



Falling through the cracks

CENTRELINK, DEEWR AND FAHCSIA:
ENGAGING WITH CUSTOMERS WITH A MENTAL
ILLNESS IN THE SOCIAL SECURITY SYSTEM

September 2010

Report by the Commonwealth Ombudsman,
Allan Asher, under the *Ombudsman Act 1976*

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EXECUTIVE SUMMARY

The delivery of services to people with a mental illness has long been acknowledged as a challenge by both government agencies and non-government organisations (NGOs). This is especially relevant to the social security system, which delivers payments and services to more than six million Australians every year, many of whom are affected by mental illness.

The term ‘falling through the cracks’ is used here to describe the risks presented by not implementing best practice in our social security system when it comes to servicing people with a mental illness.

The Ombudsman’s office has received complaints from people living with a mental illness who have experienced difficulty when interacting with Centrelink and employment service providers (ESPs). Some of these problems include:

- being required to comply with payment conditions that do not allow for the limitations posed by the customer’s illness
- being subjected to communication or claim arrangements that do not take into account the barriers posed by the illness
- being required to re-tell their ‘story’ to each new person they encounter in the system.

Our investigation has revealed that it is clear the agencies involved do focus, wherever possible, on providing discretion for staff to adjust requirements of customers who require flexibility as a result of a mental illness. It is our experience that, in many instances, staff in the social security system do a good job of using the flexibility in the system (or moderating expectations) to achieve outcomes for customers.

However, we have identified four key areas where procedures and policy could be further developed to ensure staff are encouraged and equipped to better match services and payments to customer circumstances and reduce distress and disadvantage. Specifically, we suggest:

- greater consideration of a customer’s barriers to communication and engagement
- increasing training and opportunities for staff to identify customers with a possible mental illness
- encouraging customers to disclose a mental illness or associated difficulties with communication
- more transparent recording of information about a customer’s illness or barriers.

This report makes 11 recommendations to address these issues. The first six recommendations are aimed at improving the delivery of services to affected customers. The next four recommendations would enhance the ability of the social security system to identify customers who would benefit from these services, and the final recommendation would see staff provided with additional training to support them in identifying and servicing this vulnerable customer group.

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Four relevant agencies were invited to comment on a draft of this report—Centrelink; the Department of Education, Employment and Workplace Relations (DEEWR); the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA); and the Department of Human Services (DHS). Centrelink, FaHCSIA and DHS agreed with all 11 recommendations, while DEEWR agreed with all but one recommendation (recommendation 5). All agencies indicated their commitment to working to ensure customers with a mental illness are provided with appropriate services and support.

The Ombudsman asks that each agency provide a status report on the implementation of relevant recommendations six months after publication of this report.

PART 1—INTRODUCTION

Background

1.1 It is expected that 45% of Australians aged between 16 and 85 will experience a mental disorder in their lifetimes, and 20% will experience symptoms in a given twelve month period.¹

1.2 Many people living with a mental illness² are able to manage their symptoms with minimal impact on their personal relationships, accommodation or employment. For others though, the challenges that their mental illness presents means that they require practical assistance from government (and non-government) agencies to meet their basic living needs.

1.3 Centrelink delivers payments and services on behalf of the Australian Government to more than six million customers on an ongoing or intermittent basis. Although it is difficult to quantify how many have a mental health condition, in its discussions with the Ombudsman's office Centrelink advised that mental illness is recorded as a primary or secondary health condition for a large number of its customers. The experiences of Centrelink staff indicate that there are many more customers who have undiagnosed or undisclosed mental health conditions.

1.4 In order to receive an ongoing income support payment or pension, most customers are required to engage with Centrelink, either on a regular or as-needs basis. Those customers receiving a participation payment³ are generally also required to be in contact with an employment services provider (ESP). Most participation payment customers are referred to a Job Services Australia (JSA) provider who assists them prepare for and seek employment. Customers who require additional support and/or ongoing support to obtain and maintain employment may be referred to a Disability Employment Services (DES) provider.

1.5 For the purposes of this report, we have referred to Centrelink and ESPs collectively as 'the social security system'.

1.6 Complaints to the Ombudsman's office show that for many people experiencing mental illness their interactions with the social security system can be difficult and distressing. This report examines the reasons why this might be the case and considers actions that the agencies involved are taking, or ought to take, to reduce the risk of these customers 'falling through the cracks'.

1.7 It is important to note that the spread of responsibility for social security policy and procedures means that the comments and recommendations arising from this report impact on four government agencies. These are Centrelink; the Department of Education, Employment and Workplace Relations (DEEWR), the Department of

¹ National Survey of Mental Health and Wellbeing: Summary of Results 2007, Australia, Australian Bureau of Statistics.

² In this report we have used the term 'mental illness' to cover the full range of mental health disorders, from specific diagnoses like schizophrenia and bi-polar affective disorder to more generalised conditions like affective and anxiety disorders.

³ A payment that requires the customer to undertake study, training or employment in order to maintain their eligibility.

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Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Department of Human Services (DHS).

1.8 While Centrelink and ESPs are responsible for the delivery of social security payments and services, the bulk of the responsibility for developing the policy underlying these payments and services lies with the two policy departments, DEEWR and FaHCSIA.

1.9 DEEWR advises the Government on some elements of social security legislation and determines some social security policy. In doing so DEEWR develops policy guidance for these functions, and is responsible for engaging and overseeing the services delivered by ESPs.

1.10 FaHCSIA has policy responsibility for income support payments for carers and people with a disability, and advises the Government on related legislation and develops supporting policy. It does not have any service delivery responsibility in the social security arena.

1.11 DHS provides a central policy and coordination role for the delivery of services across the Human Services portfolio, including Centrelink.

Aim

1.12 In conducting this investigation, we examined the legislation, policy and procedures of the social security system, and how agencies and contracted providers deliver services. We aimed to:

- assess the capacity of the system to adequately identify and service customers with a mental illness
- make recommendations for improvement.

Methodology

1.13 The Ombudsman's office analysed complaints and current social security policy relating to payments and services for customers with a mental illness. We sought input from non-government organisations with experience dealing with this customer group. Our investigation also considered studies previously undertaken into this topic by government and non-government organisations.

Scope

1.14 Although much analysis and discussion has already taken place about service delivery to customers with a mental illness, the topic continues to be an area of particular challenge with no clear solution in sight. In this sense, it could be said to be a 'wicked' problem.⁴

1.15 Being mindful of the breadth of issues that this report could potentially cover, the Ombudsman's office has chosen to avoid a broad and potentially superficial approach, opting instead to narrow the scope of our investigation and recommendations to a few key issues. We have looked into real life examples to arrive at useful comments and recommendations on public administration. The focus is on the issues directly related to service delivery by Centrelink and ESPs to customers with a mental illness.

⁴ A problem that is highly resistant to resolution—see *Tackling Wicked Problems: A Public Policy Perspective*, Australian Public Service Commission, 2007.

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1.16 Our report relates to both those customers who have been diagnosed and/or willingly identify as having a mental illness, and those customers who lack awareness of their condition but who Centrelink, or a contracted service provider, has a reasonable basis to believe may have an undiagnosed or undisclosed mental illness.

1.17 There are some related areas our office has chosen not to address in detail in this report, and they are:

- the role of nominees
- the role of carers
- the role and effectiveness of the Job Capacity Assessment (JCA) process
- eligibility criteria for disability support pension.

1.18 These issues have either been investigated by the Ombudsman's office in previous reports,⁵ or were considered too sizeable to be given adequate analysis in this investigation.

⁵ *Implementation of job capacity assessments for the purposes of Welfare to Work initiatives*, June 2008.
Assessment of claims for disability support pension from people with acute or terminal illness, March 2009.

PART 2—OVERVIEW OF THE CHALLENGES

2.1 Both government agencies and non-government organisations alike agree that engaging with and delivering services to customers with a mental illness is a difficult task. Some of the particular challenges are outlined below.

Case study: Repercussions of an inability to engage

Ms A has made a number of complaints to the Ombudsman's office about Centrelink over a period of three years. In the course of these interactions Ms A's erratic behaviour and difficulty engaging in a rational or reasoned conversation have led Ombudsman staff to conclude it is likely Ms A has an undiagnosed mental illness. Centrelink staff share this view.

Over the past three years Ms A has claimed a number of payments from Centrelink, but these claims have generally been rejected on the basis that she is not eligible for the particular payment type or she has not provided sufficient information to allow Centrelink to assess her entitlement.

Attempts by Centrelink and community organisations to assist Ms A to complete a valid claim have rarely been successful, and sometimes have resulted in Ms A refusing to engage with staff any further. Ms A cannot or will not provide Centrelink or the Ombudsman's office with a contact telephone number, and her residential address has changed frequently. This means that Centrelink has been unable to contact Ms A, either by telephone or in writing.

2.2 Although there is no typical customer with a mental illness, Ms A's case demonstrates some of the common 'cracks' (or risks) for customers when they are unable to engage effectively with the social security system. Particular risks we identified for individuals such as Ms A were:

- refusal of a payment or service as a result of an inability or unwillingness to satisfy claim or eligibility requirements despite in fact being eligible
- communication and/or servicing arrangements that fail to accommodate a mental illness
- denial of access to adequate services because a condition is overlooked, or the individual is seen as being unreasonable or irrational
- a requirement to re-tell their story to every person they encounter in the social security system.

2.3 Other risks we identified in our investigation of complaints include:

- suspension or cancellation of payment resulting from non-compliance with conditions
- the grant of an incorrect payment
- the requirement to comply with payment conditions that are incompatible with an illness
- being unwilling to accept a more appropriate payment.

2.4 Many of these service gaps are the result of inherent presumptions that all customers will behave with regularity and predictability. This can be seen in the

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limited flexibility and individual discretion that are built into the social security law and service delivery mechanisms.

2.5 Our report looks at how the social security system works to address these issues and suggests ways in which customers with a mental illness can be protected from unnecessary distress or inequitable outcomes.

2.6 We have identified two major groups of risk, or challenges—interaction and identification.

2.7 In our view, for any organisation to service customers with a mental illness effectively, both the identification and interaction phases of contact must work in tandem. There is little point in having staff who excel in identifying customers requiring additional or alternative assistance as a result of mental illness, if there is not also an effective system for providing such assistance, and vice versa.

PART 3—CHALLENGES OF INTERACTION

3.1 Our investigation revealed that the social security system has reasonable policies and procedures in place to enable staff to tailor their interactions with a customer by taking into account the barriers their mental illness might impose. The current arrangements are outlined in this section, along with some areas where additional attention might be warranted.

General service delivery

3.2 Of the many interactions Centrelink and ESP staff have daily very few, even when dealing with customers with a mental illness, would be remarkable. A challenge arises, however, when a customer's mental illness affects their ability to communicate effectively, or causes them to behave in an irrational or unreasonable manner.

3.3 In fact, information provided by non-government organisations in the course of our investigation suggested that for many people with a mental illness, the most significant challenge is not so much in what Centrelink expects them to 'do' to receive their payment, but in the expectations of the way in which they will engage with the social security system itself.

CHALLENGE—Communication

3.4 Income support recipients engage with Centrelink and ESPs in a range of ways including in person, by telephone, in writing and via the internet.

Outgoing communication

3.5 Information provided to our investigation by non-government organisations indicates that some customers with a mental illness have difficulty with, or are overtly threatened by, certain methods of communication. Examples include: a customer experiencing paranoia might refuse to answer a telephone call from an unidentified number. A customer with agoraphobia or an anxiety disorder might have difficulty attending an office where they will encounter a large number of people. In other instances our research suggests that customers with a mental illness find the tone and content of some Centrelink's letters threatening or distressing—especially those dealing with a debt or fraud investigation.

3.6 At present, Centrelink has a single set of guidelines in e-Reference⁶ (*008.07530—Customers with mental illnesses*) that specifically addresses the general delivery of services to customers with a mental illness. While this document suggests that staff consider an alternative means of conducting business with the customer, it does not provide guidance regarding how the staff member would determine the most appropriate communication method. Centrelink customers have a range of communication options available to them including: appointing a correspondence nominee, seeking information solely in writing, and communicating only with a social worker. However these options are not always openly advised.

3.7 Centrelink's e-Reference similarly does not advise staff how they can assess whether it might be appropriate to implement a particular type of communication. If alternative communication methods are put in place, other considerations might be:

⁶ 'e-Reference is Centrelink's endorsed customer service reference tool and must be complied with by all Centrelink employees'—excerpt from front page of e-Reference.

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- if the alternative arrangement is ongoing or temporary
- how to record an arrangement to ensure other staff members abide by it.

3.8 Some additional guidance to staff would ensure mutually beneficial arrangements could be readily identified and recorded. This would reduce the risk that a customer's mental illness might cause them to miss out on vital information, services or entitlements, while at the same time protecting them from unnecessary distress or bureaucracy.

3.9 While DEEWR has a set of training modules for ESPs that focus on assessing jobseekers' needs and tailoring their services accordingly, it does not appear to provide specific advice regarding appropriate communication methods.

3.10 **Recommendation 1** proposes that Centrelink and DEEWR (for ESPs) expand service delivery procedures so that staff will consider whether a customer's mental illness is limiting good communication; and whether alternative methods of making contact or engaging with a customer might be more appropriate. (See Part 5, Recommendation 1.)

3.11 We acknowledge that the social security law requires that customers be given written notice of certain decisions, particularly those for which they have review rights. Any potential strategy would therefore need to work in tandem with the legislative requirements. By way of example, it may be appropriate in some instances to telephone a customer to advise them of a decision before sending a letter. This would allow the customer to prepare for receiving the letter, or even for the customer to ask Centrelink to send the letter to someone else on their behalf.

Incoming communication

3.12 The type of arrangement suggested above would also greatly assist in instances where a customer with a mental illness contacts Centrelink or an ESP in an irrational or confused state, and cannot be easily understood.

3.13 In such cases, if the staff member is unaware of the customer's circumstances and the customer cannot articulate their concerns, there is a very real risk that the contact will be unproductive and may even be terminated. This is a waste of both parties' time, and will likely be very distressing for the customer. It also exposes the customer to the risk of serious flow-on effects such as suspension or cancellation of their payment, especially if they are subject to participation and/or reporting requirements.

3.14 Where Centrelink or an ESP identifies a customer as needing additional support, special contact arrangements for that customer may be appropriate. This might not apply to every customer with a mental illness, or even to every interaction for a particular customer. Rather, it might be more appropriate to specify that wherever the Customer Service Adviser (CSA) or Call Centre Officer (CCO) is unable to assist the customer, they should be referred to another officer.

3.15 Depending on the customer's particular circumstances and who is familiar with their file, it may be appropriate to nominate a Social Worker, a Senior Customer Service Adviser (SCSA) or a Customer Service Centre (CSC) manager as the appropriate contact. When determined, the contact arrangement should be recorded clearly on the customer's electronic file in a way that would not cause offence to the customer if they saw it or it was read to them by a staff member.

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3.16 We are aware that both Centrelink and DEEWR currently have guidelines in place that allow staff to make ‘alternative servicing arrangements’ for a customer where they present with aggressive or inappropriate behaviour. These arrangements may include allocating a particular member of staff as the customer’s main contact, requiring the customer to attend a particular office or, where the circumstances warrant, withdrawing face-to-face contact entirely.

3.17 Although these policies have had a more restrictive focus, aimed at ensuring the safety of staff and other customers, it is our view that the arrangements could be expanded to give staff flexibility to identify customers with a mental illness and implement special arrangements to communicate more effectively with them. Indeed, we have identified instances where Centrelink has implemented alternative servicing arrangements for customers with a mental illness, in an effort to provide them with better service.

Case study: Communication frustration

Mr B complained to the Ombudsman’s office about Centrelink’s assessment of his claim for a disability support pension. In the course of outlining his complaint Mr B also highlighted that his bi-polar disorder was affecting his ability to deal with Centrelink in a calm manner.

The Ombudsman’s office suggested that Centrelink might address Mr B’s frustration by allocating a central point of contact for him. Centrelink agreed to do this.

3.18 Although Centrelink clearly made efforts to assist Mr B, it was not clear whether, in offering this special arrangement to him, Mr B was advised that he was not limited to contacting only those people nominated in the special servicing arrangement. These special contact arrangements should be carefully communicated to customers to ensure they are not unnecessarily disadvantaged or distressed by an arrangement that is otherwise designed to assist them. It is important that, in offering and implementing these arrangements, the focus is on the customer’s needs.

3.19 **Recommendation 2** suggests that a customer with a mental illness must be made aware that any special contact arrangements in place are for their benefit and can be changed if they choose. (See Part 5, Recommendation 2.)

‘Level’ of service

3.20 The nature of many types of mental illness is such that customers may have difficulty comprehending their rights and entitlements. They may also lack the confidence or ability to engage with the social security system to pursue a review or correct an error.

Case study: Personalised service required

Mr C complained to the Ombudsman’s office about Centrelink’s decision to refuse his claim for compensation for lost entitlement to income support. Mr C alleged that, despite being deemed temporarily incapacitated, Centrelink required him to undertake job search activities. His medical conditions prevented him from completing these activities and his attempts to have these requirements changed were unsuccessful. Mr C advised he felt he had no option but to request that Centrelink cancel his entitlement.

Centrelink refused Mr C's compensation claim for the lost benefit, advising that he should have sought a formal review of his activity requirements rather than request cancellation of his entitlement.

After investigation we asked Centrelink to reconsider Mr C's compensation claim on the basis that Mr C's mental illness was not taken into account and had impeded his ability to pursue a formal review. Centrelink subsequently decided to offer Mr C partial compensation in settlement of his claim.

3.21 This case study demonstrates a situation where staff applied a normal standard of service to a customer who probably required a more personalised approach. In our view, the medical information Centrelink had on file about Mr C would indicate he should have been advised of his review rights and encouraged or assisted to exercise these rights.

3.22 We believe many Centrelink or ESP staff are willing to provide additional assistance in situations like these. However, there is still a major obstacle and that is identifying customers who require additional support (see Part 4 of this report).

3.23 **Recommendation 3** proposes that Centrelink and DEEWR expand existing service delivery procedures, so that where staff identify that a customer's mental illness may hinder them from pursuing a beneficial course of action, the customer is given additional advice and support. (See Part 5, Recommendation 3.)

CHALLENGE—Identifying and assisting claims for the right payment

3.24 There are two types of payments that may be available to a customer with a disability such as a mental illness:

- non-participation payments such as Disability Support Pension (DSP) and Age Pension. These are paid at a higher rate and do not require recipients to undertake participation activities to maintain their entitlement
- participation payments, such as Newstart Allowance, Parenting Payment and Youth Allowance. These are generally paid at a lower rate (with the exception of Parenting Payment) and require recipients to do certain participation activities (such as job search, study or training) to maintain their entitlement.

3.25 The qualification criteria for these payments are set out in the social security law, and require that Centrelink have regard to a number of factors including the customer's age, level of disability and capacity to undertake participation activities.

3.26 Ensuring customers with a mental illness receive the correct payment is challenging for four key reasons:

- many customers have extreme difficulty completing the claim process
- some customers lack insight into their condition or they are unwilling (or unable) to provide medical evidence to support a claim for a non-participation payment
- some customers, despite acknowledging a mental health condition, do not consider they have a 'disability' and are therefore resistant to claiming DSP
- the episodic nature of some mental illnesses mean that a customer might be best suited to receiving a participation payment in the normal course of

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events, but at other times their illness may prevent them from complying with the payment requirements.

New DSP regime

3.27 Centrelink and the policy departments have long acknowledged that a customer's own condition may prevent them from obtaining the most suitable payment. In an attempt to overcome this difficulty, from 1 July 2010 Centrelink implemented a new service delivery approach for customers with a mental illness who cannot or will not obtain medical evidence to demonstrate a reduced or nil capacity.

3.28 The new approach allows Centrelink-registered psychologists to conduct a specialist assessment of a customer's condition in the absence of medical evidence from their treating doctor. These assessments will be based on the psychologist's observations of the customer and the customer's own responses during interview, and may also take account of information provided by hospitals, social workers, non-government organisations and local mental health teams.

3.29 So far it appears that this procedure will go some way to addressing the challenge of correctly evaluating customers' entitlements. However, one reservation we have is whether the assessors conducting these assessments will be able to glean sufficient information about the customer's situation to enable them to be satisfied their condition is 'fully diagnosed, treated and stabilised' in accordance with the social security law. This is the threshold that must be met in order to score a customer's incapacity under the impairment tables in order to grant DSP.

3.30 It is not clear to us how an assessor could determine that a customer's condition is treated and stabilised if they have never been treated, and in fact are resistant to diagnosis. Centrelink's advice to us on this matter was that discretion in Schedule 1B⁷ of the *Social Security Act 1991* would allow Centrelink to deem a condition had been 'treated'—even if it had not been—if it formed the view that the nature of the customer's mental illness was such that it would not be reasonable or productive to compel them to undertake treatment.

3.31 However, the relevant sections of the *Guide to Social Security Law* do not clearly explain how an assessor could form a view that a condition could not be treated, or would not result in an improvement in the customer's condition, where no attempts at treatment had been made or proposed. We note that the Guide to Table 6 of the impairment tables advises:

In determining whether the psychiatric disorder has been fully treated and stabilised, one should consider whether the person has received optimal and 'reasonable' psychiatric treatment and whether with or without such treatment, the person's level of function will improve within two years ... If optimal treatment has not been undertaken, it should be determined whether the person has a reasonable medical or other compelling reason for not doing so. For example, the person may have a psychotic illness that impairs their insight and ability to make sound judgements and this may affect their compliance with treatment.

3.32 It is apparent that Centrelink and the policy departments are making efforts to allow for greater decision-making discretion to ensure that customers are not unfairly disadvantaged by the intersection of strict legislative requirements and a mental

⁷ Tables for Assessment of Work-Related Impairment for Disability Support Pension (the impairment tables).

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health condition over which they may have little or no control. The relevant sections of the *Guide to Social Security Law* should be updated to reflect the discretion outlined in the Guide to Table 6 to determining whether a customer's condition meets the 'fully diagnosed, treated and stabilised' criteria for DSP.

3.33 **Recommendation 4** proposes that Centrelink and DEEWR coordinate the updating of the Guide to Social Security Law to ensure that it appropriately supports the special procedure for assessing customers who are unwilling or unable to provide medical evidence as a result of their mental illness. (See Part 5, Recommendation 4.)

3.34 Even with this more flexible approach, there will still be customers who are resistant to any process which label them as disabled or having special needs. Despite the best efforts of Centrelink and ESP staff to 'market' the Job Capacity Assessment (JCA) process and more generous payments, it is probable that some customers will remain resistant. This can be viewed as symptomatic of the customer's condition. The key question then, is what can Centrelink and ESPs do with these customers who continue receiving a participation payment to ensure they are not unnecessarily compelled to undertake rigorous participation activities or subjected to compliance penalties.

Participation requirements

3.35 When a customer receives a participation payment (and does not have a temporary incapacity exemption, as discussed below), they are required to engage in participation activities, such as employment, training or study. The type, number and frequency of these participation activities can be adjusted by Centrelink and ESP staff to take into account the customer's individual circumstances. The main considerations are: the customer's payment type, age, medical conditions (or other barriers to participation), and their assessed capacity to participate. An Employment Pathway Plan (EPP) is drawn up stating the agreed activities and any support to be provided by the ESP. The EPP is negotiated between and signed by the ESP and the customer.

3.36 Both Centrelink and DEEWR (for ESPs) have guidelines that advise staff on the need to ensure a customer's EPP is tailored to them and takes into account their individual circumstances. Attention is given to:

- identifying the types of activities that are suitable for different groups of customers
- tailoring EPPs for customers with a reduced capacity or barriers to work
- negotiating EPPs with customers.

3.37 Ensuring that a customer's EPP accurately reflects their capacity and capabilities is crucial. The aim is to safeguard against inappropriate and distressing compliance action.

3.38 A further safeguard, especially for customers with episodic conditions, is the availability of temporary incapacity exemptions. Where a customer is receiving a participation payment and experiences a bout of illness or incapacity, they may obtain a medical certificate from their doctor and seek an exemption from the requirements of their EPP for the agreed period.

3.39 If customers present a number of medical certificates, or certificates covering substantial periods, they may be referred by Centrelink or their ESP for an assessment of their temporary or ongoing work capacity. Based on the results of this

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JCA, the customer may be encouraged to claim a non-participation payment or may have their EPP adjusted to accommodate their changed capacity. This process is discussed further at 4.8.

Reporting requirements

3.40 All customers receiving a social security payment are required under the law to advise Centrelink of any changes in their circumstances that might impact on their ongoing qualification for payment. This includes declaring employment income, notifying changes in relationship status or living arrangements, and providing details of any overseas travel.

3.41 Where a customer is receiving a participation payment, they are generally required to report to Centrelink on a regular basis and provide information on their activity requirements (for example, the number of job search attempts they made during the period) and declare any income earned. Customers will generally not be paid until they complete their reporting requirements.

3.42 These reports are usually lodged fortnightly. Customers with a temporary reduced capacity to work and those covered by temporary incapacity exemptions may be allowed to report less frequently. Centrelink has procedures in place to guide staff about the circumstances in which less frequent reporting may be appropriate and the way it should be done (written, telephone, internet etc).

Specialised contacts

CHALLENGE—Minimising unnecessary distress

3.43 There are a number of transactions conducted by Centrelink, and to a lesser extent ESPs, that are potentially difficult, complex and confronting for the customers involved. The likelihood of such distress is arguably increased for customers with a mental illness who may already be prone to anxiety, paranoia or feelings of persecution.

3.44 We have therefore examined the way in which the following processes are managed when a customer with a mental illness is involved in activities related to:

- compliance
- fraud investigation and debt recovery.

Compliance

3.45 Where a jobseeker is engaged with an ESP and fails to comply with the requirements of their EPP, the provider must consider whether it is appropriate to lodge a Participation Report (PR) with Centrelink. If a PR is lodged and then a participation failure is imposed by Centrelink, the customer may be penalised in a range of ways, from being required to undertake 'make-up' activities, to losing payment for a period of days or weeks.

3.46 Both DEEWR (for ESPs) and Centrelink have written procedures in place to guide staff in considering a customer's circumstances when deciding whether to submit a PR, or apply a participation failure.

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Considerations for lodging a PR

3.47 When an ESP identifies that a customer has failed to comply with a requirement of their EPP, they must consider whether to submit a PR to Centrelink. The guidelines require that, in making this decision, the staff member must consider whether:

- lodging a PR is the best avenue via which to encourage the customer to re-engage
- the customer had a reasonable excuse for failing to comply with the requirement.

3.48 In the case of a customer with a mental illness, if the ESP is satisfied the failure was caused by or was reasonable in light of the illness, the guidelines direct that a PR must not be submitted. This is a further safeguard against inappropriate compliance action.

Considerations for imposing a participation failure

3.49 If a participation report is lodged, Centrelink must then determine whether a participation failure (and, where applicable, a penalty) should be applied. In making this determination, the officer is required to consider whether:

- the customer is able to demonstrate they had a reasonable excuse for failing to comply with the requirement
- the customer's record reflects any vulnerability indicators that may be relevant to the particular failure.

3.50 The procedures for assessing non-compliance require an officer to contact the customer, seeking their comments on the PR. The officer should ask whether the customer had a reasonable excuse for the non-compliance. Where a customer's actions (or inaction) are a result of an already disclosed mental illness, this contact provides them with an opportunity to explain the connection to Centrelink. In the event of a new or episodic illness, the contact enables the customer to highlight this condition and provide medical evidence if it is available.

3.51 Centrelink's procedures direct that the customer be contacted via telephone in the first instance. This would make sense given that delays in resolving these matters may result in the customer remaining 'disengaged' from their ESP and incurring increased penalties.

3.52 However, the procedure does not appear to consider (as we outlined in Communication above) that a customer suffering from a mental illness may not be able or inclined to engage with Centrelink at that time. Direct contact may not be appropriate in such cases. Rather, contacting a nominee or a social worker might be a better course to take. Alternatively, written contact may be preferable to using the telephone.

3.53 It is this need to carefully consider how best to contact a customer with a mental illness which leads us to **Recommendation 5**—that the customer contact must be appropriate to the circumstances and that amendments to Centrelink's and DEEWR's procedural instructions could be incorporated into the broader policy around communication with customers with a mental illness. (See Part 5, Recommendation 5.)

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Fraud investigation and debt recovery

3.54 There may be instances where Centrelink finds it necessary to instigate fraud investigation and/or debt recovery measures against a customer with a mental illness.

3.55 As we have already highlighted, the risk of distress for customers with a mental illness is arguably higher than that for the broader customer group. In turn, it is essential that safeguards are built into the process to ensure that they are not unnecessarily targeted or affected by these measures.

Fraud investigation

3.56 Centrelink's current *Fraud Investigation Manual* directs officers to consider whether the customer has a mental illness when deciding the forum in which to conduct an interview. Where an officer is aware that a customer has a mental illness and decides to undertake an interview, they are advised to arrange for a social worker to be present, and to ensure the customer is advised they are permitted to have a support person with them during the interview.

Debt recovery

3.57 When we examined Centrelink's debt recovery procedures (detailed in e-Reference) we were unable to identify any advice to staff to consider a customer's personal circumstances, including whether they have a mental illness, before proceeding to notify them of a debt or commencing recovery. Anecdotal evidence suggests that customers who are experiencing symptoms of mental illness may:

- have difficulty understanding the reason for the debt
- have difficulty understanding, or pursuing, the options available to them for seeking a review or negotiating repayment
- refuse to accept the debt is valid and/or refuse to discuss repayment.

3.58 These difficulties could result in the customer:

- experiencing heightened symptoms of anxiety or paranoia
- committing to repayment terms they are unable to meet
- refusing to cooperate and being subjected to rigorous recovery arrangements that do not consider their true financial circumstances.

3.59 **Recommendation 6** suggests that debt recovery procedures be expanded to require staff to consider thoroughly the implications of a customer's mental illness and associated communication or servicing arrangements before proceeding to negotiate repayment. This recommendation aims at fairness in the debt recovery process. (See Part 5, Recommendation 6.)

3.60 This recommendation would ensure that any debt arrangement that is subsequently negotiated could be relied on as fair, reasonable and reflective of the customer's true capacity to repay the debt.

PART 4—CHALLENGES OF IDENTIFICATION

4.1 Identification of customers with a mental illness is arguably a greater challenge than the delivery of services. While a mental illness can be ‘described’ via a list of its likely symptoms, it will manifest in ways that vary from person to person and from day to day.

4.2 This section of the report examines how effectively the social security system:

- identifies customers with a mental illness
- assesses any related servicing needs
- ensures others are made aware of these special needs.

Identification tools

4.3 Centrelink staff, and to a lesser extent ESPs, have a number of tools at their disposal that assist them in seeking and analysing information about potential and existing customers’ circumstances. This information is generally gathered with a view to identifying:

- whether the customer has any barriers to undertaking study, training or employment and, if so, whether these might be managed or overcome by intervention or support
- the most appropriate payment type for the customer.

First Contact Service Offer (FCSO)

4.4 The FCSO is an online tool used by Centrelink to determine a customer’s readiness, capability and capacity to look for and accept work, and examines their circumstances to identify the most appropriate payment.

4.5 For customers who are applying for a participation payment, and customers who wish to register as voluntary jobseekers, the FCSO will also trigger the *Job Seeker Registration Tool*, which includes the *Job Seeker Classification Instrument*.

Job Seeker Classification Instrument (JSCI)

4.6 The JSCI is a list of questions focusing on 18 factors which have been identified as contributing to a job seeker’s disadvantage in obtaining and maintaining employment. Based on the customer’s responses to these questions, Centrelink will determine the level of employment support services they should be referred to.

4.7 A number of the questions in the JSCI, including those relating to disabilities and mental illness, are voluntary and the e-Reference guidance makes it clear that this must be explained to the customer when seeking their response.

Job Capacity Assessment

4.8 JCAs are a comprehensive assessment and identification by an allied health professional of an individual’s:

- barriers to finding and maintaining employment such as a disability or medical condition

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- current and future work capacity (in hour bandwidths⁸)
- need for interventions/assistance to help improve their current work capacity.

4.9 According to a customer's classification for level of support (from the JSCI) it may be appropriate to proceed with a JCA. Another triggering factor may be a change in the customer's circumstances that might affect their capacity to undertake training, education or employment.

4.10 These tools are valuable in assisting Centrelink and ESP staff to identify customers with mental illnesses, and to identify their barriers to finding and maintaining employment. However, their effectiveness relies on:

- the customer being aware of their condition
- the customer being willing to disclose their mental illness and any associated barriers.

4.11 In our view, the current focus of these tools—assessing barriers to employment—could be expanded to also assess a customer's barriers to engagement with the social security system.

CHALLENGE—Disclosure

4.12 While many people with mental illness willingly disclose their condition and the restrictions it might impose, anecdotal evidence suggests a large number of others are reluctant to do so. It is also likely that many customers with a mental illness may not be aware that, by sharing the details of their condition, Centrelink or an ESP could adjust the payment or services they offer the customer and better meet their needs.

4.13 The very nature of this challenge means that the Ombudsman's office does not have any reliable complaint data on it. However, our discussions with agencies confirmed their awareness that there are a large number of customers with whom they interact who likely have a mental illness, but do not directly disclose this.

4.14 In the course of this investigation we also examined a range of Centrelink and ESP information products and web pages from the perspective of a new customer. In our view, it would not be immediately clear to these customers that disclosing personal medical information to Centrelink or ESP staff would necessarily alter or enhance the services offered to them.

4.15 Given that no one can or should force a customer to disclose personal medical information, it seems the challenges are to:

- foster an environment where customers are encouraged and feel comfortable to disclose relevant information about their medical situation to staff within the social security system
- ensure customers understand that disclosure of sensitive medical information to staff within the social security system will be treated respectfully and may be used to their benefit.

⁸ These 'bandwidths' (for example 0–7 hours, 8–14 hours) indicate a minimum and maximum number of hours to represent the customer's capacity to look for, or engage in, work, study or training.

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4.16 These considerations lead us to **Recommendation 7**, which suggests that Centrelink and DEEWR consider how to improve their information products and staff scripts to ensure customers are aware of the benefits of disclosing a mental illness, and feel comfortable doing so. (See Part 5, Recommendation 7.)

CHALLENGE—Lack of insight

4.17 It is our view that in many instances signs of mental illness may be a contributing factor to the customer's difficulties with Centrelink or an ESP.

4.18 While the servicing issues for this customer group are discussed in the *Interaction* section of the report, there is a significant challenge in deciding how people working in the social security system should proceed when they form the view that a customer may have a mental illness.

4.19 Both Centrelink and ESPs have training and guidelines in place to assist staff in identifying possible instances of mental illness, and in handling customers who appear to have symptoms of a mental illness. While these guidelines will be helpful for managing single interactions, they do not advise staff about what action they can or should take in the longer term to:

- clarify whether the customer is experiencing symptoms of a mental illness
- record their observations about the customer's behaviour
- consider whether this might impact on the customer's ability to engage with the social security system
- consider whether this might impact on the customer's ability to comply with reporting or participation requirements
- consider whether referrals to other services might be required.

4.20 Responses provided by Centrelink and DEEWR advised that each agency is confident their staff are using procedures for referring customers for social worker appointments or JCAs where they believe additional support or assessment is required. These referrals are undoubtedly useful in such cases, and it would be helpful to see these procedures specifically referenced in the relevant training and procedural instructions for servicing customers with a mental illness.

4.21 This brings us to **Recommendation 8**, which suggests that Centrelink and DEEWR enhance training and procedures so that staff know what is expected of them when they identify a customer who may have a mental illness. (See Part 5, Recommendation 8.)

CHALLENGE—More effectively assessing customer engagement needs

4.22 During interactions with customers Centrelink staff (and to a lesser extent ESP staff) collect information from customers about their personal circumstances, medical conditions and other barriers. This information is gathered to help those working in the social security system to determine the most suitable payment for the customer, identify their capacity to enter employment, and assess what support they require to do so.

4.23 In our view, contacts with customers could also be used to identify customers with undiagnosed or undisclosed mental illness, and to gather and analyse information about the way in which the customer's mental illness might impact on their ability to engage with Centrelink and with ESPs.

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4.24 This will greatly assist in areas such as Centrelink’s internal (Original Decision Maker and Authorised Review Officer) and external review processes (Social Security Appeals Tribunal and Administrative Appeals Tribunal). While much of the staff member’s focus will be on the correctness of the decision, there should also be some reflection by staff on whether the information revealed by the customer, or observations by a Tribunal, might indicate an underlying mental health issue. Information gleaned might also assist staff to identify instances where vulnerable customers may have previously fallen through the ‘cracks’ in the system.

4.25 Staff might seek answers to questions such as:

- does the customer require any additional assistance?
- is the customer willing to communicate with the social security system?
- are there any other barriers that might impact on their ability to communicate?
- is there a particular method that seems preferable?

4.26 There would also be merit in developing further guidance for staff on how information from routine interactions is fed into Centrelink’s overall servicing approach for a particular customer.

Case study: Forgetting to report leads to suspended payments

Ms D experiences symptoms of depression and memory loss, and advised Centrelink that she would like staff to be more aware of her memory problems when managing her file. She explained that she had no friends or family to report her income for her, and would like Centrelink to contact her to collect information fortnightly as she often forgets and has had her payment suspended or cancelled in the past as a result.

Our investigation identified that Centrelink had explained it could not contact her to collect her income information fortnightly, and referred her to a community support service for assistance with managing her obligations. The Ombudsman’s office concluded that this was not an unreasonable response to Ms D’s request and finalised its investigation.

4.27 While our office was not critical of Centrelink’s handling of Ms D’s complaint, in the context of this report it appears to highlight a lost opportunity to use the information Ms D disclosed to Centrelink in a constructive way to shape its management of interactions with her in the future. By way of example, this information could have been used to inform Centrelink’s handling of Ms D’s future reporting and communication arrangements.

4.28 The collection of this type of information would likely have broader applications for Centrelink with respect to all customers who have difficulty engaging effectively with the social security system; for example a customer who has a physical disability that prevents them from attending an office, or standing in a line.

4.29 **Recommendation 9** suggests that Centrelink implement processes to collect information from customers with a disability and about difficulties they may have in engaging with the social security system. (See Part 5, Recommendation 9.)

4.30 If Centrelink and ESPs were able to collect and record this type of information about their customers, it would support the effective implementation of the

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recommendations made earlier in this report about tailoring a service delivery approach to for customers with a mental illness.

CHALLENGE—Recordkeeping

4.31 Centrelink employs thousands of staff who are engaged in contact with customers. Complainants and their representatives have often commented to this office that, as a result of Centrelink's size and structure, people with a mental illness often need to repeat their 'story' each time they deal with a different staff member.⁹

4.32 These customers report that this repetition in discussing their personal medical information is time-consuming, and can be embarrassing or upsetting. This feedback led us to consider the information that is recorded by Centrelink and ESPs about a customer's mental illness, and whether the standard of recordkeeping and information sharing could be improved.

4.33 Presently Centrelink and ESPs record information about a customer's mental illness in three main ways:

- medical information and JCA records
- vulnerability indicators
- electronic documents.

Medical information and JCA records

4.34 Records of past medical reports and JCAs are recorded on Centrelink's system, but are not immediately apparent when viewing their file. A staff member will not automatically refer to this when initiating, or responding to, a contact with a customer.

Vulnerability indicators

4.35 Centrelink staff may decide to record a vulnerability indicator (VI) on a customer's file where they have been identified as vulnerable. There are a number of grounds on which Centrelink can record a VI, including mental illness. These indicators are placed on a customer's electronic record and can be viewed by all Centrelink and ESP staff when accessing a customer's record. VIs will be taken into account by staff when considering compliance issues, but would not automatically be referred to when making contact with the customer for any other reason.

Electronic records

4.36 There is an expectation that Centrelink staff will record all contacts with a customer in an electronic document. This would be the most likely location for a staff member to record a difficult interaction with a customer with a mental illness. In most instances a customer's file would contain a large number of contact records, each of which would need to be selected individually in order to be viewed. This means that it is probable an earlier officer's observations about a customer's mental illness would go unnoticed in future interactions with the customer.

4.37 Although there may be interactions recorded on a customer's file, in the absence of an obvious marker or the customer retelling their story, it is possible that

⁹ This seems to be less of an issue for customers when dealing with ESPs, possibly due to the fact that customers are often allocated to a particular staff member on an ongoing basis.

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staff working in call centres or customer service centres would be unaware of a customer's mental illness. This lack of awareness could easily affect interaction and successful communication between Centrelink and its customers.

Case study: Another lost opportunity to engage

Ms A had been in contact with Centrelink periodically over a number of years and, most recently, made a claim for payment which was rejected due to insufficient information. Ms A complained to the Ombudsman's office about this decision.

In the course of our investigation Centrelink advised the Ombudsman's office that, while Ms A was not qualified for the payment she had most recently claimed, Centrelink was attempting to assist Ms A to lodge a claim for DSP on the basis of a suspected mental illness. These efforts were hindered by the fact that Ms A seemed to be homeless and did not maintain regular contact with Centrelink.

However when Ms A did eventually contact Centrelink again, the call centre officer terminated the call because Ms A was not able to coherently explain the reason for her contact. This meant that Centrelink lost another opportunity to provide Ms A with the financial and practical support it had been seeking to deliver to her for some time.

Case study:

Mr E complained to the Ombudsman's office that, despite first contacting Centrelink to enquire about claiming DSP in 2006, he had not been granted payment until 2008. Mr E had lodged a claim for compensation from Centrelink for this loss of entitlement, but his claim was refused.

Following an investigation we asked Centrelink to reconsider Mr E's compensation claim on the basis that, despite being told Mr E had a mental illness and was clearly having difficulty with the claim process, Centrelink staff did not attempt to assist Mr E to complete his claim. Centrelink accepted our view, and agreed to pay Mr E compensation equivalent to his lost entitlement to DSP.

4.38 Where Centrelink is aware of limitations or special communication needs imposed on a customer by their mental illness, it seems appropriate to consider putting an alert or indicator on their record. This could serve to provide staff with the information they need to ensure more effective engagement with the customer.

4.39 In the case of Ms A, the Ombudsman's office suggested that Centrelink put an alert on Ms A's file to ask staff to direct any contacts from Ms A to a social worker who was familiar with her background. Centrelink initially declined to do so saying that if Ms A accessed her file under Freedom of Information or a staff member read the alert aloud, it could cause her distress or embarrassment. We suggested that Centrelink could phrase the alert in such a way that the focus was on the service delivery aspect, rather than on Ms A's suspected disability. Centrelink subsequently agreed to place a 'display on access' doc¹⁰ on Ms A's record to direct that all contacts be referred to a social worker.

4.40 A record like this would arguably also have assisted in a case like Mr E's, in that all staff dealing with him would have been alerted to the fact that Mr E was likely

¹⁰ Text box that is overlaid onto the screen when the customer's record is first accessed

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eligible for income support but might find it difficult to focus his concentration on completing a valid claim.

4.41 This brings us to **Recommendation 10**, which suggests re-examining recordkeeping practices. Specifically, we suggest that Centrelink and DEEWR look into ways of recording observable behaviours and impediments to communication, and a flagging system to accommodate instructions for identifying needs. Adopting standard words for reflecting a customer’s behaviour and an emphasis on service delivery (rather than the illness) will be important. (See Part 5, Recommendation 10.)

4.42 We are mindful that the large number of customers who have some form of mental illness means that it may not be practical to implement special servicing arrangements for each interaction with every identified customer.

4.43 Nevertheless, we consider that where Centrelink or an ESP have accurate records and staff who are sufficiently trained to access them and respond accordingly to special needs, this will avoid much confusion and incorrect decision making. It would also assist in reducing the need for customers to retell their stories, and save time and reduce problems in the longer run.

Training

4.44 All of the recommendations in this report are premised on Centrelink and ESP staff being provided with adequate training about how to interact with customers with a mental illness. At present we are aware that both Centrelink and DEEWR (for ESPs) have mental health awareness training modules available for staff. This training addresses the common types of mental illness, how they might manifest in customers, and some general strategies for ‘managing’ customer behaviour. Homelessness awareness training is also available for Centrelink staff, and focuses on understanding people experiencing or at risk of homelessness, and their overlapping complex conditions such as mental illness.

4.45 The training provided to customer service staff needs to go a step further. At present it would seem that it does not sufficiently address the ways in which staff might adjust their communication or service delivery approach to accommodate the particular needs of a customer with a mental illness.

4.46 **Recommendation 11** proposes that Centrelink and DEEWR expand current training packages so that staff will communicate and better engage with customers with a mental illness. (See Part 5, Recommendation 11.)

PART 5—RECOMMENDATIONS AND AGENCY RESPONSES

5.1 Centrelink, DEEWR, DHS and FaHCSIA were invited to comment on an initial draft of this report. All agencies indicated their commitment to ensuring that policy and procedural guidance provide sufficient support and discretion to service delivery staff to ensure customers with a mental illness are appropriately identified and serviced.

5.2 The agency responses are summarised below against the recommendations for which each agency was responsible.

5.3 The Ombudsman asks that each agency provide a status report on the implementation of relevant recommendations six months after publication of this report.

Recommendation 1 (refer para 3.10)

Centrelink and ESPs should expand their existing service delivery procedures to require staff to consider whether a customer's mental illness necessitates a particular outgoing communication strategy. This procedure could include guidance on whether:

- alternative methods of outgoing contact are acceptable, and how staff might decide what type of arrangement is most appropriate
- anyone else (for example, the customer, their nominee, a social worker) should be consulted in determining an outgoing communication arrangement
- an outgoing communication arrangement should be implemented in the short or longer term, and how and when it should be reviewed.

Recommendation 2 (refer para 3.19)

Service delivery procedures should be updated to reflect that, where a special contact arrangement is implemented for a customer with a mental illness, the customer must be made aware the arrangement is for their benefit and can be revisited if they find it is unnecessarily restrictive or unhelpful.

Recommendation 3 (refer para 3.23)

Centrelink and DEEWR should expand existing service delivery procedures to require that, where staff identify a customer's mental illness may prevent them from adequately pursuing a beneficial course of action, the customer is provided with additional services by way of advice, support or referrals.

Agency comments

Both Centrelink and DEEWR agreed with recommendations 1, 2 and 3, and gave a commitment to providing additional guidance to Centrelink and ESP staff to enhance service delivery to customers with a mental illness.

Recommendation 4 (refer para 3.33)

Centrelink and DEEWR should coordinate the updating of the *Guide to Social Security Law* to ensure that it appropriately supports the special procedure for assessing customers who are unwilling or unable to provide medical evidence.

Agency comments

Centrelink, DEEWR and FaHCSIA agreed with this recommendation, and undertook to work closely together to progress appropriate updates to the *Guide to Social Security Law*.

Recommendation 5 (refer para 3.53)

Centrelink and DEEWR should amend the procedural instructions and policy guidance for assessing PRs to require staff to consider whether direct contact with a customer with mental illness is appropriate in the circumstances. (This could be incorporated in the broader policy and procedures around communication with customers with mental illness.)

Agency comments

Centrelink agreed with this recommendation, and noted that the current compliance model incorporates more flexible arrangements designed to assist vulnerable job seekers, including the availability of social workers who can be engaged at all stages of a compliance investigation. It agreed to work with DEEWR to review policy and procedural guidelines for assessing participation reports.

DEEWR disagreed with this recommendation. It expressed the view that there are sufficient safeguards built into the compliance model to support job seekers with a mental illness, and that a number of subsequent contact points exist if the initial telephone contact is unsuccessful.

Ombudsman response

This recommendation is aimed at ensuring that staff are encouraged and enabled to be flexible in the way that they contact vulnerable staff, especially during an already confronting compliance process. It is our expectation that consideration of alternative contact arrangements will only be necessary in those instances where staff have sufficient information about a customer to suggest that the standard phone-first contact approach is not appropriate in the circumstances. While we appreciate that many staff routinely exercise discretion and flexibility in their compliance activities, our office considers this expectation should be communicated in the relevant procedural guidance for the information and benefit of all staff involved in these activities.

Recommendation 6 (refer para 3.59)

Centrelink should expand the current debt recovery procedures to require staff to consider any evidence of a customer's mental illness and associated communication or servicing arrangements before proceeding to negotiate repayment.

Agency comments

Centrelink agreed with this recommendation and advised that it has established a social work service, where vulnerable and at risk customers who are identified by debt recovery or fraud staff are referred to a social worker. Available data indicates that customers with a mental illness are a large proportion of the users of the service.

Centrelink further advised that debt recovery and fraud staff are currently participating in suicide awareness training, to assist them in understanding mental health issues in the context of suicide and how to deal with customers in crisis.

Recommendation 7 (refer para 4.16)

Centrelink and DEEWR should consider how to improve their information products and staff scripts to ensure customers are aware of the benefits of disclosing a mental illness, and feel comfortable doing so.

Agency comments

Centrelink and DEEWR advised their agreement with this recommendation, and gave a commitment to reviewing and enhancing relevant customer information products and staff scripts to convey the benefits of disclosure.

Recommendation 8 (refer para 4.21)

Centrelink and DEEWR enhance the existing training and procedural instructions to provide greater guidance to staff about what is expected of them when they identify that a customer may have a mental illness. The procedural instructions should provide direct links to complementary procedures, such as referrals to social workers and JCAs.

Agency comments

Centrelink and DEEWR agreed with this recommendation. Both agencies undertook to enhance relevant procedural guidelines to provide greater support and instruction for staff when delivering services to customers with a mental illness.

Recommendation 9 (refer para 4.29)

Centrelink implement processes to collect information from customers who identify as having a disability (mental or physical) about the impact that disability has on their capacity to engage effectively with the social security system.

Recommendation 10 (refer para 4.41)

Centrelink should consider implementing a standard process for recording any special needs or limitations associated with mental illness on a customer's electronic file, as well as any instructions/strategies for accommodating those needs.

It may be appropriate to consider adopting standard words for reflecting a customer's condition and needs in order to avoid the risk of causing offence to the customer in the event of an FOI application.

Agency comments

Centrelink indicated its agreement with recommendations 9 and 10, and advised that it will work closely with FaHCSIA and DEEWR to explore options for collecting and recording information about customers' mental illness and the impact on their ability to effectively engage with the social security system.

Recommendation 11 (refer para 4.46)

Centrelink and DEEWR expand current training packages to address the options available for more effectively engaging and servicing customers with a mental illness, including (but not limited to):

- communication methods and special arrangements (recommendation 1)
- offering tailored support or advice (recommendation 2)
- identifying and implementing appropriate referrals (recommendation 7)

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- collecting information about mental illness and barriers (recommendation 8)
- appropriate recordkeeping (recommendation 10).

Agency comments

Centrelink and DEEWR agreed with this recommendation. Both agencies undertook to work together to update staff training material to address the recommendations in this report.

DEEWR also advised that it is currently developing a best practice guide of employment assistance specifically for people with a mental illness.

ACRONYMS AND ABBREVIATIONS

CSA	Customer Service Adviser
CCO	Call Centre Officer
CSC	Customer Service Centre
DEEWR	Department of Education, Employment and Workplace Relations
DHS	Department of Human Services
DES	Disability Employment Services
DSP	Disability Support Pension
EPP	Employment Pathway Plan
ESP	Employment Service Provider
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FCSO	First Contact Service Offer
JCA	Job Capacity Assessment
JSA	Job Services Australia
JSCI	Job Seeker Classification Instrument
PR	Participation Report
SCSA	Senior Customer Service Adviser
VI	Vulnerability Indicator