



Ms Sharon Rose  
Branch Manager  
Disability and Carers Payments  
Department of Families, Housing,  
Community Services and Indigenous Affairs  
PO Box 7576  
Canberra Business Centre ACT 2601

Dear Ms Rose

**Re: Requesting Professional Input to the Review of the Impairment Tables**

Thank you for the opportunity to contribute to the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) review of the Impairment Tables.

The National Mental Health Consumer and Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

NMHCCF members have considered the Impairment Tables, focusing on the *Introduction* and *Table 6 Psychiatric Impairment*. Specific comments about these sections are outlined below.

*Introduction section of the Impairment Tables*

Point 2 makes reference to assessors asking “which body systems have a functional impairment due to this condition?” This statement is inadequate for psychiatric disorders. Mental illness is more complex than merely an effect on the body, and there is a cumulative effect which this assessment direction ignores in terms of work readiness or ability.

The NMHCCF suggests that point 3 be reworded to “...a person without a disability” rather than the current “...a fully able person”.

In point 5 the statement, “The condition must be considered permanent”, is not a useful description for people with mental illness. The nature of mental illness is that it can fluctuate over an individual’s lifetime. In addition, requiring a psychiatric condition to be permanent does not fit with philosophy of recovery. Recovery is a key principle in the *Fourth National Mental Health Plan*, and the implementation of a recovery oriented culture is promoted within mental health services.

Point 6 has a strong focus on medical diagnosis and treatment. Rehabilitation is included in the first dot point, but then not mentioned again. The NMHCCF consider it appropriate to continue to use “treatment or rehabilitation” throughout this point. Further, the focus on medical diagnosis and treatment is very limiting for someone with mental health difficulties. The person with the lived experience needs to have an opportunity to tell their story to an assessor. This is discussed further below.

#### *Table 6 Psychiatric Impairment*

While the Introduction notes that the Tables are function based rather than diagnosis based, the NMHCCF is not convinced that Table 6 is as balanced as this statement implies.

Table 6 currently has a very narrow clinical focus. While the introductory section states that “the assessment of psychiatric impairment may benefit from investigating; reports from mental health case managers, compliance with and effects of medication, support systems...” etc, the NMHCCF suggests that this additional investigation should be mandatory.

There is no mention of allowing a person with mental illness to provide information about their condition, even though they are experts in relation to their own situation and illness. There needs to be scope for the person themselves to have input to the information supplied for deeming eligibility. The NMHCCF also considers that, with the mental health consumer’s permission, a wide variety of stakeholders should have the opportunity to provide input, including their carer(s), GP, peer support workers etc.

The NMHCCF considers the table’s criteria and ratings too technical and rigid. The use of simple assessment tools and considerations about how someone is managing their illness and how they are coping with work-related activities would be more relevant. Tables could be scaled from 0 to 10, for example 0 = not coping well, 10 = coping very well.

Regarding language used in the Table, the statement in the introductory section about the person having “a short term problem” is subjective and it is unclear how this timeframe would be determined. In addition, statements in the criteria related to “function” should be revised to emphasise the impact of the diagnosed psychiatric condition on an individual’s ability to carry out or sustain a theoretical or practical exercise.

The NMHCCF is pleased to have contributed to this important review. Noting that there are currently no consumer and carer representatives on the Advisory Committee, we encourage you to further and more thoroughly engage consumers and carers throughout the review. Please do not hesitate to contact me if the NMHCCF can be of any further assistance.

Yours sincerely

Kylie Wake  
Executive Officer, NMHCCF  
21 October 2010