27 November 2015

Ms Kath Paton  
Director, Carer Payment and Carer Assessment  
Department of Social Services  
PO Box 7576  
Canberra Business Centre ACT 2610

By email to:  

Dear Ms Paton

Re: Improved Assessment Process for Carer Payment and Carer Allowance

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input into the Department of Social Security’s review of the assessment process for Carer Payment (CP) and Carer Allowance (CA).

The RANZCP also welcomed the invitation to attend as an expert stakeholder to the Information Session on Wednesday 28 October 2015 in regards to this project.

The RANZCP’s key concern is that the assessment process for CA and CP, and the Medical Report Form, focuses on the role of carers of people with a physical disability. Behaviour is referred to, however, does not reflect that of someone with a psychosocial disability or mental illness; As a result this does not facilitate getting the right information from carers about their role and the amount of care required and provided.

For people whose mental illness follows a predictable pattern, carers may be able to manage their time and continue working to some extent. However, many mental health conditions can be unpredictable, therefore even when the person is relatively well, carer input can be needed full time. It is difficult then for carers to join the workforce, and thus this needs to be taken into account when considering eligibility for the Carer Payment.

The RANZCP Community Collaboration Committee, which includes carers of people with a mental illness, have twice met with the Carer Payments team to raise these concerns and formalise steps to address them. We are pleased to be involved in the current initiative to improve processes. If you would like to discuss any of the issues raised in this submission, please contact Ms Rosie Forster, Senior Manager Practice, Policy and Partnerships via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely

Professor Malcom Hopwood  
President

Ref: 4346
Australian Government, Department of Social Services
Improved Assessment Process for Carer Payment and Carer Allowance
November 2015

improving the mental health of the community
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 5000 members, including around 3700 fully qualified psychiatrists and almost 1200 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey to recovery, including pharmacotherapy and psychotherapy.

The RANZCP partners with people with lived experience of mental illness (‘consumers’) and carers, throughout its structure and decision making processes and recognises the importance of the carer’s role and the specific support required. The RANZCP actively encourages carer participation and utilisation of the carers perspective to inform documents, position statements and guidelines. The RANZCP Community Collaboration Committee (CCC) includes carers of those with a mental illness from Australia and New Zealand. The CCC were consulted with to inform this response and the progress of the Review will be monitored.

Improved Assessment Process for Carer Payment and Carer Allowance

The RANZCP welcomes the opportunity to provide feedback to the review of the assessment process for Carer Payment (CP) and Carer Allowance (CA) (‘the Review’) Guide to Written Submissions. The RANZCP notes that the purpose for the Review has the objective of developing and introducing a new, contemporary assessment process to determine qualification for these social security payments from January 2018. The RANZCP also welcomed the invitation to attend as an expert stakeholder to the Information Session on Wednesday 28 October 2015.

The RANZCP hopes that by reviewing the process, it will reduce confusion for the carer and gain a better understanding of the support provided by carers of people with a mental illness and accordingly identifying the support that carers themselves need. Understanding the nature, intensity and frequency of care required for someone with a mental illness, which part of the Review aims to do, should be fully comprehended as part of the Review.

Along with this review, members of the CCC were also encouraged by the opportunity to meet twice (once face to face and once via teleconference) with the Department of Social Services (Michalina Stawyskyj, Branch Manager, Age, Disability and Carer Payments Policy, Trish Hauff, Carer Payment and Carer Allowance Policy and Sue Virtue, Carer Payments Policy) to be able to discuss the concerns of the committee about accessing carer payments and whether or not the Medical Report Form facilitates getting the right information from carers about their role.

Although Centrelink processes and the Carer Payment and/or Carer Allowance Medical Report Form are not in scope of the review, the RANZCP would like to include comments and recommendations on what the ‘ideal’ Medical Report Form should include to inform the development of future Centrelink forms at a later date.

The number of people involved in caring for people living with a mental illness is significant: in 2009, over 2.6 million Australians identified themselves as a carer. The RANZCP believes that there are key areas where the process (and associated Medical Report Form) could be enhanced to recognise the important and immense role carers play in the mental health system, the challenges they face and
support that should be provided to assist them to perform their role and to maintain their own health. These enhancements are in turn necessary to address the needs of those suffering from mental illness.

The RANZCP considers it crucial that the review contains the experienced voice of the community to ensure that the expertise, experience and views of the community are best utilised. The RANZCP views the review as a crucial opportunity to improve and enhance carer services, and to enhance the provision of care to consumers.

**Level and types of care**

Crucially, the ideal assessment process should ensure applicability to people living with mental illness and their carers. The current process, including Medical Report Form, is of pressing concern to the RANZCP as it is currently aimed more towards carers of a person with a physical, rather than a mental, condition and it should reflect and be informed of the care required of someone with a psychosocial disability or mental illness. The social, emotional and financial support needs which may be more relevant for a person with a mental illness must be recognised throughout the assessment process and, at present, these are inadequately addressed.

The impact of mental illness is fluid; for many people psychosocial disability is permanent but there are episodes within this disability where they can function to some extent. Mental illness is not a constant. The carer application process and its associated forms should clearly determine and recognise what to use as a marker, questions need to be designed so carers can answer accurately i.e. how is the person they are caring for today or how is the person when they are at their worst or at their best or somewhere in between.

Carer input is still required when someone with a chronic mental illness or psychosocial disability is on a ‘good’ day when the person is ‘well’, and should be considered for carer payments full time. On ‘good’ days the level of care required is more than that of someone without a mental illness. An acute phase of mental illness can mean the consumer becoming entirely dependent on the carer, requiring assistance, amongst other things, with management of the person's day to day physical care needs. Question 14 of the Medical Report Form almost entirely relate to the needs of someone with a physical disability.

The process and in particular the Medical Report Form (e.g. Question 15) when dealing with cognitive issues and limitations, must allow the carer to adequately address the day to day management of the person they are caring for. In this context, it is important to include management of medication (including checking for compliance and helping the person being cared for to manage relapse prevention) and ongoing symptom management in the Medical Report Form. People with a psychosocial disability may not be self-aware of their mental health impairment and may inaccurately describe how they are functioning, or be reluctant to accept anything is wrong and need a carer. The consumer's mental health impairment may require the carer to rectify the judgment of the person they are caring for. A question should therefore be added to the Medical Report Form to inform about a consumers judgment.

Assisting the consumer with navigating their clinical and welfare requirements and interactions with banks, shops and businesses are often overlooked throughout the assessment process and should be included for example as part of Question 14 of the Medical Report Form.

Carers are instrumental in managing the hope and recovery of the people that they care for and, accordingly, are formally recognised in recovery treatment plans, therapeutic engagement and in legislation such as the *Carers Recognition Act 2012* (Cth). Although difficult to measure, ongoing engagement with other family members and friends and supporting the person in recovery to work across all social determinants of health including housing, social opportunities, diet, exercise and employment are all imperative ‘tasks’ undertaken by the carer.
If the person being cared for requires hospitalisation, the caring role does not cease. In fact, a carer’s role often increases due to the amount of regular visits required. Therefore the role of carers and, subsequently, their eligibility for CA and CP must reflect this change in circumstance and the care required.

**Impact of medical conditions on functionality and requirement for care**

There is extensive evidence of the higher rates of physical illness among people with serious mental illness with a range of consequences, including higher levels of ongoing disability because of both physical and mental illness.

Carers should be encouraged to keep an account of their caring activities, including the relevant dates and frequency of care required. This process will help make carer activity more transparent, means that it is available for review and can be used by the carer as evidence to substantiate the care required and given and, therefore, the type of payment required.

Although the process and the Medical Report Form do cover some instances that are relevant to mental illness or psychosocial disability (e.g. Question 16 of the Form which contains questions relating to signs of depression, memory loss, withdrawal from social contact, aggressive or inhibited behaviour) an area that should be recognised is risk of self harm or suicidal ideation. The carer must ensure the person they are caring for is continually ‘looked after’, if signs are present or if the consumer has indicated their own concerns. This is an additional level of care for the carer. Question 16 of the Medical Report Form should therefore include request details about the risk of suicidal ideation.

People reporting poor mental health are likely to also encounter simultaneous chronic diseases or drug and alcohol misuse. The carer assessment process needs to understand and take into consideration co-morbidities and their knock on effects including consumers becoming remiss in their self-care.

**Impact of developments in medical diagnoses and treatments on care**

Having clearer definitions of terms used throughout the assessment process would remove any confusion, ambiguity and ensure that they are not limiting or excluding experiences of carers. For example, the definitions of ‘help’ need to be clarified particularly in the Medical Report Form as it would be based on a person's interpretation of the word, rather than in line with a clear definition. Making this change would also assist medical practitioners because it would help them have a better understanding of the kind and quality of information that they need to provide in the Medical Report Form. Similarly, ‘personal care’ may not correlate with carers of those with a mental illness. The RANZCP recommends that fundamental definitions throughout the process be broadened to capture the experiences of carers and people living with mental illness.

**Impact of caring on carer’s capacity to do other activities**

As mentioned previously, mental illness is of an episodic nature and swift intervention may be required, unpredictably often requiring hospitalisation and rehabilitation, lasting many months or even permanently. Ongoing dialogue is required with the carer and the consumer when CP is being paid.

Dialogue about the consumer’s ambition to be independent, their hopes to self-manage their mental illness or returning to employment / education and otherwise contributing effectively to the wider community would significantly change the varying need of the caring role.

The consumer can often be ‘well’. When the person becomes ‘well’ it is currently sometimes unclear if the carer still has access to carer payments: despite some situations where it would seem most appropriate they do e.g. a person living with bi-polar affective disorder has times in which they are well and times when very unwell. For some people have a predictable pattern with relatively brief periods requiring carer assistance as the allowance would appear to target: allowing carers to manage their time...
around this and continue work and other activities. However for other people with the same diagnosis, episodes may be more unpredictable and more severe: so that carer input is required full time, even when the person is ‘well’: and it is difficult for carers to join the workforce, and thus should be considered for carer payments.

The RANZCP supports carers to be supported through the transition to work whilst receiving CA. Should the caring relationship change substantially, carers should not become worse off financially and any attempt to end payment should not be taken prematurely. Any change in the carer’s financial position should not be pursued to the detriment of the caring role and of the consumer. A period of time must be considered whereby if a consumer has been ‘well’ for that period of time, only then should payments cease and only subject to professional advice.

Recognition and redress to the fact that carers face their own challenge, including to their own physical and mental health (including anxiety or depression) is important. The process for CA or CP should be supported to maintain links to the labour market that is achievable and realistic in relation to their role and recognize the difficulty faced with leaving the labour market due to their caring role, and re-entering at undetermined intervals. Opportunities to maintain links to the job market and to update skills whilst receiving CA or CP should be offered and encouraged to be taken, wherever possible.

The RANZCP highlights that the presence of a carer has shown to reduce relapse time, improve social function and increase employment rates of those they are supporting (Parker et al 2010) which may allow for a future period of time where the carer can be ‘absent’ from their caring role.

Other recommendations

The RANZCP also strongly recommends the development of an accompanying guide or FAQ to assist people completing the Medical Report Form (by both the carer and medical practitioner). The development must be community-led and its format should enable the different needs of particular carer groups to be considered e.g. young / old, translations as appropriate. To this end, the RANZCP via its CCC would be willing to assist in any way the DSS sees useful.

Changes to the carer application process and / or application forms should be disseminated to ensure equality of access for all carers, including those in rural and remote settings.

References

