

# Consumer feedback on the Victorian State Disability Plan 2017-2020

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## Contact

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## Introduction

The feedback presented in this submission was gathered from a focus group of cohealth consumers and carers held on 29 June 2016. This meeting was convened specifically for the purpose of providing consumers of cohealth's mental health community support services an opportunity to provide feedback about the Victorian State Disability Plan 2017-2020. The meeting was attended by nine participants.

The submission is in line with cohealth's commitment to placing community voices to the centre of public debates. We support and value our service user perspectives however they may or may not represent the views of cohealth Board or management.

Please see Appendix 1 for further information about cohealth.

## Consumer feedback on the discussion paper

### Active Citizenship

#### 1. Support major change of attitudes in boards, organisations, and the community

There needs to be increased community acceptance of mental health conditions in our community. There is existing prejudice among organisations and the community, people with mental health conditions are stigmatized. Example experiences include:

- Bus drivers not treating people with dignity or giving people time to pay their fare, get on/off buses.
- Participating in a local Men's Shed and constantly being asked about my health
- Discriminatory treatment by police

The Victorian Government should:

- Run a publicity campaign (including through social media) to:
  - Highlight (make visible) the abilities and activity of people with disabilities in current roles. This would give more visibility to what people are already achieving and doing as active citizens in sporting clubs, community organisations etc.
  - Shift the paradigm by focusing on ability rather than disability which promotes stigma. Focus on enablement and on how organisations and communities that are more inclusive benefit everybody.
- Provide funding for inclusivity
- Ensure that public service providers such as police and bus drivers are trained
- Increase employment of people with disability in public services such as the police.

The community and business sectors should:

- Train staff to treat everyone with dignity and respect
- Use advertising, marketing and promotion that makes clear that we are welcome
- More committees should include consumer perspective in equal numbers to other groups such as carers.

## 2. Provide support for people to participate in community, social and sporting activities and groups.

For some people with disability and their carers, struggling with the basics of life makes it hard to get involved. *"Many of us are carers too, I can't manage to attend."* Sometimes *"you're stuck on basics, how do you participate?"*

***"People's potential is being lost."***

To support people with a disability to participate in the community, skilled people are needed who understand their needs and can ensure that people are treated equally. This requires comprehensive training and skills in understanding people with a disability (not just a cert 4).

The community and business sectors should:

- Provide practical support for people., e.g., taxi vouchers
- Local councils could do more: use Community Buses, co-ordinate transport for people to participate (cheaper than taxi vouchers)
- Support people to get started in new activities (e.g., gym pass: 3 month membership)
- Be sensitive to each individual's support needs to fulfill their potential. *"Don't treat me like a retard or an idiot"*
- Provide mentoring to support and develop leadership potential

## Rights and Equality

### 1. Address stigma and discrimination – these are still all too common

People with mental health conditions still commonly experience discrimination and stigma. Even walking into a specialist mental health service can be a problem: *"It is stigmatising because everyone knows it's for mental health"*. Government services can fail to recognize and respond appropriately to the needs of people with mental health conditions: *"Centrelink staff don't bother to read my file, I get asked to leave because I am anxious."*

The media sometimes perpetrates inaccurate stereotypes about people with mental health conditions; actually they are more likely to be victims than perpetrators of violence.

The Victorian Government should:

- Run a publicity campaign (including through social media) to build empathy and understanding for people with mental health conditions. This is particularly important because mental health can't be seen; if you have a physical health condition you are visible.  
For example "A day in the life of..." to demonstrate how we can be constantly challenged by daily interactions: running into stigma getting on the bus, to interactions at work... A media campaign would have people question their own beliefs, and be thought-provoking.
- Fine media outlets for misreporting, discriminatory reporting in Victoria. Fines revenue to be given to promoting disability/ability

## 2. Provide education for carers and consumers

Carers and consumers should be supported to develop their understanding of their rights.

There should be clear complaints processes to address disadvantage:

- Visible, and openly encourage and support service user feedback
- If a complaint is made it should be reviewed and responded to in writing. If the matter cannot be resolved to both parties' satisfaction, escalation of the complaint should occur.
- Have a dedicated, independent peer worker who can accept and then lodge complaints rather than this person being someone who lives without a disability.

## 3. Identify and address the risk of family violence

Family violence is an important issue. There should be screening for family violence at services, for example: Do you ever feel fearful? *"I was not asked and I have never been asked."*

It can be difficult to leave a situation of family violence because *"you might leave into homelessness"*.

Any person believed to be the victim of alleged family violence should be supported to remain in the family home with as little disruption to the alleged victim, and any children, as possible.

Services should be targeted at the alleged perpetrator i.e. immediate rehousing with supports designed to ensure distance between the victim and perpetrator (alleged), and to support the alleged perpetrator to understand the gravity and impact of their actions.

## 4. Ensure that services are provided for people who are not eligible for the NDIS

Some people who are currently accessing state-funded mental health community support services will not be eligible for the NDIS because of their visa status.

The Victorian Government should ensure that people who are not eligible for NDIS services, due to their visa status, are provided with services to meet their health and social care needs.

## 5. Ensure rights to access services and housing are respected

Access to health services can be a problem for people with mental health conditions:

- When calling the Triage hotline, options are limited, especially after hours: *"If I'm not going to kill myself or someone else"*, then get directed to go to a hospital Emergency Department.
- *"When you attend Emergency: staff don't care, because if you're asking for help, therefore you don't need help"*

Mental health conditions/psycho-social disability is not included in the *Victorian Disability Act 2006*.

*"We are unable to apply for ISPs (Individualized Support Plans) as it is dependent on the Disability Act's definition of Disability. We are locked out of access to the Disability Register (which will be used to allocate NDIS funds) due to the Disability Act of 2006."*

In effect, the Disability Act discriminates against people with a mental health diagnosis. The Disability Act should be changed to judge disability by impairment or at the very least to include Chronic Mental Health Disorders."

Housing is a considerable problem for people with mental health conditions.

*"The foundation of a person's life is their home...There are currently almost 35,000 people on the Public Housing List and no new stock has been added since 2010. The government needs to fix the Public Housing, Community Housing and Social Housing sectors with urgency."*

## 6. Support people with disability to undertake advocacy

There is a need for increased community advocacy performed by service users.

Advocacy should be independent and voluntary, *"we can bite the hand because we're not beholden"*.

Boards and advocacy organisations that represent the needs of people with a disability should be comprised of people with a disability.

## Economic Participation

***"Through employment, it becomes 'we' not 'them versus us'."***

Increased employment of people with a disability would make workplaces safer and more inclusive – **everybody benefits**. But transitioning to work is a considerable concern for people with a disability. The system is not geared to being supportive. If people are well supported, employment is sustainable. Many people with mental health conditions are not able to work in their previous field of employment, where they were qualified and experienced.

### 1. Address the financial disincentives for individuals taking on paid employment

Taking on paid work can have adverse consequences for people's financial situation – which is exactly the opposite of what should happen when people work: *"if you choose to work, you lose your payment"*.

This is due to effects on benefits received, not just support payments but other benefits such as rent assistance: *"because my housing costs were raised I was earning less than I was before"*. The amount of rent to be paid increases once people start earning an income, on a sliding scale: public housing, social housing and community housing currently sets rents at 25% of income if you are on the DSP; while if you return to full-time work you must pay 75% of market value in rent.

The Victorian Government should:

- Ensure affordable housing for people with disability. This includes making housing affordable for people on DSP. People living with a disability who are able to return to full time employment should have their Public Housing, Social Housing, or Community Housing rents capped, noting that the percentage of gross income paid on rent that is usually considered affordable in Australia is less than 30%.
- Invest in public housing, social housing and community housing.

Ensuring an adequate level of income (through affordable housing) for people with disability has flow-on effects to the wider community as well. Providing affordable housing frees up income to spend in local businesses and participate in the community more broadly, through local social and recreational activities. *"We will spend our meagre income locally and we may choose to do unpaid work."*

There could be increased flexibility around accessing Superannuation to improve people's financial situation. *"If I take out early super I can get a car and do more."* The Superannuation system is very complex – the rules keep changing around early access/exemptions to access your Super early.

## 2. Support the transition to the workforce

The Victorian Government should:

- Provide counseling to support people to get back into work and during the first days/weeks and months of recommencing work. This counseling should focus on supporting the individual and should be tailored around their needs. It would also focus on getting the individual 'job ready', and setting up transition to work arrangements
- Provide financial incentives: to encourage employment of people and set targets/quotas for employment of people with a disability
- Provide incentives/assistance to workplaces to make them accessible for people with a disability
- Provide assistance to individuals to purchase equipment/clothing and material that is essential to perform certain work (technology, aides, clothing, tools etc.). This could be achieved by allowing people who receive the DSP to keep 100% of money earned on top of DSP throughout the transition to work stage. This would positively reinforce that work = financial gain and greatly enhances people's ability to actively contribute to their community.
- Have government-employed liaison officers who could visit individuals/managers and employers to discuss disability needs and issues that arise relating to people with a disability and a given workplace.
- Ensure Disability Employment Services provide a high quality, sensitive service. Disability Employment Services are a mixed bag. Some people have found work through them. Some have had negative experiences: *"they expected me to work 30 hours despite my GP saying I was not fit to work those hours"*. These services need to recognize that not every position is suitable. There's an implied view from the service provider that "You should be lucky to get a cleaning job"
- Supportive innovative practice to help people make the transition. For example the "Car Wash" program at cohealth provided mental health community support service users with a TAFE-accredited qualification and allowed them to earn a bit of extra money, and meet other people. [The program was a pilot program which ran a car wash service for cohealth vehicles, operated by cohealth service users with training and support.]

## 3. Provide positive/proactive supports for economic participation

The Victorian Government should:

- Provide guidelines about creating flexible workplaces

- Provide assistance to employers to provide people with a disability with education and up-skilling following commencement in employment. Especially so that people don't lose their position after "traineeship funding" runs out.
- Fund more positions that utilize lived experience
- Investigate increased legislative protection to support people with a mental health condition, such as mandating employment of people with a disability through quota or targets (and resourcing employing organisations properly). Any mandating would need to be balanced with the potential for this to increase the stigma associated with having a disability/mental health condition.
- Support access to non-employee forms of economic participation: Building opportunities for microbusinesses so people can run their own (e.g. creating care packages to be sent overseas); and providing business mentoring
- Support the establishment of peer support groups, to recognise that people have a disability and then provide spaces where people feel free to disclose their needs and experiences of living with a disability.

Employers should:

- Provide core training to staff around disabilities in the workplace: treating people with respect and appropriate support
- Ask people: "What do you need?" Do not assume you (the organisation) know what is best for the person.
- Create more positions that utilize lived experience
- Consider job sharing arrangements, where one person with a disability shares a job with a person - or multiple persons - without a disability. The person, or persons, without a disability are aware of the situation and are capable of covering for the person with a disability if they are, for whatever reason, unable to work.
- Re-think the requirements around paperwork for absences for workers with a mental health condition or in a caring role. Having to provide a certificate for each day of absence from work is challenging for people with mental health conditions and for carers. Having to obtain certificates for work absence is a reminder that people had a condition/disability; and is costly and time consuming. If employers know that people have certain conditions/disabilities that make it difficult to work, from time to time, then these individuals should be exempt from the process of having to obtain certificates for each period of leave.

## Conclusion

This group of consumers and carers had many suggestions as to how government, businesses, and community organisations could better support people with mental health conditions to participate in social, community, and economic activities.

Two key themes were particularly prominent: the need to address housing affordability; and the importance of positive language which focuses on people's abilities rather than disability. As a final suggestion, we propose that the Victorian Government consider an alternative title for the next State Disability Plan which reflects and reinforces this change of focus to a more enabling and inclusive outlook.

## Appendix 1: About cohealth

cohealth is a not-for-profit community health service operating across the north and western regions of Melbourne. cohealth provides an *integrated platform* of health care and social support services. This integrated platform includes medical, dental, allied health, counselling, mental health, health promotion and prevention, youth services, community support services and other programs to promote community health and wellbeing. These services are delivered from over sites across 14 local government areas in the north and west of Melbourne.

Our service offering includes mental health community support services in the northern and western regions, as well as other mental health services funded by the Commonwealth Government. In addition cohealth undertakes catchment-based planning for mental health community support services in the North West Metropolitan Region.

cohealth prioritises people who experience disadvantaged social circumstances and who are consequently marginalised from many mainstream health and other services. This includes people who are homeless or at risk of homelessness, people who live with serious mental illness, vulnerable families, Aboriginal and Torres Strait Islanders, refugees and asylum seekers, people who use alcohol and other drugs, recently released prisoners and LGBTI communities.

cohealth's approach is based on human rights<sup>1</sup> and a social model of health. We believe that health services should be provided to individuals and communities that are locally based and tailored to the community through a process that involves the community in the design of services. This response is founded on an empowerment model which emphasises the rights of communities rather than the needs of communities.