gateway’s service navigation and information services for all carers*

**Carers Australia does not support this recommendation**

It was announced in the 2015 Federal Budget that the Australian Government would invest in an Integrated Plan for Carer Support Services (IPCSS) designed to streamline and coordinate services for carers and provide a national carer gateway to services.

<https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id:%22media/pressrel/3846006%22>

The need to develop a new model of nationally funded carer support services was based on the recognition that current programs of support for carers were highly fragmented across a number of dimensions. This fragmentation made it difficult for many carers to find and access services and services were unevenly distributed nationally.

The recognition that the aged care and disability reforms had further fragmented carer service delivery, in addition to removing supports to carers in their own right (as opposed to being a by-product of the supports to those they care for), provided further impetus to reform carer service delivery.

Under the existing model for delivery of carer supports at the federal level, programs which fund support services are often targeted to carers of people with particular conditions or to the age of the carer or the person being cared for. The problem is that carers' needs don't fit neatly into these pre-determined condition and aged related boxes. Some of the problems which have arisen from fracturing carer supports along these lines are as follows.

- Carers often care for two or more people with different conditions. An Australian Market Research (AMR) survey commissioned by the Department of Social Services (DSS) to assist with the design of the new integrated carer support model found that approximately one fifth (21%) of carers were caring for two or more people (<https://engage.dss.gov.au/wp-content/uploads/2016/04/Draft-Service-Concept-3.pdf>). Analysis of the 2018 Australian Bureau of Statistics' (ABS) Survey of Ageing, Disability and Carers (SDAC) estimated that 23 percent of mental health primary carers care for more than one person (<https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-volume1.pdf> p.458). These carers need a one-stop shop to support their needs. Imagine, for example, being a carer trying to organise emergency respite when they are caring for someone who is over 65 and for another under the age of 65. It becomes even more complicated when caring for three people and having to negotiate at the same time the simultaneous provision of three lots of respite under three different programs.
- Complications can also arise for carers of people with a primary disability or chronic illness but who also have co-morbidities, for example, a primary physical disability, intellectual disability or chronic illness and also psychosocial problems.
- Some organisations receiving carer support funding have provided only one kind of support (for example counselling or peer support). This has created situations where the carer might need support, but the nature of the support available to them does not best suit their needs. If they need a wider choice of supports they may need to work across service providers, providing there are a range of service providers in their region.

- Organisations providing supports to a range of carers under different grants attached to the condition of the care recipient can find themselves in situations where condition-specific carer demand exceeds or falls below available funding, with no flexibility to switch funding around to meet demand.
- The administrative costs for both the Government and providers of operating a number of restrictive programs are large and reduce the funding actually available to directly support carers.

The Integrated Carer Support Services program has been designed to ensure that carers can easily access a range of supports, including those identified in the Draft report, wherever they live, whoever they care for and whatever the carer's age. It is the role of the Regional Delivery Partners to provide a single point of intake for their region, refer carers up the line to the Gateway if that is the preferred approach, or help carers to access the particular services offered locally in their region which will cater to their needs. These include specialised services for particular kinds of carers.

This recommendation that would mean starting to unpick this model, which has been years in the making, before it has even been implemented baffles us.

A theme throughout the Report and in submissions to the Commission is that mental health carers are different to other carers – and perhaps this perception contributes to the arguments for separating out their services from those of other carers. To some extent mental health carers are different to some other carers, but their differences are not unique.

They and those they care for must deal with stigma. So do carers of people with dementia, autism, intellectual disability, and some severe and noticeable physical disabilities.

Mental health conditions are often episodic and unpredictable which makes it difficult for some carers to plan around employment obligations or to access income support. This is also true of a number of physical disabilities and chronic illnesses. Multiple Sclerosis is also episodic, as is Parkinson's Disease, rheumatoid arthritis, muscular dystrophy – the list is not exhaustive.

There is no reason to pre-suppose that these differences cannot be accommodated within the Integrated Carer Support Services model.