



Mental Health
Australia



Submission to the National Disability Insurance Scheme Review

14 December 2022



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Introduction

Mental Health Australia, Community Mental Health Australia (CMHA) and the Mental Illness Fellowship of Australia (MIFA) strongly support the ongoing place of psychosocial disability¹ in the National Disability Insurance Scheme (NDIS). People with psychosocial disability should have equitable access to these fundamental disability supports alongside other Australians with disability.

In its first nine years the NDIS has been life changing for many Australians. However, some people with psychosocial disability have faced a number of barriers in accessing the scheme and implementing appropriate NDIS supports. In addition, the focus on individual funding packages has impacted carer and family access to supports. The NDIS has also created significant challenges for the psychosocial support workforce both within and outside of the NDIS.

In this context, Mental Health Australia, CMHA and MIFA have welcomed the NDIS Psychosocial Disability Recovery-Oriented Framework. The work to develop the Framework and the Psychosocial Recovery Coaches support item are important steps forward in addressing the challenges faced by people with psychosocial disability in relation to the NDIS. The implementation of the Framework will require ongoing work with the mental health sector that Mental Health Australia, CMHA and MIFA are committed to supporting.

Mental Health Australia, CMHA and MIFA welcome the opportunity presented by the NDIS Review to address systemic challenges and improve experiences for people with disability. In response to the Review's initial invitation for feedback, this submission outlines three NDIS-related concerns in relation to people with lived experience of psychosocial disability and carers and families. These include the current lack of a recovery-oriented approach within the scheme for people with psychosocial disability, how inadequate pricing is undermining recovery-oriented support work and the impact of the lack of psychosocial support services outside the NDIS on scheme sustainability.

This is a preliminary submission outlining three key issues the review should focus on. Mental Health Australia, CMHA and MIFA, plan to make further detailed submissions including tangible solutions throughout the course of the Review.

Concern 1: lack of a recovery-oriented approach for people with psychosocial disability

Since inception of the NDIS, Mental Health Australia, CMHA and MIFA have been working collaboratively with the Australian Government and its agencies to continuously improve the responsiveness of the NDIS to the needs of people with psychosocial disability. A core component of this work has been to support the National Disability Insurance Agency's (NDIA) development of the NDIS Psychosocial Disability Recovery-Oriented Framework.

¹ The National Mental Health Consumer and Carer Forum (NMHCCF) describes psychosocial disability as the "disability experience, impairments and participation restrictions related to mental health conditions..." (see the [NMHCCF position statement 'Unravelling Psychosocial Disability'](#)). Psychosocial support helps people with psychosocial disability to develop skills, capacity and connections to improve their wellbeing and live a meaningful and contributing life. Psychosocial support is available to some extent both within and outside the NDIS.



“Recovery-oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.”² This approach is best practice in psychosocial support, however the structure and processes of the NDIA do not intuitively enable recovery-oriented support to be delivered due to the scheme’s focus on permanency of disability rather than episodic and changing needs and potential for personal recovery.

The NDIS Psychosocial Disability Recovery-Oriented Framework provides a robust framework to change the way the scheme interacts with people with lived experience of psychosocial disability and carers/families to a more recovery-oriented approach. However, this goal will only be realised by comprehensively and adequately funding the implementation of the Framework. Mental Health Australia, CMHA and MIFA are committed to supporting the Framework’s implementation.

Until this is achieved, people with lived experience of psychosocial disability and carers/families will continue to encounter barriers, which are unintended consequences of a scheme designed for physical disabilities being retrofit to provide services to those with other types of disabilities. For example, NDIA staff, Local Area Coordinators and other partners do not have adequate psychosocial disability specific skills, knowledge, and experience.^{3,4} This hampers their ability to effectively support people with psychosocial disability to undertake NDIS access, planning and review processes.

In addition, while some of the most vulnerable people with psychosocial disability require assertive outreach and support to learn about and apply for the NDIS,^{5,6,7,8,9} there continues to be a lack of assertive or proactive outreach to assist people with psychosocial disability to access the scheme. In 2020, the NDIA funded Mental Health Australia to manage a NDIS Community Connectors program to deliver this support to people with psychosocial disability who were homeless or at risk of homelessness. The evaluation of this program identified common barriers for people with psychosocial disability in accessing the NDIS to include the inappropriateness of NDIS policies and processes for people with mental illness, previous trauma and negative experiences of services or NDIS leading to mistrust and disengagement, and homelessness itself further amplifying barriers with little flexibility from the NDIA to adapt to this.¹⁰

Unfortunately, despite the program supporting 366 people to submit an access request, funding was not continued beyond its first year of operation.

² Australian Health Ministers Advisory Council, *A national framework for recovery-oriented mental health services: guide for practitioners and providers* (2013), 2, <https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers>

³ Mental Health Australia, *National Disability Insurance Scheme: Psychosocial Disability Pathway* (2018), <https://mhaustralia.org/report/ndis-psychosocial-pathway-project-final-report>

⁴ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee* (2019), 205, <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability-national-disability-insurance-scheme/review-of-the-ndis-act-report>

⁵ Nicola Hancock, Justin Newton Scanlan, Damian Mellifont, Debra Hamilton, & Jennifer Smith-Merry, *Breaking down Barriers: Co-designed recommendations to reduce stakeholder identified NDIS access barriers for people with psychosocial disability* (2022), <https://hdl.handle.net/2123/29557>

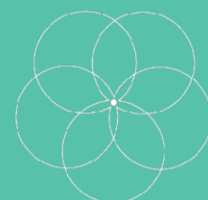
⁶ Mental Health Australia, *National Disability Insurance Scheme: Psychosocial Disability Pathway*

⁷ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee*

⁸ Dr Karen Jordan and Dr Emma Tseris, *Engage-In Research Project: Access to the NDIS for people with psychosocial disability living in institutional settings: Exploring the details of effective advocacy* (2022), <https://pwd.org.au/engage-in-final-research-report/>

⁹ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee*, 88

¹⁰ Mental Health Australia, *Outreach and connection: NDIS National Community Connectors Program for people with psychosocial disability: Final Report* (2021), <https://mhaustralia.org/ndis-psychosocial-community-connectors-program>



Even when people do attempt to access the Scheme, they are faced with yet another challenge in the form of inconsistent access assessment outcomes. The 2019 Review of the NDIS Act identified that “health professionals who assist prospective participants with psychosocial disabilities to make an access application have found the assessment processes inconsistent, with people with similar clinical and psychosocial disability needs and circumstances receiving different outcomes. It appears that, in at least some cases, this inconsistency is a result of insufficient guidance being provided to health professionals about the form of evidence needed to support a decision about the prospective participant’s eligibility for the NDIS.”¹¹ Health professionals have also reported a lack of respect from NDIA staff about their professional expertise, when submitting evidence to support a NDIS application.¹²

Finally, people with psychosocial disability accepted into the scheme can find that after the planning process, their NDIS plan does not effectively support their recovery. People with psychosocial disability and carers/families report that NDIS plans can often be too focussed on the provision of core supports and not focussed enough on capacity building.

Mental Health Australia’s [Optimizing Psychosocial Supports Report](#) outlined an alternative approach to psychosocial packages. The NDIA has since implemented the Recovery Coaches support item, which is welcome however some concerns have been raised about this item’s pricing and implementation. For example, support providers report that plans do not provide for enough hours of support coordination or Recovery Coaching to accommodate for participant needs, which forces providers to provide unpaid support during times of participant vulnerability.

Effect

The lack of a recovery-oriented approach to psychosocial support delivery through the NDIS has multiple effects. Outlined here are some of the most commonly reported impacts by people with lived experience of psychosocial disability and carers/families.

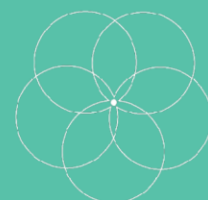
For example, the lack of psychosocial disability specific skills, knowledge and experience has resulted in:

- difficulty in navigating NDIS process
- plans that do not meet the participant’s needs
- inappropriate decision making at plan review
- deterioration of a participant’s disability either through poorly managed interactions with the participant or the removal of critical services
- poor outcomes for people who need support to exercise choice and control at important junctures in the process (such as during planning) and do not have adequate support to do so.

The lack of assertive outreach to support people with psychosocial disability to access the NDIS means that vulnerable people who would qualify for a NDIS individualised support package are missing out on vital supports.

¹¹ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee*, 73

¹² Mental Health Australia, *Health professionals, psychosocial disability and NDIS access: Final Report*



In addition, inconsistent access assessment outcomes means there is not equitable distribution of public funds. At a personal level inconsistent assessment outcomes also have the following impacts:

- “The therapeutic relationship between the person with psychosocial disability and their health professional can be damaged particularly when a health professional recommends a person with psychosocial disability apply to the NDIS and they are subsequently determined by the NDIA to be ineligible after undertaking a lengthy and taxing access application process.
- There is a reduction in health professionals’ confidence in their own ability to identify suitable candidates to apply for Scheme access.
- Potential NDIS participants are discouraged from applying after stories spread about the difficulty of the application process and inconsistency in access determinations. This means they may not be accessing optimal care even though they may be eligible to receive it.”¹³

Finally, the focus on core supports as opposed to capacity building supports acts to maintain dependency rather than capacity building towards meaningful personal recovery.

Solution

The NDIA should expedite implementation of the NDIS Psychosocial Disability Recovery-Oriented Framework with particular focus on:

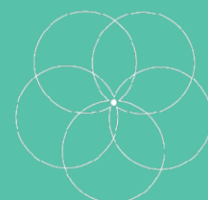
- delivery of psychosocial disability competencies and skills learning and development strategies for NDIA and partner staff
- embedding lived experience positions in both policy and operational areas of the NDIA
- review of the recovery coach support item
- consideration of appropriate assessment tools and procedures for people with psychosocial disability as a part of the planned review of procedures for access.

The Australian Government should fund assertive outreach and support for people with psychosocial disability to access the NDIS.

Concern 2: NDIS pricing does not support a recovery-oriented psychosocial workforce

Pricing for NDIS supports designed to assist people with psychosocial disability fails to acknowledge the cost drivers of recovery-oriented psychosocial service delivery. It is unclear how an organisation could maintain a sustainable, skilled and supported workforce operating purely within NDIS pricing structures. It would be difficult for any organisation to meet essential requirements such as one-on-one professional supervision and development, investment in quality and improvement and an adequate hourly rate to attract and retain people with required skills, experience and qualifications at the current pricing levels.

¹³ Mental Health Australia, *Health professionals, psychosocial disability and NDIS access: Final Report*, 12



Effect

The inadequacy of the NDIS pricing structure has seen at least one major national provider discontinue providing psychosocial services through the NDIS all together and several others scale down and reduce their service offering. Other providers have reported needing to casualise workforces and reduce workforce supports to enable a viable business model under the current pricing structure. Providers have reported that this casualisation and reduction in workforce supports has led to higher staff turnover and reduced availability of experienced and appropriately qualified staff.

One study¹⁴ of psychosocial services in the Australian Capital Territory before and after implementation of the NDIS found a decline in both the number of providers and the diversity of services on offer. In addition, it found that the number of organisations identified as vulnerable had increased from 49% in 2016 to 63% in 2020.

The effect for people with lived experience of psychosocial disability and families/carers is limited choice around providers with psychosocial-expertise they can access NDIS services through, higher turnover of support staff, and reduced access to best-practice psychosocial services. Ultimately it is people with lived experience of psychosocial disability and families/carers that will miss out on the benefits of a skilled workforce.

By not adequately investing in the type of resources required to achieve significant recovery outcomes, the NDIS will not realise its potential as an investment scheme and will in the long term incur more costs for not delivering such recovery outcomes for participants.

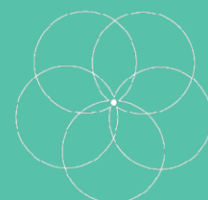
Solution

In undertaking its update of the current Psychosocial Recovery Coaches support item (committed to in the NDIS Psychosocial Disability Recovery-Oriented Framework), and future pricing reviews, the NDIA should consider whether the cost model underpinning the Psychosocial Recovery Coaches support item, and other support items designed to support people with lived experience of psychosocial disability, are sufficient to ensure a sustainable, skilled and experienced workforce.

In addition, the NDIA should explore whether:

- (a) availability of alternate funding arrangements (such as pooled funding, subscriptions, memberships, full-course fees in advance, much more lenient cancellation policies) might better enable recovery-oriented support for participants with psychosocial disability.
- (b) some combination of block funding and fee-for-service funding might in some circumstances better enable and/or make possible the necessary investments in recovery-orientated practices, skilled staff and systems.

¹⁴ Luis Salvador-Carulla, Mary Anne Furst, James Gillespie, Sebastian Rosenberg, Amir Aryani, Lauren Anthes, Shahana Ferdousi, and Jose A Salinas-Perez, "Regional evolution of psychosocial services in Australia before and after implementation of the National Disability Insurance Scheme," *Australian and New Zealand Journal of Psychiatry*, (2022): 1-9



Concern 3: lack of psychosocial support outside the NDIS

Mental Health Australia, CMHA and MIFA welcome the current Minister for the NDIS, the Hon Bill Shorten MP's acknowledgement of the importance of ensuring a strong community mental health sector exists outside the NDIS.¹⁵ However, as the Productivity Commission found, under current policy settings an estimated 154,000 people are not able to access the psychosocial support services they require.¹⁶ The Productivity Commission recommended that "the shortfall in the provision of psychosocial supports outside of the NDIS should be estimated and published at both State and Territory and regional levels"¹⁷ and that "state and territory governments, with support from the Australian Government, should increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall."¹⁸

Through the National Mental Health and Suicide Prevention Agreement, Australian governments have committed to estimate demand for psychosocial support services and maintain current investments in psychosocial support services, while this work is undertaken.¹⁹ However, the current timeframe for this work would not see this service gap addressed for two years.

Effect

If people with psychosocial disability who are currently ineligible for the NDIS do not have access to appropriate psychosocial support outside the NDIS, their disability may deteriorate to a level where NDIS supports are required. Mental Health Australia, CMHA and MIFA have long advocated that the lack of a well-functioning and effective mainstream system for providing psychosocial supports for people not eligible for the NDIS is a key risk in containing the long-term costs of the NDIS.

Solution

The Australian Government should expedite the analysis (required under the National Mental Health and Suicide Prevention Agreement) to estimate the shortfall in psychosocial support outside the NDIS and immediately increase funding in psychosocial supports to begin addressing the shortfall.

Parts of the NDIS that are working well

The NDIS has been life changing for many Australians, including some of the over 56,000²⁰ participants with a primary psychosocial disability. Through consultation with people with lived experience of psychosocial disability, carers/families and other key stakeholders Mental Health Australia, CMHA and MIFA understand that the scheme works well for people

¹⁵ Shorten, Bill, "5AA Radio Interview," Interview by Leon Byner. 5AA Radio, June 28, 2022

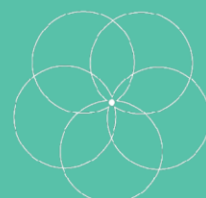
¹⁶ Productivity Commission, *Mental Health* (2020), 827, <https://www.pc.gov.au/inquiries/completed/mental-health#report>

¹⁷ Productivity Commission, *Mental Health*, 866

¹⁸ Productivity Commission, *Mental Health*, 866

¹⁹ Australian Governments, *National Mental Health and Suicide Prevention Agreement*, 29

²⁰ National Disability Insurance Agency, "Explore Data," accessed December 1, 2022, <https://data.ndis.gov.au/explore-data>

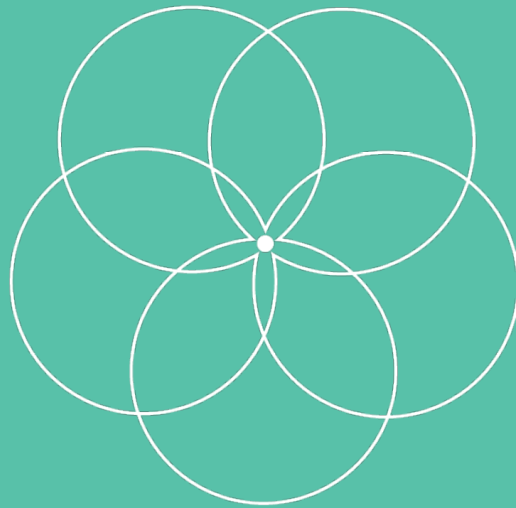


with psychosocial disability when they have adequate support to find out about the scheme and work through its application processes, where NDIA/partner staff have skills, knowledge and experience in psychosocial disability, and where supports provided through plans are both relevant and recovery-oriented. Unfortunately, people with lived experience are exposed to postcode lottery as to whether these key elements will be present in their NDIS journey. There is a clear need for uniform implementation of these key elements across the country to ensure every person with lived experience of psychosocial disability is well supported in their personal recovery by the NDIS.

Conclusion

Since its inception, there has been a tension between the approach of the NDIS and the recovery-oriented approach which is best practice in psychosocial support. While the NDIS has significantly improved the lives of many people with psychosocial disability, there are ongoing systemic challenges that must be addressed. The NDIA has made good progress in its efforts to improve the way the scheme supports people with psychosocial disability, through development of the NDIS Psychosocial Disability Recovery-Oriented Framework and implementation of the Psychosocial Recovery Coaches support item. However, there is a need to fully fund and implement the NDIS Psychosocial Disability Recovery-Oriented Framework alongside the solutions proposed within this submission to ensure there is consistent application of good practice across the country when it comes to how the NDIS supports people with psychosocial disability. It is only through this comprehensive implementation that the scheme can truly support personal recovery for people with psychosocial disability.





Mental Health Australia

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Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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