



Private Mental Health
Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

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07/110

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Submission on Exposure Draft of Bill on the Access Card

The Private Mental Health Consumer Carer Network (Australia) [Network] represents people who receive treatment and care within private sector settings for their mental health problems or mental illness. We would like to make the following points relating to people with a mental illness in regard to the Access Card.

At this point in time in the consultation process, we would like to draw attention to the following matters.

Firstly, we believe that people with a mental illness, particularly psychotic type disorders, will need extra consideration. This is consistent with the same consideration already identified for indigenous Australians, refugees and those with an intellectual impairment.

Mental illness is often misunderstood because of its cyclical or episodic nature and people need additional assistance in these cases in navigating systems, particularly of the type provided by Centrelink. For people with psychotic type disorders such as Schizophrenia, living and dealing with their illnesses is particularly difficult.

Secondly, we believe the registration process also requires particular assistance for people with a mental illness. In particular the documentation required for Registration may be difficult for some people to provide.

We note that documentation/proof of identity will be required in two categories – *Commencement of Identity and Use of Identity*.

Commencement of Identity will require one of the following documents:

- Australian birth certificate;
- Australian passport;
- Evidence of Australian citizenship; or
- Foreign passport and a current Australian visa.

Whilst this seems a very reasonable requirement, people with a serious mental illness would find it difficult to arrange/obtain for example, an Australian birth certificate, apart from the costs incurred.

Use of Identity requires people to provide two of the following:

- Driver's licence;
- Tertiary identification card Department of Veterans' Affairs Gold Card;

- An account statement from an Australian financial institution,
- Rates notice detailing person's name and current address;
- Proof of age card; or
- Firearms licence.

Again, this requirement seems perfectly reasonable, however many people because of their mental illness or the medications required to manage their mental illness, are unable to drive, therefore a driver's licence may not be obtainable. Similarly, a very high number of people rent, live in public housing, hostels or reside with others therefore precluding rates notices etc. It is also not generally known, but owning firearms is illegal for people with a mental illness.

Probably the one item listed above which should be available would be a bank account statement, as the disability pension is payable into a financial institution account.

The Network notes that there will be procedures in place to cater for people who find it difficult to provide the proof required. We believe this should be a priority and would recommend set procedures be implemented in this regard as we believe the numbers of people needing assistance will be significant.

Thirdly, the Network supports the ability to include information on carers on both the card and the chip. Again we believe that mental illness has **not** been included as a circumstance in which this type of information could be included. People can be admitted to a mental health facility as an involuntary patient under the various jurisdictional mental health legislations (Mental Health Act), for example. The *Senate Select Committee Inquiry into Mental Health 2006* recommended that Advance Directives should be strongly supported by people with serious mental illness. Advance Directives identify not only the type of treatment and care preferred by an individual, but who should be included in decisions relating to that treatment and care.

The Network feels strongly that this could enable carers or significant others to be nominated and identified by a person with a mental illness, and this information could be included on any access card or chip as it will be with other types of carers.

This would go some way toward services engaging carers or significant others and enhance and inform treatment processes if this information could be accessed by that service.

The Network notes the privacy and confidentiality regulations around the content and access of information on the access card and chip. What we are unsure of is whether a mental health service or general practitioner could access this type of information.

We would welcome an opportunity of discussing the unique nature of mental illness and the impact this can have on an individual, with the Department of Human Services, Office of Access Card. We appreciate the opportunity of raising the above issues.

Janne McMahon
Independent Chair