



**Carers Victoria submission**  
**Productivity Commission Inquiry into Mental Health**

**April 2019**

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

## **ABOUT CARERS VICTORIA**

Carers Victoria is the state-wide peak organisation representing people who provide care. We represent more than 736,600 family carers across Victoria – people caring for someone with a disability, mental illness, chronic health issue or an age-related condition.

People receiving care could be a parent, child, spouse/partner, grandparent, other relative or friend. Carers Victoria is a member of the National Network of Carers Associations, and the Victorian Carer Services Network. Carers Victoria is a non-profit association which relies on public and private sector support to fulfil its mission with and on behalf of carers.

Carers Victoria is a membership-based organisation. Our members are primarily family carers, who play an important role in informing our work, contributing to advocacy and strategic aims, and distributing information more widely to other carers.

This policy paper was prepared by Carers Victoria's Policy Team.

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## Introduction

Carers Victoria welcomes the opportunity to contribute the Productivity Commission's Inquiry into Mental Health. Carers Victoria has chosen to respond to a selection of the questions raised in the Issues Paper.

## Carers Victoria response to selected questions

### **Do teachers and other staff in schools and education facilities receive sufficient training on student mental health? Do they receive sufficient support and advice, including on the quality and suitability of different approaches, to adequately support students with mental ill-health?**

People under the age of 25 providing unpaid care to family or friends (usually parents) are usually referred to as young carers. Teachers and other staff in schools frequently identify they require further support to understand the needs of young carers. Our consultations have identified that schools are a key area where caring is often not recognised and/or not responded to appropriately. This has a significant impact on educational outcomes, as well as the mental health of parents and young carers.

Practical impacts on young carers from the time required to provide care included missing meals, difficulties completing homework and sleep deprivation. Students can often feel too embarrassed to access meal programs at schools.

Young carers have advised Carers Victoria that teachers who lacked understanding of health conditions failed to understand and acknowledge the long-term nature of their caring duties. The result was an inflexibility towards the needs of these students.

*At my last school there were only four or five teachers that if you asked for an extension, they just said no. Even if you were going through the hardest moment in that year, they still said no, wouldn't understand, just dismissed it.*

Carers Victoria welcomed the November 2018 announcement by the Victorian Government to develop a system to better identify young carers in schools. Carers Victoria will work with the Victorian Government and The Department of Education and Training to develop this system.

**What, if any, structural weaknesses in healthcare are not being targeted by the most recent and foreshadowed reforms by governments? How should they be addressed and what would be the improvements in population mental health, participation and productivity?**

### **Community Mental Health**

The transition of community mental health funding from the Victorian Government to the NDIS will leave many people without mental health support. Initially all community mental health funding was to be transitioned.<sup>1</sup> However, in September 2018 the Victorian Government announced funding for a two-year transition plan for community mental health services to the NDIS. Given that by 2020, only 475,000 of the 4.3 million Australians with disability<sup>2</sup> will be eligible for the NDIS, it is likely most Victorians with a mental illness will not be receiving mental health support. Community mental health funding is required to ensure people experiencing mental health concerns have support to improve their activities of daily living and address education and employment goals.

### **Carers navigating healthcare systems**

Carers have reported for many years to Carers Victoria that they can be routinely dismissed when the person they are caring for is accessing healthcare. There are times when carers are effectively engaged, and this significantly assists the well-being of the person providing care, as well as the person receiving care.

Carers Victoria welcomed the publication in Victoria of the Chief Psychiatrist's Guideline 'Working Together with Families and Carers' (The Guideline). This Guideline provides a framework for Victorian mental health services to engage with families and carers at every stage people are receiving support for mental health concerns. Feedback from carers has demonstrated mixed feedback from their experiences with mental health services. Implementation of The Guideline must be evaluated to ensure it becomes standard practice in mental health services.

### **LGBTI Carers**

Carers who identify as LGBTI can experience additional difficulties in the healthcare system. Carers Victoria has been advised of examples where a carer with medical power of attorney has been ignored and dismissed by a doctor and of other carers having to deliberately deceive hospital staff about their relationship with the patient in order to maintain contact during the hospital stay.

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<sup>1</sup> Victorian Council of Social Services, 'Ensure community mental health services can continue supporting people as the NDIS is rolled out', <https://vcoss.org.au/analysis/ensure-community-mental-health-services-can-continue-supporting-people-as-the-ndis-is-rolled-out>, 2015, accessed 18.03.2019.

<sup>2</sup> Productivity Commission, 'National Disability Insurance Scheme (NDIS) Costs', 2017, p. 4.

## Young Carers

*I have a really great GP who's like amazing and he is 100 per cent supportive and includes me in everything and even my mum's psychologist includes me in everything and we talk all the time. It's just good to have a professional like her doctor to have such a close relationship and we can talk about medication she's on. I can tell them how she is at home and about her medication - they'll trust me 100 per cent and it's really great they trust me and will actually listen to me.*

Examples like the one cited above show the impact of a young carer being respected and engaged by their mother's psychologist. Unfortunately, other young carers are dismissed as not being relevant to their parent's health. This attitude disregards the knowledge of young carers and the support they are providing.

### **Are the disability support pension, carer payment and carer allowance providing income support to those people with a mental illness, and their carers, who most need support? If not, what changes are needed?**

In 2013 Carers Victoria conducted a research project<sup>3</sup> on access to Carer Payment and Carer Allowance by Victorian carers of a person with a mental illness. We found that 26 percent of participating carers were receiving Carer Payment and 43 percent were receiving Carer Allowance, with 24 percent receiving Carer Allowance but not Carer Payment. Of those receiving Carer Payment, 74 percent also received Carer Allowance. A significant proportion; 36 percent reported they did not receive any Centrelink payments.

Access to Carer Allowance and Carer Payment varied according to:

- Medical condition of the person with a mental illness. For example, carers of a person with depression had higher rates of access to the payments than those caring for a person with schizophrenia
- Type of relationship with the person being cared for. Spousal carers were more likely to receive payments than parent carers

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<sup>3</sup> <http://www.carersvictoria.org.au/file-assets/publication/invisible-care/>

- Gender. Male spousal carers were more likely to receive payments than female spousal carers, and
- Cohabitation. Carers who cohabited with the person they cared for were much more likely to receive either Carer Payment or Carer Allowance than those who lived separately.

The survey revealed that mothers of a son or daughter with schizophrenia who lived separately were among those least likely to receive Carer Allowance or Carer Payment, even though they often provided significant care to a highly vulnerable population. The analysis in this report suggests that the Adult Disability Assessment Tool (ADAT) is particularly insensitive to the care needs of people with long-term psychosocial disability.

Other carers report ineligibility on financial grounds even when they have had to give up paid employment to provide care:

*A single woman in her early 60s caring for her mother with both mental and physical chronic illnesses reported Centrelink had deemed her ineligible for Carer Payment because the means test included her superannuation. This carer, one among many, was acutely aware and concerned about the financial impact of caring for her mother in her mother's home. After giving up employment earning approximately \$70,000 per annum, the financial support she received from the Federal Government was \$60 per week in a Carer Allowance, which did not cover transport costs for her mother's medical appointments. She is acutely aware of the financially precarious retirement she faces (with no children of her own).*

The Australian Human Rights Commission<sup>4</sup> found poor health; in older employees themselves as well as the need to provide care for their family members, is a leading cause of premature and involuntary retirement. The Carer Payment and/or Carer Allowance are insufficient to properly support those who have left paid work prematurely to provide care.

Carers Victoria recommends amendment or improvement to:

- Commonwealth government data collection
- Awareness of the Carer Payment and Carer Allowance
- Practice of treating health professionals in completing applications
- Centrelink processes and workforce development
- Wording and design of application forms
- The Adult Disability Assessment Tool (ADAT)
- The Social Security Act 1991 and Guide to Social Security Law

To increase access to Carer Payment and Carer Allowance for those carers who most need support.

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<sup>4</sup> [https://www.humanrights.gov.au/sites/default/files/document/publication/WTW\\_2016\\_Full\\_Report\\_AHRC\\_ac.pdf](https://www.humanrights.gov.au/sites/default/files/document/publication/WTW_2016_Full_Report_AHRC_ac.pdf)

### **What does improved participation, productivity and economic growth mean for consumers and carers? What outcomes should be measured and reported on?**

The cost of transport is an issue which arises frequently in our discussions with carers. The Victorian Government has recognised this by announcing in November 2018 that Victorian Carer Card holders will be eligible for half price public transport travel. Carers would also benefit from being eligible for the Multi-Purpose Taxi Program (MPTP).

### **What changes should be made to how informal carers are supported (other than financially) to carry out their role? What would be some of the benefits and costs, including in terms of the mental health, participation and productivity of informal carers and the people they care for?**

Carers have identified a range of actions which could be undertaken (or need to continue) to support them in their role and to increase their wellbeing and participation in society. These actions include:

- Clear guidance for service providers, medical and health professionals, mental health professionals to implement the Carers Recognition Act (2012) to recognise and include carers in the development and provision of consumer services
- Clear referral pathways for medical, health and educational professionals to assist carers access support and services
- Carer-identified respite (in home or facilities) across Victoria to accommodate carers' medical and personal needs whilst minimising travel times for carers, consumers and workers
- Respite facilities or packages which align with working or studying carers' needs
- Well-resourced advocacy to assist the navigation of the social service system including basic literacy, financial literacy and computer and internet literacy
- Plain-English, pictorial or translated information about carer and consumer services and organisations
- Carer support groups which meet carers' individual needs
- Carer counselling
- School-based programs to ensure children eat nutritious meals
- Peer-support workers (lived experience of caring)
- Carer-support workers (qualified professionals)
- Financial subsidies to offset costs in private and public transport
- Mentoring programs for young carers
- Reliable, safe and subsidised community, public and private transport for short and long-distance trips, and
- Financial subsidies to offset the cost of internet access particularly for carers living in rural and regional Victoria.

**What are some practical ways that workplaces could be more flexible for carers of people with a mental illness? What examples are there of best practice and innovation by employers?**

One in eight Victorians is a carer. Carers find it difficult to reconcile caring responsibilities with full time, part time or casual employment. This results in setbacks in career progression and financial hardship due to loss of income and superannuation.

The benefits of carer flexible workplaces are two-pronged. For carers they include improved self-esteem, wellbeing and financial security; and for business they include increased staff retention, improved productivity and job satisfaction of employees, which in turn reduces recruitment and training costs.