

Table 2 – Disability income support design and mental illness: a summary of the grey literature

Type	Article	Aim & focus	Key points	Strengths and limitations
GOVERNMENT REPORTS	FaHCSIA ¹⁹ Australia	Aim: To describe the process of reviewing the Impairment Tables including outcomes and recommendations. Focus: General mental illness	<ul style="list-style-type: none"> The mental health table needs to expand the range of acceptable evidence and is biased in favour towards psychotic disorders. Concerns with addiction table included that focus is on usage and pattern of addiction not its effects Terms in the Impairment Tables need clarification Better linkages needed between the Impairment Tables and the Job Capacity Assessment Usability testing of the Impairment Tables revealed eligibility for people with mental illness decreased. 	Strengths <ul style="list-style-type: none"> Representation of mental health experts on Advisory Committee Assessors and stakeholders involved Recognises broad spectrum of mental illness. Limitations <ul style="list-style-type: none"> Small sample sizes Alternative methods of assessment not within scope Participant selection process and analysis unclear.
	Lattimore ²⁰ Australia <i>Note: Only Ch. 8 met inclusion criteria.</i>	Aim: To understand why there has been an increase in unemployment among Australian men. Focus: General mental illness	<ul style="list-style-type: none"> Inclusion errors are more likely when assessing disabilities that lack diagnostic certainty and are close to the threshold of eligibility for the DSP (e.g. mental illness) Doctors may err on the side of a patient in cases of uncertainty System incentives (e.g. higher payment/fewer obligations) encourage people to overstate their impairment to qualify Inclusion errors by the physician are more likely a result of non-clinical factors than issues of fraud. 	Strengths <ul style="list-style-type: none"> Recognises the difficulty in defining disability Identifies specific challenges associated with defining and assessing disability for people with mental illness. Limitations <ul style="list-style-type: none"> Lack of evidence to substantiate claims Limited analysis on mental illness and DIS.
LEGAL RESEARCH AND REPORTS	Chu ²¹ Ontario	Aim: To summarise the court decision that the ODSP addiction exclusion provision is discriminatory. Focus: Addiction	<ul style="list-style-type: none"> The Government argued that all people with addiction are capable of working and lower rate of OW assists in recovery by limiting the amount available to the recipient to spend on their addiction The Respondents' argued that some people with addiction will never recover or be employable and that recovery is more likely when people have higher incomes (i.e. on ODSP rather than OW). 	Strengths <ul style="list-style-type: none"> Provides insight into rationale for implementing the ODSP addiction exclusion provision. Limitations <ul style="list-style-type: none"> Lack of critical analysis of case results.
	Copes & Bisgould ²² Ontario	Aim: To summarise the arguments used by the Respondents in the Tranchemontagne and Werbeski case. Focus: Addiction	<ul style="list-style-type: none"> Interpretation of the definition of disability contravenes ODSP legislation. No rationale for why the ODSP addiction exclusion was created Exclusion is based on assumptions about people with addiction. 	Strengths <ul style="list-style-type: none"> Highlights discrepancy between the written definition and interpretation of definition of disability. Limitations <ul style="list-style-type: none"> Arguments supported by case law and expert opinions, not empirical evidence.
	Patton et al. ²³ Ontario	Aim: To develop a principle-based evaluation tool – a “Rights-outcome lens” – to assess eligibility criteria. Focus: General mental illness	<ul style="list-style-type: none"> Definition of disability in ODSP legislation is inclusive but application of the definition is stricter Mental illness is poorly framed and understood in policy materials leading to difficulty in understanding how it fits within the eligibility criteria Administrative process discourages applicants and leads to inapt denials Courts have acknowledged the social role in disability, but the administrative application remains medicalised. 	Strengths <ul style="list-style-type: none"> Develops a tool to help assessors apply eligibility criteria for government programs that promotes consistency and is evidence-based Strong focus on ODSP. Limitations <ul style="list-style-type: none"> No clear definition of “Rights-outcome lens” Participant selection process unclear Limited analysis of mental illness.

OTHER REPORTS	Social Security Reporter ²⁴ Australia	Aim: To summarise Roberts and Secretary of FaHCSIA – ATT case. Focus: Depression	<ul style="list-style-type: none"> Treating doctor's evidence deemed insufficient, confirmation from mental health specialist was required to prove applicant's depression satisfied the eligibility requirements. 	Strengths <ul style="list-style-type: none"> Demonstrates preference for medical evidence provided by specialists for mental illnesses. Limitations <ul style="list-style-type: none"> No rationale as to why a specialist report is needed for mental illness and not physical illness Evidence provided is subjective (e.g. opinion of physician).
	Social Security Reporter ²⁵ Australia	Aim: To summarise the case Erb and Secretary of FaHCSIA – an ATT case Focus: Depression	<ul style="list-style-type: none"> ATT agreed depression did not meet the eligibility criterion of a condition being fully treated and stabilised Overtaken decision based on applicant's physical illness meeting the eligibility criteria. 	Strengths <ul style="list-style-type: none"> Demonstrates challenges related to proving depression is fully diagnosed and stabilised. Limitations <ul style="list-style-type: none"> Evidence provided is subjective (e.g. opinion of physician).
	Cowling ²⁶ Australia <i>Note: Only Sec. 3 met the inclusion criteria.</i>	Aim: To explore the impact of Australian welfare reforms on people with mental illness. Focus: General mental illness	<ul style="list-style-type: none"> Eligibility outcomes will depend more on the "type of assessor" than on a "consistent assessment process" based on empirical research (p. 6). 	Strengths <ul style="list-style-type: none"> Highlights the role of assessors in outcomes – differs from OECD that focuses more on definition of disability than assessors of disability. Limitations <ul style="list-style-type: none"> Focus is on employment outcomes Methods not described.
STAKEHOLDER REPORTS	OECD ²⁷ Australia and Canada (not Ontario)	Aim: To identify and narrow the knowledge gaps about the barriers to integrating people with mental illness in employment. Focus: General mental illness	<ul style="list-style-type: none"> Suggests that DIS programs were designed for people with physical illness and this has made it easier for people with mental illness to get onto the program (p. 35) Nature of mental illness not well addressed in DIS Majority of people with moderate or severe mental illness do not receive a DIS benefit Lack of data on this topic. 	Strengths <ul style="list-style-type: none"> Recommends emphasis on mental illness in DIS design Acknowledges lack of data. Limitations <ul style="list-style-type: none"> Focuses on employment for people with mental illness Limited to national disability schemes. No mention of ODSP.
	Canadian Mental Health Association – Ontario & Schizophrenia Society of Ontario ²⁸ Ontario	Aim: To provide a response to the Ontario Social Assistance Review focusing on issues related to those with mental illness. Focus: General mental illness	<ul style="list-style-type: none"> Heterogeneity of mental illness makes it unique in social assistance design Workfare¹ approach could exacerbate a person's mental illness Lack of mental illness treatment services availability in Ontario makes treatment as a condition of benefit receipt dangerous Current ODSP definition of disability is more inclusive of mental illness because it incorporates a social definition of disability. 	Strengths <ul style="list-style-type: none"> Stresses the heterogeneity of mental illness Limitations <ul style="list-style-type: none"> Limited focus on DIS Methods not defined.

Glozier ²⁹ Australia	Aim: To provide background information to physicians on depression and work-related disability.	<ul style="list-style-type: none"> Degree of impairment cannot be determined using a checklist or algorithm because the number of symptoms does not correlate with the degree of impairment (p. 4) Studies show that conditions such as depression are often under-reported and receive other official labels for their work-related disability. 	<p>Strengths</p> <ul style="list-style-type: none"> Focus on assessing disability and depression Focus on a single mental illness Provides specific examples of how symptoms of depression can affect capacity to work. <p>Limitations</p> <ul style="list-style-type: none"> Aim not clearly stated – had to be inferred Methods not defined.
Income Security Advocacy Centre ³⁰ Ontario	Aim: To summarise the challenges and make recommendations about the ODSP application and adjudication process.	<ul style="list-style-type: none"> Lack of clarity on forms, particularly in relation to mental illness, and perceived inadequate reimbursement levels for physicians, affects the quality of evidence GPs provide Evidence from GPs ignored, over-ruled by or cherry-picked by the DAU. 	<p>Strengths</p> <ul style="list-style-type: none"> Report focuses on challenges of policy design Provides detailed description of assessment process. <p>Limitations</p> <ul style="list-style-type: none"> Methods not defined Limited focus on mental illness.
Mayson et al. ³¹ Ontario	Aim: To examine why there is a significant failure rate of initial ODSP applications that are then overturned at the SBT.	<ul style="list-style-type: none"> No adequate policy reasons for why persons with addiction are excluded from ODSP benefits ODSP forms designed to capture to physical disabilities and provide little opportunity to document mental illness Highlights problems associated with physicians filling out forms (e.g. lack of access to specialists). 	<p>Strengths</p> <ul style="list-style-type: none"> Entire report concentrates on the ODSP Highlights mismatch between denial of initial applications and success of appeals. <p>Limitations</p> <ul style="list-style-type: none"> Limited focus on mental illness Limited reference list and missing citations Methods not defined.
ODSP Action Coalition ³² Ontario	Aim: To summarise the results from “Access to ODSP” Forums.	<ul style="list-style-type: none"> Application process issues: not putting the statutory definition of disability on application forms, not capturing the nature of mental health conditions on the forms, excluding addiction from eligibility conditions and a shortage of physicians to get the necessary documents Adjudicator-related issues: discounted evidence provided by GPs in cases of mental health, applied a harsher test than the statutory test and considered treatment compliance in decisions. 	<p>Strengths</p> <ul style="list-style-type: none"> Includes primary data Focuses on ODSP. <p>Limitations</p> <ul style="list-style-type: none"> Participant selection process and forum sample size not specified Limited focus on mental illness.
Mental Health Commission of Canada ³³ Ontario	Aim: Identify practices that could improve employment outcomes for people with serious mental illness.	<ul style="list-style-type: none"> DIS programs not designed for mental illness DIS policies need better recognition of the intermittent nature of mental illness Canadian programs should shift from a medical model to economic model (e.g. recommends Australian DSP as an exemplar) Most literature found online and classified as grey. 	<p>Strengths</p> <ul style="list-style-type: none"> Primary focus on mental illness Literature review includes grey literature. <p>Limitations</p> <ul style="list-style-type: none"> Primary aim about employment outcomes not system design No specific focus on Ontario.

Abbreviations: AAT – Administrative Appeals Tribunal; CRS – Commonwealth Rehabilitation Services; DAU – Disability Adjudication Unit; DSP – Disability Support Pension; FaHCSIA – Australian Department of Families, Housing, Community Services and Indigenous Affairs; GPs – General practitioners; ODSP – Ontario Disability Support Program; OECD – Organisation for Economic Co-operation and Development; OW – Ontario Works; SBT – Social Benefits Tribunal.¹ ‘Workfare’ means receiving income support benefits are conditional on recipients participating in compulsory work activities.³⁴