

# CENTRELINK AUTOMATED DEBT RECOVERY

## Opening statement for Senate Standing Committee hearing on 21 April 2017

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector.

Our members include service providers who work with people experiencing mental illness. Many of our members provide psychosocial services to assist people with daily living, including their income arrangements.

Our interest in this inquiry is to highlight the importance for consumers to work with Government agencies to co-design their policies and processes. We believe that if the Centrelink automated debt recovery system had been co-designed with Centrelink customers there would have been fewer of the negative experiences that have been described in the media.

We accept that a viable welfare system needs a process to ensure recipients are paid fairly. I also acknowledge that Government is keen for agencies to find administrative efficiencies. But because many Centrelink customers are already vulnerable, particularly those with mental illness, it is important that they are protected from unnecessary distress. They need to be treated with dignity and respect during their interactions with Centrelink.

The staff in my office have received calls from members of the public who have been very distressed by their experience with Centrelink and the collection agencies. Invariably, these people have a deep feeling of helplessness.

With good engagement by Human Services with Centrelink customers, the automated process to identify and then recover overpayment could have been designed in way that helped people to understand their situation and navigate their way through to the final outcome.

There might have been a more human approach by the contracted debt collectors and when people telephoned Centrelink to query their debt notices. It could have designed a process to respectfully help Centrelink customers resolve their particular situation and without having to disclose deeply personal issues, such as a mental illness, for them to be treated more personally.



While this approach would perhaps be less efficient than an entirely automated process, it would have mitigated some of the distress and anxiety that Centrelink's clientele have experienced.

I want to make the point that this is not just about introducing unnecessary stress into people's lives. People who experience mental illness can be experiencing a variety of impediments to organizing and processing information and managing complex administrative processes. To require people experiencing these cognitive impairments to manage these processes with little support can be likened to asking people in wheelchairs to negotiate a stairwell. We would simply never do it. We would supply a ramp, or an elevator, or make some alternative arrangement. The same is true of mental illness. We need clear processes to help us determine what the equivalent support processes are in relation to complex and highly variable mental health issues.

We are not aware that there are any obvious means for Centrelink customers, and mental health consumers and their carers, to be genuinely involved in designing improvements to Centrelink services.

As our submission states, it has been some time now since the Consumer Consultative Group, the Service Delivery Advisory Group and the Mental Health Advisory Working Party were convened.

We now have the evidence that these groups need to be re-established.

