

Welfare Review of the Disability Pension

I submit the following points that I consider important in this Review. Politicians have noted in particular, people with mental illness/disability being able to "work between episodes" and to make them a target group for review.

It is obvious and easy to recognize and review capabilities of obvious physical disability and recognized conditions e.g. Downs Syndrome.

I draw your attention to the difficulty of ascertaining the complexity of a long term mental illness. These people have often established regular long term clinical relationships which allows them to manage their lives with some stability. When they are stable and well managed they are often able to continue in the workforce, with the support of their regular Practitioner.

When there are extra demands that cause anxiety e.g. lack of clinical support, financial demands, and work expectations they find hard to meet. Anxiety results. Increased demand to the Police, Emergency, and Health Services and at worst suicide follow. In fact their stability makes them appear to be better than they are.

If required to be reviewed by independent practitioners these people may present well because of their stable management. Nobody wants to say they have a mental illness and discuss the symptoms with a stranger. Therefore the opinion and reviews of their regular medical practitioner should provide sufficient information for Pension review.

If pension arrangements are changed after a single review with an unknown medical practitioner people with mental illness may begin the downhill spiral to instability caused by increasing anxiety because of the demands made on them.

I think their regular clinician should provide the review.

I believe very great care should be taken in this review and consideration to the reality of mental illness.

Yours Sincerely

Elizabeth Thomson

