Mental Health Australia

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Health professionals, psychosocial disability and NDIS access

Final Report

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Mentally healthy people,
Mentally healthy communities

Contents

Introduction

The introduction of the National Disability Insurance Scheme (NDIS) presents a new systems environment for health professionals caring for people with mental health conditions and psychosocial disability. The Australian Government's Department of Social Services recognises the need for pathways from mainstream health and mental health services to the NDIS via which health professionals will:

- assist people with psychosocial disability to access the NDIS, and
- integrate their care with NDIS supports.

The Department engaged Mental Health Australia to explore the barriers experienced by health professionals to undertake these roles and provide recommendations for actions to address those barriers.

Methodology

In undertaking this project Mental Health Australia worked with its member health professional organisations (HPOs), being:

- Australian Association of Social Workers (AASW)
- Australian Clinical Psychology Association (ACPA)
- Australian College of Mental Health Nurses (ACMHN)
- Australian Psychological Society (APS)
- Dietitians Association of Australia (DAA)
- Occupational Therapy Australia (OTA)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Psychiatrists (RANZCP).

The HPO's submissions on the NDIS[1] and other NDIS related documents on their websites — such as position statements and information for their members about the NDIS, were reviewed (desktop analysis) to identify their opinions on the role of their members in facilitating mental health consumers' ('consumers') access to the NDIS.

Consultation with HPOs was undertaken to seek written policy responses from the HPOs to the specific issues being addressed by this project.

In order to understand the experience of consumers and carers at the interface between health services and the NDIS, Mental Health Australia also approached two member community mental health organisations, Mind Australia and Neami National, to obtain the views of the consumers they work with on the specific issues being addressed by this project. Mind Australia and Neami National also asked their community mental health workers about how health professionals could be better supported to assist people to access the NDIS.

This report presents the collective views of the HPOs and recommends specific actions to address the barriers experienced by health professionals in assisting consumers to access the NDIS.

[1] To Parliamentary inquiries and the Productivity Commission inquiry into the NDIS costs.

Desktop analysis

At commencement of the project, Mental Health Australia conducted a desktop analysis (at Attachment A to this report) reviewing:

- the position statements, submissions and other documents published on the websites of HPOs to identify their opinions on how their members should be supported to facilitate consumers' access to the NDIS
- resources developed specifically to inform health professionals about the NDIS.

The desktop analysis is a point in time summary of health professionals' views on how they would like to be supported alongside a description of the current assistance available for health professionals. It revealed that HPOs have clear views about the supports the NDIS should provide people with psychosocial disability, and how the National Disability Insurance Agency (NDIA) and its partners should support prospective participants to make the most of opportunities of the NDIS. Overwhelmingly the HPOs' documents express the view that health professionals want to actively facilitate consumers' access to the NDIS and for NDIS supports to complement the clinical care they provide. But they had less to say about how their members' interactions with the NDIA can be more efficient and effective. This was explored as a part of further consultations with health professional organisations.

Since submission of the Desktop Analysis in September 2018 the NDIA has undertaken considerable work to address concerns raised by the psychosocial service sector as outlined in 'the policy and implementation context' section of this report.

Consultation with health professional organisations

Mental Health Australia asked the HPOs to consult with their members and provide a written response to the following questions:

1. what role should the health profession perform in assisting people with psychosocial disability to access the NDIS?
2. what barriers does the health profession face in carrying out this role?
3. what would assist the health profession to undertake this role more efficiently and effectively?

HPO responses reiterated the issues highlighted in the desktop analysis. More importantly, HPOs want clinical care to be complemented by NDIS supports. Consequently HPOs want clear working arrangements between HPOs and the NDIA on operational issues, and health professionals and NDIA staff about individual NDIS participants. HPOs highlighted that once health professionals commence the journey with the person to access the NDIS, they have an ongoing clinical interest in ensuring consumers receive NDIS supports that complement the clinical care they receive. Consequently, there should be one to one engagement by the NDIA with the NDIS participants' treating health professionals from pre-access through to plan review.

HPO responses are at Attachment B.

Consultation with consumers, carers and community mental health workers

The report provided by Mind Australia and Neami National ('the joint report') validates the positons put forward by the HPOs. In addition, the joint report highlights that the evidence provided by treating health professionals' for access applications emphasise consumers' strengths. This is to be expected given the therapeutic relationship is strengths-based and seeks to aid recovery. However, the joint report goes on to say that the strengths-based clinicians' evidence can adversely affect the outcome of the NDIS application for the prospective participant as it does not clearly articulate functional impairment instead focussing on the consumer's strengths. The Joint Report is at Attachment C.

Mental Health Australia did not undertake further consultations with consumers and carers as a part of this report into health professionals needs, as considerable effort was made to clearly reflect consumer needs as a part of Mental Health Australia's earlier consultations and report on the Design of an NDIS Psychosocial Pathway. Broadly, as a part of these earlier consultations, consumers and carers identified that many health professionals were not fully aware of the NDIS nor convinced of its value. Consumers identified that, in general, productive support by health professionals in preparing for their access application had positive flow on effects across their NDIS journey. However, they did not feel health professionals always understood the NDIS or their role in supporting consumers with psychosocial disability to apply for access.

The NDIA is working to address the 29 recommendations raised through this previous report, which are much broader than the scope for this project. The following section on 'the policy and implementation context' explains the work currently being undertaken by the NDIA to address the previous report's 29 recommendations.

The policy and implementation context

The views elicited from health professionals, mental health workers, consumers and carers through consultation for this report are influenced by a policy and implementation context. It is therefore important to briefly provide some of this contextual information to frame the report's findings.

A social model of disability

The Council of Australian Government's National Disability Strategy promotes a social model of disability. "This recognises that attitudes, practices and structures are disabling and can prevent people from enjoying economic participation, social inclusion and equality."[2] It includes the idea that "people with disability can be more disadvantaged by society's response to their disability than the disability itself".[3] It follows that the voices of people with disability must be at the centre of the design of any policy intended to benefit them, and indeed any policy. Recognising the importance of placing the consumer voice at the centre of policy design, NDIS policy is strongly underpinned by consumer choice and control.

The NDIS' emphasis on consumer choice and control, offers a great challenge to traditional medical model thinking, which has historically privileged the voice of health professionals and other disability workers in decisions around disability care. This is also the case for psychosocial disability more specifically. Most people seeking assistance for mental health issues visit their general practitioner for help and/or present to emergency departments. There is very limited access to community based mental health services.

As promising as the shift to a social model of disability, and particularly the focus on consumer choice and control is, it is also important to acknowledge the complexity of the practical implication of genuine choice and control for some people with psychosocial disability. In practice it often involves balancing dignity of risk with duty of care. For example, ensuring that people with psychosocial disability have access to practice genuine choice and control may involve supported decision making practices to uncover consumers' genuine will and preference or psychosocial recovery coaching to build the capacity of consumers to articulate and express their will and preference.

It is through this lens of complexity that comments from health professionals around their engagement in the NDIS access process should be viewed. It is not as simple as accepting that health professionals know what is best for consumers, nor is it the case that health

[2] Council of Australian Governments, 2011, *National Disability Strategy 2010-2020*, page 16

[3] Council of Australian Governments, 2011, *National Disability Strategy 2010-2020*, page 16

professionals views should be discounted as overly paternalistic. Indeed they form an important contribution to consumers' recovery journey, whilst acknowledging the consumers' voice must be privileged throughout the NDIS access and planning processes.

The NDIA's work in relation to psychosocial disability

Since submission of the Desktop Analysis in September 2018 and, whilst consultations with HPOs and community mental health organisations were underway, the NDIA has undertaken further work to address concerns raised by the psychosocial service sector as described below. It is important to acknowledge that this work will have gone some way to addressing the concerns of health professionals around misunderstandings and lack of information. This work does not however address health professionals underlying concerns around clearer role delineation and avenues for reimbursement for work undertaken.

NDIS Psychosocial Stream

In early 2018, the NDIA engaged Mental Health Australia to run consultations in relation to the design of an NDIS Psychosocial Pathway. This work resulted in the provision of 29 recommendations to the NDIA in the form of Mental Health Australia's NDIS Psychosocial Disability Pathway Report. In October 2018, the Minister for Families and Social Services announced that the NDIA would establish a psychosocial stream for the NDIS including:

- Staff with specialist skills who understand psychosocial disability
- Better linkages between mental health services and National Disability Insurance Agency (NDIA) staff and partners; and
- A focus on recovery-based planning and episodic needs.

In 2019, the NDIA established a joint working group to discuss the design of certain elements of the stream. The working group includes mental health consumer, service provider, and government official representatives. In particular the group is considering:

- Responding to the episodic nature of psychosocial disability
- Supporting people with psychosocial disability to prepare to access the scheme
- Creating better linkages and referral for those who are ineligible for the scheme.

Some improvement activities of the Stream commenced in South Australia and Tasmania in December 2018 and will commence in every State and Territory by June 2020 as part of a staged rollout.

The NDIA has also enhanced the NDIS Pathway and introduced a Complex Support Needs Pathway. It is estimated 30% of participants with a primary psychosocial disability will be supported by the Complex Support Needs pathway.

Psychosocial Capability Framework

A world leading Psychosocial Disability Capability Framework has been developed to ensure NDIA staff and partners have the skills and understanding to support people with mental health conditions.

The Framework will be a long-term investment in mental health education and training by the NDIA to better meet the needs of participants and their supports.

NDIS Optimising Psychosocial Supports

In 2018, Mental Health Australia undertook a project, funded by eight project partners, to bring together, for the first time, the service level data from community based mental health programs to present a picture of how people with psychosocial disability were supported in 'pre-NDIS' programs. The project provides a rich and valuable evidence base to augment and support the NDIA's work to deliver the most appropriate support to NDIS participants with psychosocial disability.

In August 2019, Mental Health Australia and the NDIA collaborated to bring together a time limited working group to consider the project outcomes. The working group includes mental health consumer and carer representation alongside service providers who have day-to-day experience delivering psychosocial support through the NDIS and NDIA officials. The group aims to compare and contrast the evidence presented in the Optimising Psychosocial Supports project with the NDIA's evidence on psychosocial services under the NDIS in order to help to build an evidence-based picture to help inform the design of future packages of support.

Support for health professionals around NDIS access

More specifically, to support health professionals to assist people with psychosocial disability to access the NDIS, the NDIA has:

- Presented workshops on mental health and access workshops in every State and Territory to over 3,000 NDIA staff, LAC partners, and other stakeholders, including mental health clinicians and mental health peer networks
- Introduced a Streamlined access process nationally to support prospective participants with mental health conditions to verbally begin their access request with a support worker or a trusted other who can be the primary contact throughout the access process
- Released 6 access snapshots specifically targeted to people with psychosocial disability, their families and care providers, including one specifically addressing 'Providing evidence for NDIS eligibility'
- Released a guide for mental health professionals on access
- Released a guide to writing a support worker letter
- Released a Frequently Asked Questions on Psychosocial Disability access document for mental health professionals
- Released a factsheet for GPs
- Conducted a Peer worker support project with the Mental Health Foundation (ACT) to train and engage peer workers to try and reach prospective participants yet to engage with the NDIA. The outcomes of this project will help guide the use of peer workers into the future.
- Conducted ad hoc sessions with health professional organisations such as the RANZCP to assist in informing their members about the role of psychiatrists in supporting people with psychosocial disability to access the NDIS

- Assisted health professional organisations to engage with sector consultation mechanisms such as the NDIA Mental Health Sector Reference Group.

Key issues for the health professions

Set a clear role for and expectations of the health professions

HPOs identified the need for clarity around the specific activity each health profession should undertake to assist a person with psychosocial disability to complete the NDIS access form. The NDIA should work with HPOs to develop clear expectations of the roles for each health profession. Specific activities should be identified, along with appropriate remuneration streams to support the NDIS related work of the health professions.

Clarify eligibility criteria for people with psychosocial disability

Where health professionals have assisted consumers to make an access application to the NDIS and have provided clinical input, they report varying experiences and inconsistency in the NDIS assessment of consumers' eligibility. Different NDIS access outcomes for consumers with similar clinical and psychosocial disability situations have made the NDIS eligibility criteria unclear for health professionals. The NDIA should work with HPOs to develop information that better supports health professionals to make an informed judgement of the likelihood of a successful NDIS access application and therefore whether to recommend that the person should apply, which can set up expectations.

Value and use the professional input of the treating practitioner

HPOs were concerned regarding a lack of perceived understanding and respect by the NDIA for the role and clinical opinion of health professionals. The NDIA needs to appreciate the long-term therapeutic relationships and trust that are developed between health professionals and consumers, which can quickly be undermined by a poor NDIA experience, particularly when the health professional has encouraged a reluctant person to apply and they are subsequently denied access/support. Nevertheless, HPOs are of the view that health professionals should facilitate consumers' access to the NDIS and the supports it can provide to complement their clinical care and help the person to recover from their psychosocial disability. Health professionals know the consumers they work with and their clinical journey better than NDIS staff.

In contrast, community mental health workers noted that sometimes, health professionals may not have the most comprehensive understanding of consumer support needs. This point emphasises the importance of ensuring many perspectives can provide a valid contribution to NDIA planning, and impresses again the importance of privileging the consumer voice throughout this process.

Nonetheless, the NDIA should take advantage of the goodwill expressed by health professionals to work with the NDIA to design specific roles for the health professions in assisting people with the NDIS access process.

The HPOs see health and disability care arrangements as complementary and therefore would like greater input to and visibility of the participant's NDIS support package. They envisage a partnership approach between NDIS participants, their treating health professional and the NDIA from pre-access through to planning, plan management and plan review.

Health professionals' roles

At the time Mental Health Australia commenced this project, the most specific information for health professionals produced by the NDIA was the fact sheet *A GP & Allied Health Professional's Guide to the NDIS*. Box A is an extract from that document describing the role for general practitioners and other health professionals. Mental Health Australia asked HPOs to comment on the capacity of their members to perform these roles.

HPOs broadly agreed with the description of the role in the fact sheet.

However, some HPOs did not believe their health profession could set "expectations for consumers about the likelihood of funding, and the responsibilities of the NDIS compared to the health sector" because:

- they did not have enough information about the eligibility criteria for people with psychosocial disability or what supports can be funded by the NDIS to confidently explain this to consumers, and
- their experience with inconsistent outcomes from access applications undermined their confidence to predict the likelihood of a consumers' application being successful.

Box A: GP & Allied Health Professional's guide to the NDIS

General Practitioners (GPs) and other health professionals have an important role in the NDIS. This includes:

- helping patients understand the NDIS, particularly for people who have limited community connections and support outside their GP
- setting expectations for patients about the likelihood of funding, and the responsibilities of the NDIS compared to the health sector
- supporting a patient's NDIS access request by:
    - completing the supporting evidence section of the Access Request Form
    - documenting that they have or are likely to have a permanent disability
    - providing copies of reports or assessments relevant to the diagnosis/condition that outline the extent of the functional impact of the disability".

HPOs also noted that once a health professional commenced assisting a consumer to access the NDIS, their involvement continues through to providing evidence in the event an appeals process is needed. The therapeutic relationship then carries through to ensuring consumers have access to a package of supports that complements their clinical care, which means they should have ongoing clinical input throughout the NDIS journey from pre-access, through to planning and plan review.

Social workers and occupational therapists can provide individual advocacy for consumers to make sure NDIS plans meet their needs. At access, the NDIA requires information about a prospective participant's functional impairment and states this information is "best

provided through a functional assessment."[4] Functional assessments are a core competency of occupational therapists. However no dedicated remuneration stream is available for occupational therapists to undertake a functional assessment for an NDIS access application.

Barriers

The absence of information about the specific roles of each health profession in both the NDIS access and access appeals processes is a barrier to health professionals. It prevents them from being able to properly assist people with psychosocial disability to complete an access application and continue to navigate the NDIS processes to optimize supports to aid their recovery. In addition, HPOs pointed to a lack of specific information about:

- the NDIS eligibility criteria as it relates to psychosocial disability;
- supports available to people with psychosocial disability through the Scheme, compared to health and other support systems; and
- the privacy implications of providing extensive clinical information about consumers in the access application when they don't know if the NDIA will share this information with third parties such as organisations undertaking Local Area Coordination and NDIA planning roles.

Community mental health workers and consumers also identified that health professionals may have limited understanding about what support can be provided through the NDIS. In addition community mental health workers identified that health professionals may have limited understanding about how to structure an evidence report to support NDIS access alongside a lack of understanding about the language required by the NDIA.

HPOs reported there is no remuneration, or third party financial assistance, to cover the cost of administrative work for pre-NDIS access assistance i.e. explaining the benefits of being an NDIS participant to consumers, completing the access application form, and providing clinical input. This is a clear barrier for health professionals in performing the roles outlined in Box A. Each of the HPOs have a different perspective in relation to remuneration for pre-NDIS access administrative work:

- The RACGP advises that general practitioners (GPs) can only claim Medicare rebates to fund NDIS pre-access work when they have provided a face to face consultation. There are no Medicare rebates to cover administrative activities carried out by GPs appropriately out of consultation times.
- The RANZCP cannot identify a remuneration stream for psychiatrists providing assistance with NDIS access.
- The ACMHN advised that some mental health nurses reported their workplaces do not consider pre-NDIS access assistance as part of their role.
- The APS reported its belief there is no remuneration stream for psychologists to undertake pre-access assistance.
- No dedicated remuneration stream is available for occupational therapists to undertake a functional assessment for consumers seeking access to the NDIS.

[4] National Disability Insurance Agency. 2018. Accessing the NDIS: A guide for mental health professionals

Community mental health workers and consumers identified a barrier of cost to consumers in order to gain the necessary evidence of psychosocial disability from health professionals. Some consumers did not have the means to pay for reports from their health professionals and those costs could be exacerbated if the reports did not meet the NDIA requirements the first time around. In addition, the length of time taken to prepare reports increased access delays.

Health professionals have reported witnessing inconsistent outcomes from NDIS applications they have submitted for people with psychosocial disability who have similar conditions and circumstances. The impact of this is threefold:

1. 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.
2. There is a reduction in health professionals' confidence in their own ability to identify suitable candidates to apply for Scheme access.
3. 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.

HPOs advised that the NDIA staff lacked specific skills in, knowledge of, and experience with psychosocial disability and the language used by the NDIA is different to the language used by health professionals. Therefore, health professionals report they believe the information they provide to the NDIA is not able to be understood by NDIA non-clinical decision makers. This could lead to incorrect decisions on access or prolong the access application process because the NDIA seeks more information from health professionals. HPOs are of the view the NDIA should engage health profession experts to act as a liaison point for treating health professionals. This would reduce the time spent by health professionals assisting consumers with their NDIS access applications and minimise delays associated with insufficient and/or incomplete access applications.

Assisting health professionals

Mental Health Australia's direct engagement with HPOs and their written responses, indicate that HPOs and their members have limited knowledge of the NDIS – who it is for and what it offers. They do not understand the operational aspects of the NDIS well enough to provide specific advice about their profession's optimal role or what help they need to assist people to access the Scheme. This project has highlighted the NDIA urgently needs to undertake broad reaching education with the health professions about the NDIS and in particular how it meets the needs of people with psychosocial disability.

Recommendation 1: *In the first instance, the NDIA should undertake a broad education campaign with health professions explaining the purpose and operation of the NDIS in relation to people with psychosocial disability.*

More specifically, health professionals require clear information about, and consistent application by the NDIA of, several elements of the Scheme:

- the specific role the NDIA expects of each health profession during the access and access appeals processes;
- the clinical opinion and documentation required in the access application;
- the NDIS eligibility criteria as it relates to psychosocial disability;
- the range of supports people with psychosocial disability would be able to purchase through the Scheme;
- how the NDIA uses clinical information provided by health professionals about people with psychosocial disability; and
- the disability assessment tool to include a clinical opinion of functional impairment of the prospective NDIS participant with the access application.

HPOs are of the view that this information should be prepared and disseminated by the NDIA. They have made several suggestions about the method by which this information could be given to health professionals. These are:

- through employers of health professionals;
- an online toolkit for health professionals about eligibility criteria, the required documents, processes and timelines as well as supporting case studies;
- a health professions-specific section to be created on the NDIA website;
- webinars specifically tailored to each health profession;
- templates to assist health professionals complete specific tasks required during the access process, such as providing evidence of disability and functional impairment; and
- fact sheets.

Consumers and community mental health workers also supported the idea of sharing information via fact sheets (including one in plain English that could be worked through with the consumer) and training to health professionals. Particularly on the role and capacity of the NDIS in supporting people with psychosocial disability and the language used by the NDIA alongside some guidance about ways to communicate these report requirements to people with psychosocial disability. In addition, consumers and community mental health workers recommended providing health professionals with a template or standardised document to assist them in structuring their evidence report. In addition, consumers identified that having community mental health workers attend health professional appointments with them where possible was helpful.

HPOs would like to work with the NDIA to clarify the roles it expects the health professions to undertake, quantify the time to undertake these roles, and identify the cost of performing these roles. Such collaboration would also inform the provision of appropriate remuneration, in the form of Government benefits or rebates, or direct payments to health professionals, for the roles assigned to them by the NDIA. Two ideas raised by Community Mental Health Workers included:

- That reimbursement for some health professional functions (for example any reports required at plan review) could be included in NDIS participant plans. Consumers also agreed with this recommendation.

- To support communication between a consumers' care team members, funding could be provided to health professionals to engage in discussions with other professionals engaged in a consumer's care. Consumers also raised the importance of ensuring carers are kept informed.

However this does not resolve the cost issue consumers are experiencing during access preparation. In order to facilitate engagement on the issue of adequate remuneration, HPOs are seeking a standing arrangement with the NDIA to co-design the above-mentioned communications alongside solutions to operational issues with the health professions.

Recommendation 2: *The NDIA should establish a working group of health profession representatives to co-design solutions to operational issues, beginning with:*

- *determining the specific roles for each health profession in the access application and appeals processes, quantifying the time to undertake these roles and identifying the cost of performing these roles;*
- *determining the specific roles for each health profession in the planning and review processes to ensure the NDIS supports complement clinical care, quantifying the time to undertake these roles, and identifying the cost of performing these roles;*
- *testing draft information with health professionals;*
- *determining the most appropriate methods for information dissemination to meet the needs of health professionals, for example, advice about preparing clinical information should be disseminated by the relevant HPO; and*
- *developing guidance on responding to requests from NDIA staff for additional information.*

Recommendation 3: *The NDIA should work with central agencies to establish mechanisms to fund health professionals, or reimburse consumers, for performing the roles assigned to them by the NDIA.*

The 'Barriers' section clearly outlines a lack of psychosocial disability specific skills, knowledge and experience by NDIA staff and a perceived lack of understanding by NDIA staff of health professional clinical opinion. In response to this, and to enhance the consumer experience, HPOs advise that the NDIA should increase psychosocial disability specific skills, knowledge and experience of NDIA staff. In addition, the NDIA should create designated expert NDIA positions filled by staff who understand the roles of health professions. This could assist HPOs with queries and thereby increase their efficiency and effectiveness in completing NDIA forms and responding to requests from NDIA assessors for more information about the consumer.

Recommendation 4: *The NDIA should have designated clinical experts for health professionals to consult. The staff engaged to perform this function should understand health professional roles, mental health and psychosocial disability.*

Recommendation 5: *NDIA assessors, planners and NDIA partner[5] staff who undertake assessment and planning functions should have:*

- *an understanding of health professions' clinical roles, and*
- *psychosocial disability specific skills, knowledge and experience.*

[5] The NDIA employs Partners in the Community which also undertake assistance with access and planning functions.

This knowledge will help relevant NDIA and partner staff understand evidence provided by health professionals as part of NDIS access applications and communicate with health professionals when more information is needed or an access decision is to be reviewed, and in the planning and review processes.

Summary of recommendations

Recommendation 1: In the first instance, the NDIA should undertake a broad education campaign with health professions explaining the purpose and operation of the NDIS in relation to people with psychosocial disability.

Recommendation 2: The NDIA should establish a working group of health profession representatives to co-design solutions to operational issues, beginning with:

- determining the specific roles for each health profession in the access application and appeals processes, quantifying the time to undertake these roles and identifying the cost of performing these roles
- determining the specific roles for each health profession in the planning and review processes to ensure the NDIS supports complement clinical care, quantifying the time to undertake these roles, and identifying the cost of performing these roles;
- testing draft information with health professionals
- determining the most appropriate methods for information dissemination to meet the needs of health professionals, for example, advice about preparing clinical information should be disseminated by the relevant HPO
- developing guidance on responding to requests from NDIA staff for additional information.

Recommendation 3: The NDIA should work with central agencies to establish mechanisms to fund health professionals, or reimburse consumers, for performing the roles assigned to them by the NDIA.

Recommendation 4: The NDIA should have designated clinical experts for health professionals to consult. The staff engaged to perform this function should understand health professional roles, mental health and psychosocial disability.

Recommendation 5: NDIA assessors, planners and NDIA partner staff who undertake assessment and planning functions should have:

- an understanding of health professions' clinical roles
- psychosocial disability specific skills, knowledge and experience.

This knowledge will help relevant NDIA and partner staff understand evidence provided by health professionals as part of NDIS access applications and communicate with health professionals when more information is needed or an access decision is to be reviewed, and in the planning and review processes.

About

Mental Health Australia Ltd is the national independent peak body representing and promoting the interests of the Australian mental health sector. Our aim is to promote mentally healthy communities by building awareness of mental health issues; influencing social policy; conducting relevant research; and carrying out regular consultation to represent the best interests of our members, partners and the community.

Mental Health Australia

Mentally healthy people,
mentally healthy communities

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

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ATTACHMENT A

IMPROVING MAINSTREAM HEALTH SERVICE PATHWAYS TO THE NDIS FOR PEOPLE WITH PSYCHOSOCIAL DISABILITY

Mental Health Australia

Desktop analysis

Mental Health Australia (MHA) has been funded through the National Disability Insurance Scheme (NDIS) Sector Development Fund to identify how health professionals can be supported to assist people with psychosocial disability to access the NDIS, and to integrate their care with NDIS supports.

A desktop analysis was undertaken of:

- the position statements and submissions and other documents published on the websites of MHA member health professional organisations[1] to identify their opinions on how their members should be supported to facilitate their patients' access to the NDIS
- resources developed specifically to inform health professionals about the NDIS.

Supporting health professionals to assist people with psychosocial disability

The health professionals want to actively facilitate their patients' access to the NDIS, and help them to get maximum benefit from the supports it provides.

Health professionals would like greater respect from the National Disability Insurance Agency (NDIA) for their clinical opinion based on well-developed and long term relationships with their patients. In a practical sense for access, they would see this manifest in a referral process from health professionals to the NDIS. They also want to give clinical input on the supports participants receive from the NDIS.

Health professionals spend significant time supporting their patients throughout their lives and advocating for their patients. Consequently, organisations' position statements and submissions about the NDIS response to psychosocial disability have clear and firm views about what the NDIS should offer people with psychosocial disability, and how the NDIA and its partners should support NDIS participants. While organisations have less to say about the needs of their members in their own interactions with the NDIA, three areas of need emerged from their position statements and submissions on the NDIS:

1. What health professionals need to know to assist access

Health professionals need clarity and certainty about the NDIS eligibility criteria for people with mental health conditions and what the NDIS can offer their patients. To aid their role to

[1] Voting health professional members: Australian Association of Social Workers; Australian College of Mental Health Nurses; Australian Clinical Psychology Association; Australian Psychological Society; Dieticians Association of Australia; Occupational Therapy Australia; The Royal Australian College of General Practitioners; The Royal Australian and New Zealand College of Psychiatrists.

ascertain likely eligibility for the NDIS, and to complete the access form and provide supporting evidence, they need:

- a comprehensive definition of psychosocial disability
- a clear understanding of what is deemed functional impairment for mental illness
- clear NDIS access requirements for psychosocial disability
- clear descriptions of the evidence required to support access applications
- case studies of participants with psychosocial disabilities to provide examples of situations when an individual would or would not be eligible for the NDIS
- consumer-friendly marketing material for health professionals to distribute to clients with mental health conditions
- publication of de-identified profiles of participants and services provided in plans to illustrate the options for NDIS participants
- clarity about how changes in diagnosis may impact eligibility and/or support.

2. What health professionals need to assist NDIS access

Health professionals need a thorough description of the scope and availability of NDIS services to understand how the NDIS can benefit their patients.

They want to streamline the access process for their patients through direct referral to the NDIA.

Health professionals need clarity about the roles of NDIS registered service providers i.e. that they will only provide support coordination, or that they will actually provide the service that the NDIS participant needs.

The central role of general practitioners in assisting people to access the NDIS – more so than for other health professionals – is widely recognised. Medicare rebates should appropriately recognise the clinical expertise of general practitioners and their time to prepare evidence for NDIS access applications.

At a policy level, mental health professionals remain concerned about the NDIS eligibility requirement for permanency of the mental health condition, and the impact of this on mental health recovery for people with psychosocial disability. They want to work with the NDIA to decide how best to align the eligibility criteria with the experience of people living with psychosocial disability.

3. How do health professionals want to work with the NDIA?

Health professionals want consultation and two-way communication with the NDIA. They want to be advised when their patient becomes an NDIS participant or that their access application has been rejected. They want to provide feedback to the NDIA when they consider the access decision did not take proper account of their clinical expertise.

Health professionals naturally work in a holistic manner to address co-occurring conditions so that optimal levels of engagement and performance for people with psychosocial disability can be achieved. They want to have active clinical input to the development of their patients' individually funded packages and to receive a copy of the plan to assist their own ongoing clinical care of the participant. They want to be involved in care coordination.

Health professionals also want to assist the NDIA to:

- develop suitable assessment tools
- work alongside NDIA staff to assess the functional needs of prospective NDIS participants with a mental health condition
- conduct accurate assessments of participants with input from treating clinicians and which are gauged over a period of time.

Health professionals also want the NDIA staff and partners to have expertise in psychosocial disability and would like input into the development of training materials for them. They want Local Area Coordinators (LACs) to collaborate with health professionals and identified that to do so, LACs must:

- have experience working with clients with a dual diagnosis or co-occurring disorders who need more integrated support and may have to apply to different agencies for funding
- understand the roles of different health professionals.

Finally, health professionals want the NDIA either to employ or maintain a panel of health professionals to act as a resource for NDIA staff on profession specific issues. The panel would also share industry knowledge to build the expertise in the NDIA.

The role of health professionals

Clarity about the role of health professionals in assisting people with psychosocial disability to access the NDIS is necessary to understand what is required of health professionals and therefore what can be done to streamline their workload and workflow.

The NDIA document *A GP & Allied Health Professional's guide to the NDIS* (undated) describes the role of general practitioners and allied health professionals in the NDIS as:

- helping patients understand the NDIS, particularly for people who have limited community connections and support outside their GP
- setting expectations for patients about the likelihood of funding, and the responsibilities of the NDIS compared to the health sector
- supporting a patient's NDIS access request by:
    - completing the supporting evidence section of the Access Request Form
    - documenting that they have or are likely to have a permanent disability, and
    - providing copies of reports or assessments relevant to the diagnosis/condition that outline the extent of the functional impact of the disability.

Current assistance for health professionals

The following document and resources have been produced specifically to inform health professionals about the NDIS.

National Disability Insurance Agency

The NDIA has published three documents for health professionals:

- *Completing the access process: Tips for Communicating about Psychosocial Disability* (August 2016) - this guide helps to translate language traditionally focussed on symptoms and treatment to language about functional impairment and supports.

- *A GP & Allied Health Professional's guide to the NDIS* (undated)*:* this document provides a brief description of the split of services between the NDIS and health. It explains the type of evidence that is required from GPs and the process which is followed post access. It provides some guidance to GPs about meeting Medicare requirements when completing NDIS access forms.
- *Information about the NDIS for GPs and health professionals* (undated). This document briefly sets out what evidence is required for someone to access the NDIS and the role of GPs in the access process.

Royal Australian College of Physicians

The Royal Australian College of Physicians document *NDIS Guides for Physicians and Paediatricians* (May 2017) is comprehensive, covering everything from the access and planning processes through to NDIS versus mainstream responsibilities and quality and safeguarding. The NDIS eligibility requirements and the classifications used by the NDIA to understand disability, functioning and impairment are explained in detail.

Victorian Department of Health and Human Services

The Victorian Department of Health and Human Services (DHHS) has produced three documents.

- *Practice Guidelines: National Disability Insurance Scheme and mainstream services interface* (June 2018) was written for Victorian public mainstream services. It outlines expectations about how the two sectors are to interact at their interface. One third of this guide covers the clinical mental health services interface with the NDIS including a section specifically outlining how to support the NDIS access process including:
    1. the process to phase in consumers receiving services from the in scope state based mental health programme
    2. a brief description of which health professionals can assess functional capacity
    3. best practice and roles and responsibilities of health professionals (and others) in the access process.
- *Ways of working with the National Disability Insurance Scheme (NDIS): A practice resource for public clinical mental health services* (April 2018) documents the evidence base and models for effective collaborative practice between public mental health services and the NDIA, the NDIA's Local Area Coordination (LAC) partners and NDIS funded providers. The document supports frontline staff in adult public mental health services to build their knowledge and practice in relation to the NDIS pathway. In relation to the access process, this document explicitly outlines ways of working with mental health consumers to assist their access to the NDIS.
- *NDIS Implementation Guide: A tool to assist specialist clinical mental health services* (undated). Although this document is targeted at the organisational level (rather than at health professionals individually), it emphasises the important role health professionals play in assisting people to access the NDIS. It includes an organisational readiness checklist, with measures around the capacity of health professionals to assist people to access the NDIS and the organisational capacity to collect data in order to identify systemic issues related to parts of the NDIS pathway (including access).

DHHS is planning to develop other materials such as a training package for clinical mental health staff and a report describing effective models of partnership between clinical mental health services and the NDIA, LAC and NDIS providers.

While DHHS' project goes well beyond the scope of Mental Health Australia's current project, it provides resources, which may be valuable to share nationally.

Aftercare

Aftercare has developed resources specifically for health professionals to assist them in their part of the NDIS access process.

- *Psychosocial Disability and the NDIS: Completing the NDIS process for your patients* is a video that presents an NDIS overview, explains the access requirements including understanding and presenting evidence of functional impact. It explains the GP's role in completing parts of the Access Request Form and providing evidence of permanency and functional impairment. It offers some advice about what functional impairment is likely to look like for people with psychosocial disability. In addition, it provides some ideas about what types of supports might assist people with psychosocial disability.
- *Providing Evidence of Psychosocial Disability* is a matrix tool that provides 'at a glance' information linking symptoms with the functional and physical health implications and then clearly matching these with types of support needs, as well as observation examples.

Aftercare offers specifically developed training on *Psychosocial Disability and the NDIS,* which is an RACGP QICPD accredited activity. It is offered to local Primary Health Networks, allied health professionals and general practitioners. The learning outcomes ensure attendees understand: what the NDIS is; 'psychosocial disability' in context of the NDIS; how to assist an individual to access the scheme as a general practitioner or allied health practitioner; and the participant journey.

New South Wales Health

NSW Health document *Mental Health and the NDIS (Psychosocial Disability)* (March 2018) states that each Local Health District (LHD) and Specialty Health Network (SHN) has a NDIS Transition Lead and a NDIS Mental Health Champion. These positions provide advice and information to health professionals working in LHDs and SHNs and meet regularly to discuss implementation issues.

Victorian Mental Illness Awareness Council

The Victorian Mental Illness Awareness Council has developed the following resources for medical and allied health professionals:

- a short video for medical practitioners and other mental health staff to assist them in their report writing.
- a flyer *Mental Health and the NDIS: Supporting your patients to apply for support* provides a snapshot of the role of health professionals and how to provide evidence for people with psychosocial disability, and provides one example of assessing types of functional impairments for one type of mental health symptom.
- a booklet *Supporting people with mental health needs to access the NDIS: Detailed information for medical and health professionals* provides information to supplement the flyer. It describes some of the common barriers that people with psychosocial disability may face in accessing the NDIS.

References

Amanda Lyons. *Design for Life*. Royal Australian College of General Practitioners. Good Practice. Issue 11. November 2017

Australian Psychological Society. *Submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into Provision of Services for people with psychosocial disabilities related to mental health conditions under the National Disability Insurance Scheme.* 2017

Dieticians Association of Australia. *Submission to Productivity Commission inquiry into National Disability Insurance Scheme Costs.* March 2017

Occupational Therapy Australia. *Submission to the Joint Standing Committee on the NDIS inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.* February 2017

The Royal Australian and New Zealand College of Psychiatrists. *Submission to the Joint Standing Committee on the NDIS inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.* February 2017

The Royal Australian and New Zealand College of Psychiatrists. *Submission to Productivity Commission NDIS Costs Study.* March 2017

The Royal Australian College of General Practitioners. *Submission to Parliamentary Joint Standing Committee on the NDIS inquiry into transitional arrangements for the National Disability Insurance Scheme.* August 2017

The Royal Australian College of General Practitioners. *Submission to Productivity Commission National Disability Insurance Scheme Costs Study.* August 2017

ATTACHMENT B

AASW
Australian Association of Social Workers

Social workers, psychosocial disability and the National Disability Insurance Scheme

December 2018

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Who we are

The Australian Association of Social Workers (AASW) is the professional body representing more than 11,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, social inclusion, and discrimination.

The social work profession

Social work is a tertiary-qualified profession recognised nationally and internationally that supports individuals, families, groups and communities to improve their wellbeing. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledge. Social workers consider the relationship between biological, psychological, social and cultural factors and how they impact on a person's health, wellbeing and development. Accordingly, social workers maintain a dual focus in both assisting with and improving human wellbeing and identifying and addressing any external issues (known as systemic or structural issues) that may have a negative impact, such as inequality, injustice and discrimination.

Survey of AASW members

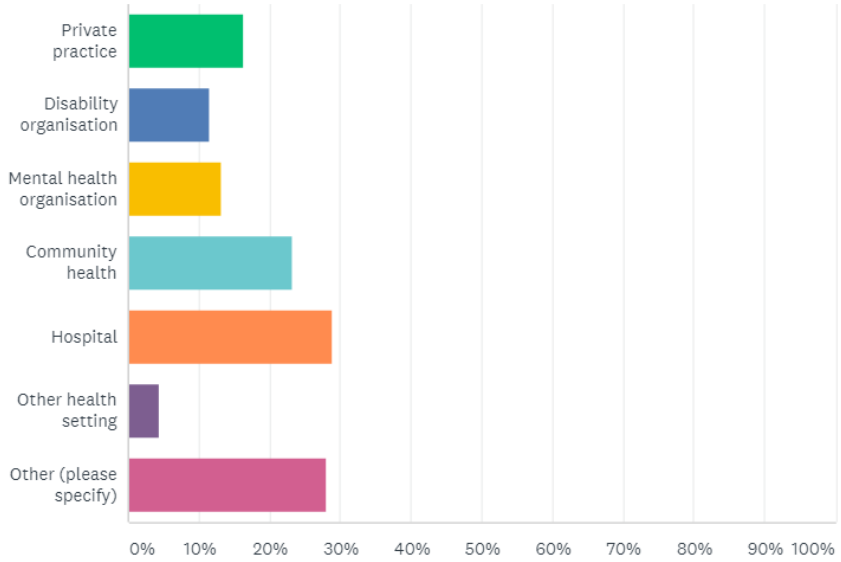
In conjunction with Mental Health Australia, AASW sought to understand how the interface of the NDIS with the health system impact health professionals and their support of people with psychosocial disability to access the NDIS.

A survey of AASW members was conducted during November/December 2018, using specific questions provided by Mental Health Australia, and other questions that would enable AASW to explore the extent to which AASW members are involved in the NDIS access and support process. The questions included in the survey are provided in Attachment 1.

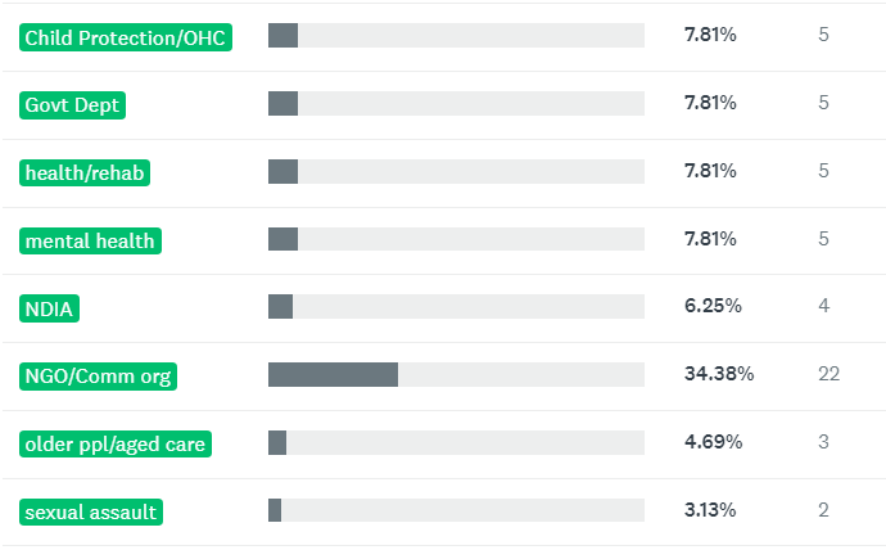
229 AASW members participated in the survey.

- **Work situation of respondents**

The majority of respondents worked in hospitals with the next largest group being from community heath, with a small number also identifying 'other health setting'. A significant number identified mental health as their prime work situation, either as a MH organisation or in private practice (which is likely to primarily comprise Accredited Mental Health Social Workers).



In the ‘Other’ category, respondents primarily identified with NGO or community based organisations, while a number identified with a range of other settings or client groups. A small number worked in Government Departments and NDIA



- **Numbers providing supports under NDIS**

Almost half the respondents to the survey indicated that they are currently providing services to people with NDIS plans and funding (48%)

- **Clients that might be eligible for NDIS and discussing NDIS and access to supports with clients**

The social workers who participated in the survey overwhelmingly indicated that they have clients that they believe would be eligible for NDIS support packgages (90%), and that they discuss the NDIS with their clients and how they can apply for assessment (91%).

- **NDIA description of role of health professionals in the NDIS access process**

The majority of respondents agreed with the statements describing the role of health professionals and by extension, social workers in the NDIS access process.

The vast majority (97%) agreed that social workers should ‘help patients understand the NDIS particularly for people who have limited connections and support outside their GP.’

Similarly significant numbers agreed with the statements that social workers should support a patient’s NDIS access request by

- ‘completing the supporting evidence section of the Access Request Form.’ (87%) and
- ‘providing copies of reports or assessments relevant to the diagnosis or condition that outline the extent of the functional impact of the disability.’ (88%)

There was less agreement with the remaining statements

- ‘set expectations for patients about the likelihood of funding, and the responsibilities of the NDIS compared to the health sector’
- ‘documenting that they have or are likely to have a permanent disability’

However, there was still significant agreement with approximately 2/3 of respondents supporting the statements at 67% and 62% respectively.

- **Other roles for social workers in the access process**

The key areas identified by respondents in which social workers should have roles in assisting people with psychosocial disability access the NDIS were:

- Advocacy (38%) including
    - To government in relation to access to NDIS
    - To other service providers
    - To NDIA
    - And for people who are assessed as ineligible
- Support (26%) including
    - During the access process, and as the client navigates the NDIS, its processes and requirements
    - For families and carers
    - To access other services and supports
- Planning (21%) including
    - Contributing to the planning process
    - Assisting clients to prepare for the planning process
    - Supporting clients in the planning meeting and process

Other identified areas included : assessment (9%), education (7%), coordinating (7%).

- **Barriers in assisting people to access the NDIS**

A number of barriers to assisting people with psychosocial disability to access the NDIS were identified by respondents.

- Time was identified as one of the most significant barriers (21%), in terms of the time-consuming requirements of the process, delays in the process, difficulties in accessing information and staff in the NDIA, and lack of time available to the respondent to be able to provide information to the client and undertake the requirements of the access process
- Poor knowledge on the part of NDIA staff was identified as equal top barrier to assisting people to access the NDIS (21%).

  Respondents indicated that the NDIS had poor knowledge in relation to:
    - the nature of psychosocial disability, and the needs and experiences of people with mental illness, and its impact on them
    - external organisations – their processes, capacities and nature of their work with people with psychosocial disability
    - what getting the required diagnosis, documentation and evidence entails and the associated costs
- The next highest area identified was around the availability and access to supports for people with psychosocial disability (19%). This included:
    - inability to access support services that will support the client to apply for NDIS funding
    - lack of supports for people while they are waiting for assessment, planning or provision of funded supports
    - lack of supports for people assessed as ineligible.

- Lack of knowledge – on the part of the social worker, and/or the client – and lack of information available or accessible to the social worker and the client/families were identified separately (17% and 6% respectively), but together contribute to
    - not having the information and tools to adequately assist people in the access process, especially in relation to providing the right information, using the right language, following the right process;
    - understanding the system and its processes, or requirements,
    - difficulties in navigating the NDIA and the options that are available to people.
- The NDIS criteria of permanency, and the requirement for evidence to support a diagnosis of permanent disability were also identified as a key barrier (16%), citing the difficulty in obtaining evidence, especially when clients have moved around a lot and between different GPS, psychiatrists etc or have never really had comprehensive assessments;
- Red tape and system barriers were also identified as significant in preventing social workers from assisting people to access the NDIS (11%); language wanted by NDIA vs recovery focused language; delays in internal processes, inconsistency and constant change and flux in the NDIA and its processes.

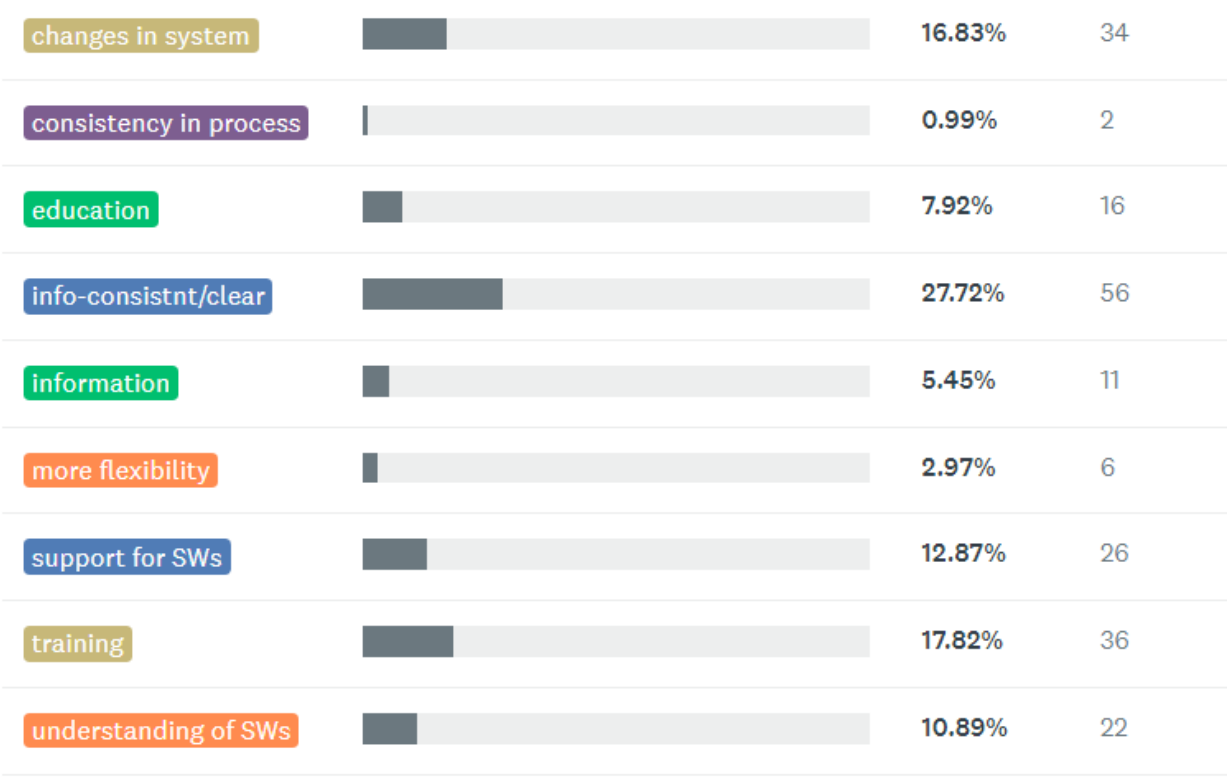
- **What would assist social workers undertake this role**

One of the key areas that would assist social workers was identified as being clear and consistent information (28%). Related to this was more information being available (5%).

Training (17%) and education (8%) was also a significant area of need and support identified. When linked to support for social workers (13%), these areas combined constituted the most significant area of assistance. Support for social workers included access to experts in the NDIA or key people, templates and guidelines to assist them in the access process, clarification of criteria and definitions, external support networks, and inclusion of assisting people with access process under Better Access medicare items.

Another key area identified by respondents, was the need for change in the way NDIS operated (17%). This response varied in the specific areas of change, but included providing more support to clients in the access process, recognising advocates, streamlining processes and faster response to people in crisis, less bureaucracy, more recognition of individual needs and impacts of mental illness, and flexibility in the process.

A potentially important area identified by a small number of respondents was around the need for greater understanding of the role, skills and expertise of social workers by NDIS staff (11%).



Submitted by and on behalf of the Australian Association of Social Workers Pty Ltd

Attachment 1 – AASW Survey of members

Social workers, psychosocial disability and the National Disability Insurance Scheme

1. **Do you believe social workers should "help patients understand the NDIS, particularly for people who have limited community connections and support outside their GP"?**

2. **Do you believe social workers should "set expectations for patients about the likelihood of funding, and the responsibilities of the NDIS compared to the health sector"?**

3. **Should social workers support a patient's NDIS access request by "completing the supporting evidence section of the Access Request Form"?**

4. **Should social workers support a patient's NDIS access request by "documenting that they have or are likely to have a permanent disability"?**

5. **Should social workers support a patient's NDIS access request by "providing copies of reports or assessments relevant to the diagnosis or condition that outline the extent of the functional impact of the disability"?**

6. **Please describe other roles you believe social workers should perform in assisting people with psychosocial disability with NDIS access.**

7. **What barriers do you currently face in assisting people with psychosocial disability to access the NDIS?**

8. **What would assist you to undertake this role more efficiently and effectively?**

9. **Do you currently provide services to people under NDIS plans and funding?**

10. **Do you currently have clients that you think might be eligible for the NDIS support package?**

11. **Do you speak to any of your clients about the NDIS and how they can apply for assessment?**

12. **What is your work situation?**

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the Australian College of Mental Health Nurses Inc.

19 December 2018

ACMHN feedback to MHA project:

Health professionals facilitating NDIS access for people experiencing psychosocial disability

Thank you for inviting the Australian College of Mental Health Nurses (ACMHN) to provide feedback on the Mental Health Australia project: Health professionals facilitating NDIS access for people experiencing psychosocial disability.

The ACMHN response provides some overarching comments followed by more specific feedback in response to the following:

- the role of mental health nurses (MHN) in the NDIS access process
- the barriers faced by MHN in assisting people with psychosocial disability to access the NDIS
- what would assist MHN to undertake their role in facilitating access to NDIS more effectively.

General feedback

The CMHN skillset is well suited to responding to the integrated psychosocial support needs of people experiencing psychosocial disability in the community. MHN have demonstrated great aptitude, value and competence in facilitating tangible and meaningful outcomes for people experiencing mental illness and this has been recognised in the literature (Santangelo et al, 2018; Delaney et al, 2017; McLeod, 2017; Lakeman, 2013; Richards, 2013, Happel et al 2010).

Mental health nurses already deliver services to people experiencing psychosocial disability across Australia in general and specialist (e.g. forensic) settings in community and primary care, Aboriginal health and community services, aeromedical and outreach services, emergency departments and inpatient units. As the largest and most geographically dispersed clinical mental health workforce in Australia (Mental health services in Australia, AIHW, 2017; National Rural Health Alliance Mental Health Factsheet, 2017), the potential role of mental health nurses in relation to the NDIS, including supporting participants to access the NDIS, is significant.

The ACMHN agrees it has a role to play in informing its members about the NDIS and psychosocial disability in particular, however due to the nature of the workforce, there are some important limitations that require consideration.

Firstly, despite sharing information about the NDIS with members, the ACMHN is still hearing from a significant number of members that they do not know how to engage with the NDIS in the

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context of their position and workplace and have heard nothing about what it might mean for their role, operational policies etc. from their employer (including those MHN employed by state and territory government mental health services).

There are also still a considerable number of MHN who are not ACMHN members and are not familiar with the NDIS and what their role is in relation to the NDIS within their place of employment. This is particularly the case in relation to the substantial number of enrolled and registered nurses who work with people experiencing psychosocial disability and are even employed in dedicated mental health settings, but do not identify as mental health nurses at all.

It is the position of the ACMHN that significantly more information and promotion needs to be provided to the broader nursing workforce by the National Disability Insurance Agency and relevant state and territory health departments. To ensure these important segments of the workforce are not missed, this information is best disseminated through their places of employment (e.g. local health and hospital networks via state health departments and peak bodies representing the private sector such as the Australian Healthcare & Hospitals Association and the Australian Private Hospitals Association etc.).

ACMHN member feedback in response to identified consultation questions

1. The role of mental health nurses (MHN) in the NDIS access process

The ACMHN believes mental health nurses, regardless of their employment setting, have an important and wide-ranging role in facilitating access to the NDIS for people experiencing psychosocial disability.

Based on feedback received through consultation with members, the majority of members agreed that their role in relation to the NDIS included:

- Informing people experiencing psychosocial disability about the NDIS – particularly those with limited community connections/support outside their GP.
- Supporting a patient's NDIS access request by:
  - Completing the supporting evidence section of the Access Request Form
  - Documenting that they have or are likely to have a permanent disability
  - Providing copies of reports or assessments relevant to the diagnosis/condition that outline the extent of the functional impact of the disability.

However, as indicated in the General comments section, many MHN may face confusion and/or conflict in terms of their role in relation to the NDIS within their specific place of employment. Not only are there likely to be differences in what is operationally implemented between different employment settings (e.g. community MHN are likely to be doing more in relation to

NDIS than those in acute settings); but individual services may also have operational polices and assigned roles that influence what role/s nurses are able to fulfil within their individual place of employment.

For example, one member indicated issues relating to how the NDIS fit into their role at their specific place of employment, stating "how do we reconcile with our manager and programs/ employers when our actual (funded) task is about health management and therapeutic interventions, not making applications e.g. for NDIS." This issue is likely to be more pronounced for MHN due the fact they are not able to access an MBS item number for the development of the supporting documentation etc. in the way a GP, psychologist or social worker etc. can.

i. Informing people experiencing psychosocial disability about the NDIS – particularly those with limited community connections/support outside their GP.

Importantly, the ACMHN believes it cannot be assumed that people with psychosocial disability have regular contact with their GP, or even have a GP at all. The NDIA, Local Area Coordinators (LACs) and support coordinators need to be aware that some people with psychosocial disability are so isolated and so greatly impacted by their psychosocial disability that it actually impacts on their ability to access the services of a GP at all. This group requires targeted outreach by the NDIA, as well as ensuring the workforce providing the health-funded service/s are receiving NDIA information and guidance via their employer so that they have a clear understanding of their role within their place of employment.

Specific member comments

- The patient group I work with are poorly connected in the community, often have no or fractured family relationships and very limited if any connection with their GP. They fall through the gap of mental health services, so often (there is) no one to initiate or inform them of services etc. such as NDIS. So I do feel when we did get involved that it is reasonable to support them to access the NDIS or any service that would improve their quality of life.
- Via NDIA prepared and approved information resources.
- I don't understand the NDIS sufficiently to be a resource.
- As part of a team only.

ii. Supporting a patient's NDIS access request by:
   - Completing the supporting evidence section of the Access Request Form
   - Documenting that they have or are likely to have a permanent disability
   - Providing copies of reports or assessments relevant to the diagnosis/condition that outline the extent of the functional impact of the disability

ACMHN members continue to report not only wide variation in determining participant eligibility and level/types of support, but have also reported a lack of opportunity to provide

additional information about the various specific impacts of the psychosocial disability on the person's life. As a result, miscalculations are being made in the type and level of support provided by the NDIS to people experiencing psychosocial disability. This in part due to assessments being based upon the person's own feedback about the impact of their illness on their life, in the absence of additional information that could be obtained by their clinician which may offer greater insight into the reality of the impact of their psychosocial disability on their everyday life. One example of this is provided in the member comments box below.

Specific member comments

- The NDIS application process severely disadvantages persons with mental health issues. Unlike a physical or intellectual disability, mental illness does not present with a static level of disability. Nor do the disabling symptoms of mental illness follow a linear logical progression or regression. NDIS Assessors do not have skill sets necessary to interpret how clients answer questions related to their level of functioning. ie; - can you do your own shopping - answer yes. Reality only after dark when no-one is the supermarket, must have a list and will leave without buying anything if has panic attack whilst shopping - effectively the answer is no. Regardless of documentation supplied, clients with mental illnesses applying for NDIS are taking part in a lottery. Some have been rejected and told that Post Traumatic Stress disorder is not permanent, that depression is not permanent, that anxiety is not permanent, whilst other persons with lesser disability are accepted. Persons with mental illness are being deprived of any support in the community because of the NDIS. Organisations that were providing support in the community will no longer do so unless a person has an NDIS package and so we are back to square one. Many individuals & their families have found the process daunting, distressing, "you have to jump through all these hoops and then get rejected". Despite being the most appropriate organisation, Public mental health services do not have the staff, psychiatrists or time to provide the level of reporting requested and assistance to clients. In fact we have been told we have to refuse help because we are not funded to provide the service.
- I think it is a big task for us to undertake on top of service we are already trying to provide, FOI is in place to release any appropriate documentation. We should not be assessing and report writing solely for the purposes of access. Having said that I have provided documents to support and access request, often liaised with GP and guided the writing of documents. been able to advise client and family or GP of existing reports and dates etc. so they know what to ask for as we often have on file existing documents such as neuropsych reports, occupational therapy /functional and psychosocial assessments including care plans that support the case for NDIS Access so we are in a position to be an advocate as well as knowledge of the connection between the health and disability issues

Most members *did not* view their role as involving setting expectations about the likelihood of receiving NDIS funding, and the responsibilities of the NDIS to provide supports compared to services provided via the health sector. One of the key reasons members provided for this is that the guidance remains very unclear and from the perspective of MHN, still continues to be applied inconsistently.

Specific member comments

- It is very unclear to me how the level of funding is calculated. It seems to vary widely, even where circumstances are similar.
- This is a very difficult area as many will see our support for application for eligibility as verification we believe them to be eligible.
- I have answered no but I partly think explaining the difference between health and NDIS is important - however any reference to likelihood of funding etc is not my responsibility and frankly is so hit and miss it would be extremely difficult to predict the outcome of an application.

iii. Other roles you believe your profession should perform in assisting people with psychosocial disability with NDIS access

Many members identified that access to NDIS supports for people experiencing psychosocial disability was also being significantly impeded beyond the initial application stage, when assessments are being made to determine the type and level of funding that is 'reasonable and necessary' (based on the information provided via the initial application and meetings with the participant (sometimes with an informal carer). The ACMHN and its members believe time and resources could be saved (through appeals and reviews etc.) if MHN had greater opportunity to provide further information/clarification throughout the eligibility, plan development, implementation and review stages.

Further suggestions included:

- Working in partnership with people experiencing psychosocial disability to lodge their initial application and (perhaps in some situations where the individual requires support with executive functioning), in their initial conversation with the LAC/support coordinator. Members suggested this is particularly important in relation to identifying areas in their daily lives in which people experiencing psychosocial disability need ongoing support.

Specific member comments

- Our profession is uniquely skilled to assess mental illness and its longitudinal disability. Case management of NDIS clients

- Strategies to manage behaviours related to their psychosocial disability that negatively impact on their autonomy and self-management when accessing NDIS. Promotion of strengths that empower self-management and decision making related to accessing NDIS. This may include therapeutic interventions.
- This is difficult because psychosocial disability is sometimes/often a fluctuating issue pending on mental health stability of the client and their accommodation /movements. However the clients I see have long term ongoing disability. We are the professionals (experts) working with them so I believe it is essential that our contribution on behalf of our clients carries weight not just a doctor (brief consults and prescribing) or an OT who does a one off assessment. We often know the client well have had contact over a long period sometimes it may be years or periodically over years. Identifying useful interventions and supports to improve QOL (quality of life) is a strength that we have as well as knowledge of the client and what has worked and what hasn't. This is of course pending the role to MH nurse in the care of the client and the individual skills and experience they bring.
- Regular contact for psychological support while going through the application process, and while waiting for the outcome. Psychological support to the carer likewise.
- Providing succinct verbal and written information consistently. And creating a learning environment/platform that gives people opportunity to express their views
- Holistic assessment of clients' needs Recommendations on supports required Coordination of support services
- Liaising with NDIS

2. Barriers faced by MHN in assisting people with psychosocial disability to access the NDIS

ACMHN members suggested there is still widespread misunderstanding and stigma surrounding psychosocial disability whereby someone with a psychosocial disability may require the same on greater level (and perhaps even types) of NDIS funded supports in their daily lives as someone with a physical or intellectual disability, yet are being assessed as having a lower level of support need, or even assessed as being ineligible. This can be improved by improving the knowledge and skills of the planners, Local Area Coordinators (LAC) and support coordinators which the ACMHN understands is already underway, however reports from ACMHN members suggest there is still a long way to go in this area.

Members also raised the issue of the psychosocial disability itself, and how commonly they find themselves delivering services to people experiencing a psychosocial disability where those individuals also have a level of impairment in executive function (organisation, planning, memory). Members shared that in this situation, the individual is not always well positioned to self advocate, identify and communicate their needs and make decisions without significant

support and input from others (including key health professionals) who know them and are well and their support needs well. The ACMHN recommends that LACs, support coordinators and NDIA planners first seek to understand and verify the level of decision making, planning and self-advocacy support required by individuals experiencing psychosocial disability prior to the assessment process commencing.

As previously stated, some members also indicated that they face barriers in the level of support they can offer to people experiencing psychosocial disability to access the NDIS in their own workplace. These barriers related to operational procedures, assigned roles and other service parameters such as a perception by a manager that supporting people to access NDIS was out of scope for their role (e.g. providing therapeutic interventions). For those clinicians in community settings, this may be due to community services being overstretched, thus making it difficult to dedicate the time required to support an NDIS application. In primary health care settings, this barrier is likely to relate to MHN who are self-employed or under contract not having any funding source to draw from to cover the time taken to prepare the documentation for an NDIS application (GPs and allied health professionals do under the Medicare Benefits Schedule).

Confidentiality and privacy was also raised as a possible issue, indicating some members were unclear about what information they could legally provide when that information would be shared with a third party such as an LAC/support coordinator. Privacy and confidentiality concerns are often raised by people experiencing psychosocial disability due to their experience of stigma in the past. Clear information from the NDIA in the form of a Q&A or factsheet designed to support an informed discussion with people experiencing psychosocial disability about how their personal information will be handled would greatly assist health professionals to obtain informed consent to share relevant information.

Specific member comments

- Lack of understanding of how the decision is made. Psychosocial disability appears to not be seen as requiring the same level of support as other debilitating conditions, such as a physical disability for example.
- Health service protocols and policy. Patient confidentiality.
- Clients know nothing and are frightened of accessing.
- Limited understanding of the whole system including future funding 2. Cognitive impairment in people aged 65 and above - How do you make them understand? 3. Mental illness - frequent hospital admission (i.e. frequent changes between access being a 'health system' responsibility when person is hospitalised and NDIS responsibility when they are not in hospital)
- The direction by NDIS not to advocate for consumers. Stigma impacts understanding of consumer needs.
- Issues around client decision making capacity is the most common issues not withstanding Human rights and the right to choose. Clients are not always the best advocate for

themselves as often the clients I work with deny having a mental health issues or any kind of disability associated with it therefore they deny/reject assistance of any sort. Sometimes if has been so harsh they do not know that there is anything better is possible. They are often frightened and have been mistreated in the past so reticent to open themselves up to help from others. There are a lot of my clients who suffer from executive function issues such as planning, initiating and organisation so having someone who knows about this and how to work with it is important. Follow through and completing steps required for NDIS access can be over whelming. Vulnerable group would benefit from a really solid psychosocial work up that is supported by collateral information and knowledge of what has worked and what hasn't almost a timeline about the client to understand what might benefit them the most balanced against what is achievable or even possible.

- The nurse currently undertakes assessment and writing up of complex psycho social reports which the GP's sign off on and get paid for doing.

3. What would assist MHN to undertake their role in facilitating access to NDIS more effectively

As stated previously, MHN and the broader nursing workforce who are employed in mental health settings still have very little or no knowledge or understanding of what the NDIS is about and what implications there may be for their role within their particular place of employment. In addition to being provided with information about the NDIS and what it means for their role via their employer (state government or otherwise), the ACMHN also believes there is a need for:

- Significantly more planners/LACs/support coordinators with formal education and training in mental health and psychosocial disability.

- Greater opportunity to (and value being placed upon) the provision of additional input/clarification by MHN and other clinicians involved in the person's life, including beyond the initial eligibility application to the planning and review stages (refer to section 1.(ii)). There is significant capacity for MHN to provide clarity around what supports are needed and in assisting planners/LACs/support coordinators to correctly identify what type and level supports the person needs to assist them with their daily lives.

- Improved identification of people experiencing psychosocial disability who may actually require support (due to their psychosocial disability) to initiate and engage in the assessment and planning process and may benefit from additional input being provided; and greater flexibility on behalf of the NDIA to support relevant clinicians such as MHN in providing this support/additional input throughout the assessment and planning process.

- NDIA developed discussion tools/Q&A/factsheets to support clinicians such as MHN in having an informed discussion with people experiencing psychosocial disability about why the NDIS may be beneficial to them and to address any privacy concerns they may have.

the Australian College of Mental Health Nurses Inc.

Specific member comments

- Education, information session, specialist support within the organization (inpatient unit)
- In addition to funding NGOs to carry out NDIS functions, Public mental health services should also be funded - especially extra FTE to focus on NDIS and all it entails for our clients to access support.
- Recognition of role of MHN in knowing about their clients. Recognition of reports provided by MHN. It is an additional task so how do we justify the funding item to provide this information. How do we reconcile with our manager and programs/ employers when our actual task is about health management and therapeutic interventions not making applications e.g. for NDIS. I think our client group would benefit from MHN supporting the process but this may mean a funding item may need to be established to allow this to happen. Need to bring in the MH knowledge in accessing NDIS. Just as disability workers have advocated for clients in their group the mental health area professionals have a role in the process for our clients. It's complicated.
- More flexibility in making information available
- More people available as workers to interview

Thank you again for the opportunity to provide feedback. We are happy to be contacted if you require further information.

Yours sincerely

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References

Delaney, K.R., Naegle, M.A.,Valentine, N.M., Antai-Otong, D., Groh, C.J. and Brennaman, L. (2017). *The Effective Use of Psychiatric Mental Health Nurses in Integrated Care: Policy Implications for Increasing Quality and Access to Care,* Journal of Behavioral Health Services & Research, pp 300–309. DOI 10.1007/s11414-017-9555-x

Lakeman, (2013). *Mental health nurses in primary care: qualitative outcomes of the mental health nurse incentive program*, International Journal of Mental Health Nursing, 22(5), pp. 391-398.

McLeod K1, Simpson A. (2017). *Exploring the value of mental health nurses working in primary care in England: A qualitative study*, Journal of Psychiatric Mental Health Nursing, 24(6), pp 387-395. doi: 10.1111/jpm.12400

Richards, C., Rafferty, L. and Gibb, A. (2013). *The value of mental health nurses working in primary care mental health teams*, doi: 10.7748/mhp2013.07.16.10.19.e859

Santangelo, P., Proctor, N. and Fassett, D. (2018). *Seeking and defining the 'special' in specialist mental health nursing: A theoretical construct*, International Journal of Mental Health Nursing, 27, 267–275.

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December 21st 2018

Emma Coughlan
Mental Health Australia
Senior Policy and Project Officer
PO Box 174
Deakin West ACT 2600

Dear Emma

Re: APS response to questions regarding the Mental Health Australia project to streamline health professionals' activities in relation to the National Disability Insurance Scheme

Thank you for your various communications over the last several months inviting the Australian Psychological Society (APS) to participate in the Mental Health Australia (MHA) project to streamline health professionals' activities in relation to the National Disability Insurance Scheme (NDIS/the Scheme). The APS congratulates MHA for its role in this project, welcomes its continued leadership and advocacy around psychosocial disability and the NDIS and is very pleased to be included within the scope of the MHA project.

In reply to your email of December 7th 2018, in which you sought the APS's final reply to your consultation questions, I provide the APS's response to the specific matters about which you sought information. The information provided is based on member feedback.

Matter 1. The role(s) APS members play or would like to play in assisting potential participants with psychosocial disability in the NDIS access process.
APS members have indicated they play an important role in assisting participants, their families and carers/guardians to understand the eligibility criteria around psychosocial disability that determine access to the NDIS. Members state that there is a general lack of awareness among many individuals who may meet criteria about the access conditions of the Scheme and that they may be the first to clarify them to a client. They also report they are frequently required to assist potential participants to understand the NDIS application process and direct them to information about NDIS resources and programs about which they have not previously been made aware in the process of making an application to access the Scheme. This is especially true for individuals with the most complex psychosocial disability presentations. For example, the APS has been contacted by two Primary Health Networks for assistance in helping their contracted psychologists to know how to support existing Partners in Recovery clients to make applications to the Scheme.

Members have also advised they are commonly requested by applicant participants with psychosocial disability or their representatives to assist in the undertaking of assessments and provision of reports necessary for the purposes of gaining entry to the Scheme. Access to the NDIS by individuals with psychosocial disability is often complicated by the fluctuating nature

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of mental health conditions. These fluctuations occur such that their families and carers/guardians are often caught on the horns of a dilemma, whereby their mental state and functional wellbeing at the time of assessment can lead to either underestimation or overestimation of support needs, such that there are insufficient funds in plans or excess funds in plans that can't be spent within a budget cycle that then result in reductions in budgets for the following year and in turn lead to serious support inadequacies. According to members, in the absence of psychologist input into planning, the acceptance of individuals with psychosocial disability into the Scheme does not easily occur and the services allocated and provided after acceptance into the Scheme often do not meet participant need.

It is important to point out that the pre-Scheme activities undertaken by psychologists are not recognised by the NDIS and thus not remunerated. This results in participants being out of pocket for the cost of these professional services. Without them, however, there are rejections of applications and frequent delays in the approval of participation and, ultimately, the provision of support, care and interventions.

The APS is strongly of the view that this is not how the Scheme, with its emphasis on participant choice and control, was meant to operate. It urges the MHA to convey to the NDIA the need for these Scheme gaps to be redressed by fully recognising the pre and early-Scheme roles of psychologists.

<u>Matter 2.</u> The barriers APS members face in assisting people with psychosocial disability to access the NDIS

Members reported the existence of a number of barriers and hurdles in need of attention if they are to better assist people with psychosocial disability to appropriately access the NDIS.

A fundamental impediment to Scheme access one member brought to the APS's attention is the requirement that applicants have a stable address of at least four years if they are to be accepted within the Scheme. This is a barrier to the inclusion of homeless, indigenous Australians and other similar socially and economically disadvantaged individuals. Given those with psychosocial disability and no fixed abode are obviously one of the central target groups of the NDIS, this anomaly requires urgent consideration as to how to best rectify it. The APS suggests that entry into the Scheme and the provision of services to this segment NDIS community through the private sector arrangements that apply to the majority of NDIS participants are incompatible with the needs of this segment of the NDIS-community. It further suggests that this requires government agencies to establish themselves as providers of last resort for such cases.

Another significant barrier identified by members relates to the apparently arbitrary application of the eligibility criteria for the Scheme for many individuals with psychosocial disability. There is evidence of inconsistency in the development of plans, delays in having plans approved, plans without funding for crucial supports, and delays in taking up and using funded interventions in plans. While the APS understands that the psychological treatment of mental illness is the domain of the health system, it is equally of the view that psychological support is vital to assisting many NDIS participants to meet their functional goals and needs to be funded in NDIS plans. This inconsistency/absence has been noted successively by the APS in a variety of correspondence, submissions and feedback to the NDIA and associated areas of executive and parliamentary government.

Given the importance of psychological supports to people with psychosocial disability, it is disconcerting that administrative and operational disincentives within the Scheme are such that access to psychological services for this cohort may be further threatened. Members have consistently informed the APS that the administrative requirements of the Scheme are burdensome, the capacity to professionally consult with the NDIS is sub-par and the speed with which fees-for-services rendered are met is so slow as to threaten the practice viability of the professionals involved. All such shortcomings act as deterrents to the continued involvement of psychologists in the Scheme for all participants, but this may impact most severely on those with psychosocial disability.

Although not a problem of Scheme entry per se, a related hurdle is the current failure to legitimate the role of psychologists in providing input into NDIS plans, once individuals are accepted for participation in the Scheme. Members have indicated that prior to the funding of support, care and intervention input is only sought from participants, family and/or carers/guardians, who are often unable to fully understand and represent the type and quantity of psychological services required in a plan. This is compounded by the apparent lack of understanding of the psychological service needs of individuals with psychosocial disability among planners/local area co-ordinators (LACs). Indicative of this, many APS members told us that many planners/LACs have a poor understanding of the chronicity of mental health conditions and psychosocial disability, the episodic exacerbations that occur in them, their impact on participants and their families, and the supports needed for them.

Members have expressed disappointment that even where participants have a clear need for psychological supports and interventions for psychosocial disability, planners/LACs often fail to include such interventions in NDIS plans. They have also reported that planners/LACs are known to advocate against the inclusion of such interventions or propose that other providers, who lack the expert skills for the conditions and behaviours involved, can deliver such interventions at lower cost. Members state that for some participants, needs go unaddressed, creating a cycle of decline and ultimately negative outcomes occur for participants. While a problem generally, these shortcomings are especially acute in regional, rural and remote locations across Australia.

<u>Matter 3.</u> What would APS members require to undertake their role(s) more effectively?

Members suggested a number of Scheme enhancements to enable psychologists to better carry out their critical and too-often unrecognised role(s) in assisting NDIS participants with psychosocial disability to better access and utilise the NDIS.

There is a clear need for a mechanism to remunerate psychologists for assisting their clients to navigate the pathway to entry to the NDIS. This work is not funded under Medicare and many clients are unable to afford the necessary assistance from their treating psychologist to apply to the Scheme.

There also needs to be an online toolkit developed that would assist psychologists to better support clients through the application process. The toolkit should contain information about entry criteria, the required support documents, and system processes and timelines. Case studies that explicated best practice in a variety of different contexts would also be of great assistance to psychologists. Such information would enable psychologists to better advice their clients.

Members also recommended amendments to NDIS policy to enable treating psychologists to contribute to the development of plans for participants with psychosocial disability. This could

involve assisting planners to identify reasonable support needs for participants with psychosocial disability.

I trust this feedback meets your need for information. If you require any further information, please do not hesitate me by telephone on (03) 8662 3375 or by email at t.mchugh@psychology.org.au.

Yours sincerely

Dr Tony McHugh PhD
Policy Officer

Health professionals, psychosocial disability and the National Disability Insurance Scheme

December 2018

The Dietitians Association of Australia is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier communities. DAA appreciates the opportunity to respond to the survey on *Health professionals, psychosocial disability and the National Disability Insurance Scheme* by Mental Health Australia.

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The following questions relate specifically to assisting people with psychosocial disability to access the NDIS. They do not relate to planning, plan implementation or plan review.

1. The NDIA describes the role of health professionals in the NDIS access process as follows. Please indicate which of these functions you believe your profession should perform:

    a. "helping patients understand the NDIS, particularly for people who have limited community connections and support outside their GP

    Accredited Practising Dietitians who have developed a good rapport with a person with psychosocial disability may be in a position to assist that person to understand the NDIS, including what it may mean for them and how they can access the NDIS. For example, an Accredited Practising Dietitian supporting a young person with mental health problems in health and wellbeing who was living in a nursing home identified that the person might be eligible for the NDIS.

    b. setting expectations for patients about the likelihood of funding, and the responsibilities of the NDIS compared to the health sector

    Accredited Practising Dietitians have some role in setting expectations for people with psychosocial disability about the likelihood of funding and the responsibilities of the NDIS compared to the health sector, although dietitians are not able to pre-empt funding decisions made by the NDIA. Dietitians can be most confident in the role of setting expectations when they have significant experience in psychosocial disability, knowledge of the local health sector and knowledge of the NDIS rules.

    The Dietitians Association of Australia considers it important to note that the person with psychosocial disability should be supported in the environment that works best for them. The NDIS provides the opportunity for this to be in a person's home environment. There are a number of reasons why the health sector or alternatives will not provide adequate support for the person with psychosocial disability.

    - Many health services do not have the resources to meet NDIS participant needs i.e. health services may not have the number of dietitians or dietitians skilled in supporting people with psychosocial disability.
    - People with psychosocial disability with functional impacts on eating, drinking and nutrition are likely to need many consultations with sufficient frequency and duration with an Accredited Practising Dietitian to be effective. For example, the SMILES trial and HELFIMED trials delivered seven or eight services intensively over three months. Consequently, Accredited Practising Dietitians consider that the use of Medicare Chronic Disease Management items to access dietetic

services will rarely meet the complex functional needs of NDIS participants with psychosocial disability, particularly where there are comorbidities such as intellectual disability and mental illness because the Medicare items are too limited in number and duration.

- People with psychosocial disability may not be able to meet the cost personally of consulting an Accredited Practising Dietitian to achieve their goals and aspirations if dietitian services and nutrition support products are not included in their NDIS plan.

c. supporting a patient's NDIS access request by:

i. completing the supporting evidence section of the Access Request Form

An Accredited Practising Dietitian can assist a person with psychosocial disability by completing the health professional section of the Access Request Form, with details about how the person psychosocial disability impacts on their functional capacity, and health and wellbeing.

An Accredited Practising Dietitian is able to provide evidence and supporting documentation as to how the person's nutrition needs relate directly to their psychosocial disability. This may be in addition to other information provided by other health professionals, such as a psychiatrist or psychologist.

ii. documenting that they have or are likely to have a permanent disability

Accredited Practising Dietitians are qualified to assess and document functional impairments related to the disability which impact on self-care related to eating and drinking, nutrition or hydration. Dietitians are not qualified to make an assessment about the permanency of the psychosocial disability itself.

iii. providing copies of reports or assessments relevant to the diagnosis/condition that outline the extent of the functional impact of the disability."

Accredited Practising Dietitians would provide copies of reports or assessments relevant to the diagnosis or condition that outlines the extent of the functional impact of the disability. Providing such documentation is a standard part of dietetic practice (e.g. reports to referrers or other health professionals, as required and with consent) and is a requirement of other funding sources. For example, in the case of psychosocial disability, the Accredited Practising Dietitian would document that decision-making and knowledge to support informed food choices may be impaired or impaired appetite regulation may lead to excess food intake.

The Accredited Practising Dietitian would also document goals of therapy, such as building capacity of the person, family and support

workers related to self-care activities to enable the person to achieve their goals.

2. Please describe other roles you believe your profession should perform in assisting people with psychosocial disability with NDIS access?

   The Dietitians Association of Australia and Accredited Practising Dietitians advocate for people with disability to access the NDIS to achieve their goals and aspirations.

   - DAA and Accredited Practising Dietitians have a particular role where they perceive people with a disability with functional impairments on eating, drinking and nutrition can achieve their goals in daily living, health and wellbeing with the support of Accredited Practising Dietitian services and nutrition support products.
   - Accredited Practising Dietitians work with other disciplines to support people with disability, e.g. occupational therapy for functional decline and muscle strength or speech pathology for swallow and texture modifications. In this case, dietitians may advocate for the person with disability to access other services through the NDIS.

   For many people services, such as Accredited Practising Dietitian services, located in the community through the NDIS will be most appropriate. Having an Accredited Practising Dietitian visit the person with disability in their home environment enables the Dietitian to provide the most practical and informed support to the person with disability, their family and their support workers.

3. What barriers do you currently face in assisting people with psychosocial disability to access the NDIS?

   Barriers arise from lack of knowledge of NDIA planners that someone with psychosocial disability may be eligible for the NDIS. Planners may refer people with disability to health services or elsewhere because they do not know any different, because of misinformation or they have been instructed by NDIA management to refer to other services. To illustrate this, an Accredited Practising Dietitian in Western Australia reported in May 2018 that a NDIA planner suggested (erroneously) that an NDIS participant with growth faltering, ASD and anxiety diagnoses could be supported by the home economics teacher at school, not the Accredited Practising Dietitian requested by the participant. This is for someone already in the NDIS, but demonstrates the limited knowledge base of NDIA planners.

   We are aware that the NDIA may agree that a person has a disability and would be eligible for the NDIS, but they interpret the NDIS legislation saying they are unable to provide a support because they consider another agency responsible for the services or products needed by the person with disability. The local and national mechanisms available to resolve interface issues within a suitable timeframe are inadequate and this presents a barrier to a person gaining access to the NDIS.

   We note that there is a high degree of inconsistency in what is deemed eligible for the NDIS and what is not eligible.

There is poor understanding on the part of planners and management in the NDIA of the impacts of psychosocial disability on the functional impact on health and wellbeing, and specifically on a person's capacity in self-care related to eating, drinking and nutrition. Furthermore, NDIA planners are generally unaware that Accredited Practising Dietitians can provide evidence that products and services are reasonable and necessary under the NDIS to assist the person with psychosocial disability to build their capacity in self-care and increase their social and community participation.

4. What would assist you to undertake this role more efficiently and effectively?

Improved processes for delivering and implementing policy decisions by the NDIA.

Codesign of new pathways and resources with the NDIA and health professionals such as Accredited Practising Dietitians

More training of NDIA managers and planners about eligibility for access to the NDIA.

More fact sheets and other resources to inform people with psychosocial disability with diverse communication needs about access to the NDIS.

More training and information for NDIA managers and planners about using the sources of evidence which support a person's eligibility for entrance to the NDIA, for example, reports from health professionals such as Accredited Practising Dietitians.

Greater openness on the part of the NDIA to working with health professionals, such as Accredited Practising Dietitians to improve understanding of the NDIA on how Accredited Practising Dietitians provide person centred support for the whole person i.e. improved self-care related to eating and drinking has an impact on both physical and mental wellbeing.

Training of NDIS planners on the role of Accredited Practising Dietitians in

- supporting people with psychosocial disability as individuals through nutrition counselling, behaviour management and behaviour change.
- building the capacity of people with psychosocial disability, their family and support workers in group homes with respect to food safety aspects in eating and drinking related to food choice, food hygiene, food storage, and food preparation.
- building the support of people with psychosocial disability or their support workers in related to food security, food purchasing and budgeting.

Statement on health professionals and NDIS access

The role each health profession should play in assisting people with psychosocial disability to access the NDIS

Occupational Therapy Australia (OTA) believes that occupational therapists should play a key role in assisting people with psychosocial disability to access the NDIS, particularly those who have limited community connections and support outside their GP.

The role of occupational therapists in mental health service provision is longstanding and a core area of practice dating back to the beginning of the profession. Occupational therapists work across the spectrum of mental illness, providing services focussed on enabling participation in the usual and everyday activities of life to people with mild, moderate and severe mental health conditions. They deliver services to people with relatively common conditions such as anxiety disorders, as well as more severe conditions that require targeted interventions, such as psychosis and trauma-related disorders.

A majority of survey respondents reported that setting expectations for participants about the likelihood of receiving funding, and the responsibilities of the NDIS compared to the health sector, should be a function performed by occupational therapists. This points to the complex nature of the NDIS planning process and the fact that many prospective participants turn to health professionals for advice and guidance.

Occupational therapists should support a participant's NDIS access request by completing the supporting evidence section of the Access Request Form, documenting that they have or are likely to have a permanent disability, and providing copies of reports or assessments relevant to the diagnosis/condition that outline the extent of the functional impact of the disability.

Other roles that could be performed by occupational therapists include:

- Advocating on behalf of participants and families to ensure that plans meet their needs, including during the appeals process;
- Educating NDIA staff, including Planners, about the complexity of mental health conditions and their impact on people's everyday lives;
- Advising on the suitability of plans and the number of hours that should realistically be funded; and
- Developing activities of daily living (ADLs) programs and providing advice on how to implement these. Examples of ADLs include meal preparation, shopping, using technology and accessing services in a local area.

The barriers health professionals face in undertaking this role

Survey respondents identified a number of barriers to assisting people with psychosocial disability to access the NDIS. Foremost among these is the fact that NDIA staff often have a poor understanding of the nature of psychosocial disability, and the effects of multiple diagnoses on a person's mental health. Some are still of the view that those with a physical disability require greater levels of care and support, underestimating the severity of mental health conditions and their impact on daily

living. People with psychosocial disability can require intensive face-to-face therapy for years, and recovery is not always a realistic prospect.

It is clear that Planner inconsistency is a significant issue nationwide. The quality of NDIS plans varies considerably from person to person, and depends on the Planner's level of experience and understanding of the different services available to participants. There have also been reports of participants and their families receiving conflicting information from the NDIA.

A related issue is the lack of awareness that Planners have of the role of occupational therapists working in mental health, which is reducing opportunities for dialogue between therapists and Planners, and complicating the NDIS application process. Planners should be required to have a minimum understanding of therapeutic supports and their value in helping participants to develop key skills and enhance their independence. OTA believes that occupational therapists should play a key role in working alongside Planners to assess the functional needs of prospective NDIS participants, including those with a mental health condition.

While most participants establish their eligibility for the NDIS by virtue of their pre-existing supports, OTA is aware of a gap into which some potential participants are falling. In order to access NDIS funding for treatment and other supports, these would-be participants must first establish their eligibility by way of a detailed, costly and time-consuming functional assessment. The expense of such an assessment is often beyond the means of the would-be participant, meaning that therapists are not able to adequately assist people with psychosocial disability to access the scheme. In such cases the potential participant is denied access to a scheme for which they might otherwise be eligible. In order to address this problem, the Australian Government should give consideration to providing free or substantially subsidised initial assessments.

A lack of readily available information about how the scheme can assist people with psychosocial disability is also impeding NDIS access. Of particular concern is the lack of support for families of children and adolescents with mental health conditions, many of whom do not feel confident enough to apply despite being eligible. Greater clarity around eligibility requirements, supports available through the scheme, the scheme's interface with other programs and systems, and advice on documentation to support access requests would be beneficial.

What would assist health professionals to undertake this role

A number of steps could be taken to assist health professionals to better assist people with psychosocial disability to access the NDIS. These include:

- Providing clear report templates and assessment guides;
- Educating NDIA staff (specifically Planners and Local Area Coordinators) about the differences between occupational therapy and other allied health professions;
- Ensuring that the NDIA, through staff and the website, is providing clear and consistent information to consumers, families, carers and health professionals;
- Exploring the possibility of providing free or substantially subsidised initial assessments to assist those who cannot meet the cost of such an assessment, and ensure that therapists are properly reimbursed; and
- Providing timely responses following the submission of applications, as well as detailed feedback when applications are rejected.

RACGP
Royal Australian College of General Practitioners

The role of, and barriers faced by, GPs assisting people with psychosocial disability to access the National Disability Insurance Scheme (NDIS)

Submission to Mental Health Australia

Introduction

The Royal Australian College of General Practitioners (RACGP) thanks Mental Health Australia for the opportunity to input into the *Health professionals, psychosocial disability and the National Disability Insurance Scheme (NDIS)* project. As requested by Mental Health Australia, this submission comments on the following points:

- the role of GPs in supporting patients with disability, including the NDIS access process
- the barriers GPs face in assisting people with psychosocial disability to access the NDIS
- mechanisms that would assist GPs to undertake their role in the NDIS more effectively.

The role of GPs in supporting patients with disability

Ongoing continuity of care

Specialist General Practitioners (GPs) are a patient's first point of contact in the health system and provide ongoing care for their patients, whether or not they are accepted as an NDIS participant.

Even when other specialists are managing the care of a patient's disability, patients with disability often have other health issues which involve the support of GPs and their teams. Therefore, GPs are inherently involved with disability and often have a strong and ongoing relationship with patients who have disability. There is a need for increased awareness and recognition of the role that GPs and general practice have in the ongoing management of patients with disability.

Supporting patients with their NDIS access requests

GPs play an important role in assisting patients to access the NDIS. When a person is applying to become an NDIS participant, they, or a National Disability Insurance Agency representative, will ask a GP to provide evidence of disability and functional impact. Most commonly, a GP will provide this evidence by completing the supporting evidence section of the NDIS Access Request Form and supplementary assessments or reports outlining the extent of the functional impact of a disability.

When a patient successfully accesses the NDIS, they will nominate one health professional as the 'lead' support. In many cases, patients will nominate their GP.

Additional support provided if NDIS access denied

If a patient's NDIS request is denied, they have the right to appeal the decision. Their GP may play a role in supporting them to do so, including alerting them to the possibility of appeal.

If a patient is denied access to the NDIS, and any subsequent appeals (if made) are denied, the GP will help their patient to find alternative supports in the community and will also provide appropriate services for them (eg considering chronic disease management strategies).

The role of the RACGP in supporting GPs and their patients with disability

The RACGP curriculum includes a variety of learning objectives relating to the management of patients with disability, many of which align with the goals of the NDIS. The curriculum requires GPs to maintain up-to-date knowledge of the social, financial and legal services available to support patients with a disability, as well as their families and carers.

The RACGP has a Disability Network as part of its Faculty of Specific Interests. This group provides members with the opportunity to network with other like-minded members, and to share and develop knowledge and materials.

The barriers GPs face in assisting people with psychosocial disability to access the NDIS

GPs are not involved in NDIS plan development

NDIS processes do not currently require the involvement of GPs in the development of their patient's NDIS plan. As a result, GPs often have no input into or oversight of a patient's NDIS plan. This can be problematic, particularly in situations where a GP considers that a particular support tool or therapy in the community should be included in their patient's plan.

In the same vein, GPs also often have in-depth knowledge of supports that have been unhelpful in the past or where current contraindications exist (for example, something that might impact negatively on other health issues), but are not systematically involved in conversations about these potential risks.

RACGP members who have worked with a patient seeking access to the NDIS have noted that once they provide initial information via an Access Request, they are not given the opportunity to comment on the plan's development.

NDIS case managers do not meet with GPs and patients throughout the collection of access evidence and development of a plan. Our members have reported instances where patients have been referred to various health or social services without the GP's knowledge or input (eg for organising psychological reviews). This is an issue as it both fragments the patients' health record and can lead to inappropriate supports or even duplication of services.

GPs provide continuity of care and have extensive knowledge of their patient's medical history and social context. Continuity of care results in improved patient satisfaction and health outcomes. GPs should have the opportunity to be involved with their patients NDIS plan, as this will support ongoing care for the patient. At a minimum, GPs should receive a copy of a patients NDIS plan at have the opportunity to respond.

When issues arise with supports, patients often present to GPs for trouble shooting. Although there is meant to be a clear line between NDIS supports and supports the patient can access via other means (eg; Medicare), these boundaries are blurry in actual practice. GPs are used to working in these boundaries, but the NDIS needs to ensure a system is in place to support the GP in helping the patient negotiaite these boundaries.

Processes must be developed to ensure GPs are involved in their patients NDIS plan. Ideally, GPs should have the opportunity make recommendations regarding support tools or therapies as part of their patient's NDIS plans. There should also be an option for GPs to automatically receive a copy of a patients NDIS plan (with patient consent).

GPs are not provided with enough information regarding the services their patients can access through the NDIS

To effectively support patients with their applications and assessments, GPs require comprehensive detail about how the NDIS can support the patient. While GPs are aware of the health issues associated with a disability, there is limited detail available to ensure GPs are aware of all the supports and services available for their patients through the NDIS.

Having up to date information about the NDIS and community supports for patients with disabilities will allow GPs to effectively complete an access requests for their patients. For example, our members identified instances where they have not been provided with details of services available through the NDIS, so they are unable to educate patients and/or provide the most appropriate recommendations to NDIS case managers in the patient's access request.

RACGP members have also advised that clear guidance is required to assist in determining what, and how much, information is required in the assessment of the functional domains identified by the NDIS.

Our members have report concerns that it will be the language they use in providing assessments that determines whether a patient receives one support or another, and that a patient may be unfairly disadvantaged due to lack of awareness of the acceptable terminology used by the NDIS to make determinations.

Even when information about completing 'access requests' is available to the GP, it is often unclear as to how information should be presented to determine the types of supports needed by their patient.

GPs require more information, provided directly, from the National Disability Insurance Agency on NDIS news and updates affecting them and their patients

Meetings with GP organisations and local groups are useful to ensure changes involved with implementation of the NDIS can be appropriately communicated with the profession.

Where information about the NDIS affects general practice, the RACGP has avenues to disseminate details to members. To date, the National Disability Insurance Agency have not utilised the RACGP's communications to members.

In addition to better communication with health professional bodies, the National Disability Insurance Agency should also undertake direct marketing approaches to provide information to GPs on the ground.

GP time spent preparing medical information for assessment and planning purposes is not appropriately recognised by the NDIS

RACGP members have described situations where considerable time and effort has been required to provide paperwork for NDIS purposes. For example, it would be common for a patient or carer to request their GP to complete a referral form for the NDIS. Following this, an NDIS care coordinator will likely request further detailed information from the GP to determine NDIS funding for the patient. GPs spend considerable time preparing this information.

Preparing this kind of information when requested by other third parties (insurers, workers compensation agencies, etc) is usually supported by the payment of a fee, mutually agreed between the GP and the third party. GPs are not supported to provide this information in the same way through the NDIS.

The Department of Health has advised the RACGP that Medicare consultation items can be used to complete NDIS related paperwork. However, Medicare rebates are patient rebates that support a patient to access a consultation with a GP. Patients must be physically present for these items to be used. Compiling the information required for an NDIS access request is time consuming. It is not necessary or convenient for the patient to be present for the entire time GPs are preparing the information required.

There are currently no avenues for a GP to be reimbursed for their work when compiling evidence for patients when the patient is not present. This may expose patients to higher out-of-pocket costs as GPs will need to charge patients directly for this time.

Psychosocial illness in the refugee and asylum seeker community

Applying for and using the NDIS presents many unique barriers for GPs working with refugee and asylum seeker patients. Refugee and asylum seekers are vulnerable to psychosocial disability and often have pre-arrival trauma-related or post-migration related mental illness.

The RACGP's Refugee Health Specific interest group have addressed concerns related to refugee and asylum seeker patients in the letter attached as Appendix 1.

What would assist GPs to undertake their role in the NDIS more effectively?

The NDIS needs to emphasise the central role that GPs play supporting patients with disability. GPs should be actively involved in determining which services are needed and offered to patients. NDIS

education and support tools specifically for GPs will allow them to do this effectively.

Aside from lack of appropriate remuneration to complete paperwork required for patients to access the NDIS, communication and information flow is the key barrier faced by GPs. The RACGP suggests that the following activities would improve the flow of information between general practice and the NDIS:

- **courtesy notifications** from the NDIS to a patient's GP to update on NDIS status and provide information relevant for the provision of ongoing care. This is particularly important after a GP has prepared paperwork for the NDIS such as an access request.
- **supporting integration and communication between general practice and NDIS by**
    - allowing the GP the opportunity to discuss the draft NDIS plan with the patient, and provide feedback and advice to be considered in the final plan
    - incorporating the option for patients to consent for a GP to speak with an NDIS provider on their behalf as part of the NDIS application
    - establishing linkages between NDIS software/forms and general practice clinical systems, to streamline the completion of NDIS forms
- **providing a person's NDIS plan** to their usual GP would support continuity of care by allowing GPs to keep a complete record of their patients' health and social journey. It would also provide the opportunity for informed interaction between GPs and the NDIS regarding the supports needed for ongoing care of the patient
- **direct NDIS contacts** would allow GPs to communicate with the NDIS should their patient(s) have any issues or need to amend their plan
- efficient and reliable **disability assessment tools** for GPs, accompanied by **education and training for GPs** on the services provided through the NDIS, will streamline the assessment process
- **realistic examples of how to complete paperwork** will give GPs a better understanding of what and how much information is required for various paperwork
- providing **more information to GPs on services available to patients**, so GPs can better educate patients throughout the process
    - GP educators could visit practices to provide GPs with information on the NDIS and their role in supporting patient access to NDIS services.

If you would like more information about any of the information provided in this submission, please contact Ms Susan Wall on 03 8699 0574 or by email susan.wall@racgp.org.au

RACGP
Royal Australian College of General Practitioners

Appendix 1 *- Supplementary advice prepared by the RACGPs Refugee Health Specific Interest Group*

Submission to Mental Health Australia

20 December 2018

Mental Health Australia
ALIA House
1st Floor, 9-11 Napier Close
DEAKIN ACT 2600
AUSTRALIA

To Mental Health Australia,

Royal Australian College of General Practitioners (RACGP) Refugee Health Specific interest group (RHSIG)– Supplementary submission to Mental health Australia on the role of, and barriers faced by GPs assisting people with psychosocial disability to access the National Disability Insurance Scheme (NDIS)

Thank you for your request for feedback from General Practitioners (GPs) in regards to difficulty with accessing NDIS, particularly for those individuals with psychosocial illness in the refugee and asylum seeker community.

We discussed this topic at the most recent meeting of the Refugee Health specific interest group in November 2018. Unfortunately, we were unable to receive feedback from the wider membership due to time restrictions but will forward any future feedback. In the first instance members who attended the meeting were concerned with issues expressed below.

GPs have received inconsistent advice about the eligibility for NDIS, of asylum seekers and refugees on various bridging and interim Visas (we believe they are not eligible).

- GPs need to be able to quickly access accurate information about eligibility for NDIS for individual patients depending on their Visa and Medicare status
- GPs need to be sure that patients who are incorrectly approved as eligible for NDIS will not be required to pay funds back.

Applying for and using the NDIS presents many structural barriers for our refugee and asylum seeker patients. People from refugee-like backgrounds often have low levels of health and legal literacy, in addition to widely variable English language competency. To overcome this, people from refugee backgrounds need routine access to interpreters who are trained in NDIS terminology and dedicated Legal Assistance through Refugee Clinics (LARC) with an understanding of NDIS. A dedicated LARC working 1:1 with an interpreter would greatly assist people from refugee backgrounds.

Refugee and asylum seekers are unusually vulnerable to psychosocial disability and often have pre-arrival trauma-related, or post-migration related mental illness. They are exposed to the same social determinants of health as other community members but typically lie at the most vulnerable end due to the confounding factors of language, poverty and socio-political instability.

Additional barriers that affect people from refugee backgrounds with psychosocial disability include:

- language barriers
- low health literacy
- lack of stable housing / employment / income
- financial restrictions
- difficulty accessing transport / education / childcare
- delayed access to early intervention programs
- changing Medicare and Visa goal posts so they do not qualify for the same community services or Medicare funded programs as permanent residents.

Children with psychosocial disability in particular in our cohort have:

- mental illness secondary to trauma, detention pathway, parental trauma and mental health coupled with language / ethnic / cultural complicating contexts in addition to very low income. This includes PTSD, anxiety disorders and major depression
- behavioural disturbance and developmental impairment within same contexts as above.

NDIS access and improving the ability to interact with disability services through specialised support would be extremely valuable for this group.

The centre for ethnicity and health has collected some useful resources and tools to assist culturally and linguistic diverse communities accessing the NDIS.

Regards,
Dr Kate Walker (chair RHSIG)
And Dr Ai-Lene Chan (secretary RHSIG)

Refugee Health Specific Interest group, RACGP

12 December 2018

Ms Belinda Highmore
Acting Director, Policy and Projects team
Mental Health Australia
PO Box 174
Deakin West ACT 2600

By email to: Belinda.Highmore@mhaustralia.org

Dear Ms Highmore

Re: Mental Health Australia project – Health professionals and National Disability Insurance Scheme (NDIS) access

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) would like to thank you for the opportunity to provide comments regarding Mental Health Australia's (MHA) project on health professionals' understanding of their role in the National Disability Insurance Scheme (NDIS).

As agreed upon at our meeting on 2 November 2018, the RANZCP will not circulate the survey to members but instead will provide feedback based on concerns which have been raised during interactions with members.

The RANZCP strongly supports the establishment of the NDIS. In vesting choice and control in the hands of consumers, rather than support services, the NDIS will help to encourage person-centred and recovery-oriented approaches to care across the sector. These principles are recognised by the RANZCP to be crucial in the provision of best-practice care. However the NDIS has been accompanied by several new challenges, particularly with regard to stakeholder understanding around the Scheme as a whole.

Feedback from RANZCP members regarding their knowledge and understanding of their role as psychiatrists assisting patients to access the NDIS has revolved around four key areas. These are explored below.

Assessment

- Many RANZCP Fellows disagree with the criteria of eligibility for entry into the NDIS psychosocial stream. For example, the use of the words 'permanent' and 'recovery' in relation to eligibility have different meanings in mental health than as applied by the NDIS. For this reason psychiatrists are concerned consumers may not be accessing the NDIS due to uncertainty around terms of assessment, evidence and definitions.

- Psychiatrists believe they have a stronger role in assessment, especially evidence provision for assessment. The assessment predominantly focuses on the role of the General Practitioner (GP) and yet for patients with a significant mental health condition the psychiatrist may be better placed to provide the assessment.

- Some psychiatrists question the decision of the NDIA in refusing a patient entry into the Scheme. However they are not clear on their role in the appeals process and what exactly is required when additional evidence is requested by the NDIA. More information about the appeals process and how specialists might better help their patients in appealing a NDIA decision would be beneficial.

- Psychiatrists have patients who wish to apply for the NDIS but who do not understand the application form. The relationship between clinician and patient means that psychiatrists will need to take extra time in their appointments to explain the form. If the patient's application is then rejected by the NDIA, this can have detrimental effects on the therapeutic relationship.

- More information should be available to health professionals regarding the functional assessment tools preferred by the NDIS to provide clearer understanding when investigating a patient's eligibility.

- The uncertainty of referral pathways for ineligible patients has been mentioned as a significant concern for psychiatrists. The landscape of mental health services, particularly community mental health services, has changed considerably since the advent of the NDIS. This can leave patients without a clear pathway to care and services, and can be particularly confusing for health professionals. For example, a psychiatrist working in aged care previously referred patients to Partners in Recovery (PIR) which they have found very helpful for patients with long standing psychiatric illness. However PIR has advised they will no longer be accepting persons over the age of 65 and all patients over 65 years of age must be referred to aged care services. There are concerns that as well as losing access to services that have been subsumed into the NDIS, the aged care sector will struggle to manage increased demand from these consumers and patient care will suffer.

Provision of the NDIS services

- Many psychiatrists believe they provide psychosocial care as part of mental healthcare and on this basis they question why they are not able to become service providers. The absence, or minimal mention, of psychiatrists in the available documentation has led many psychiatrists to believe they have no role in delivering services as part of the NDIS.

- If medical doctors, such as psychiatrists, are not eligible to function as service providers, this should be clearly stated in documentation. Such clarity could assist psychiatrists, and other medical professionals, in understanding their role within the NDIS.

- NDIS participants 'shopping' for treatment options with support from their NDIS service provider is of concern to psychiatrists. For example, a psychiatrist working with a vulnerable patient for many years received little to no support from the relevant NDIS service provider, which in turn led to the discontinuation of the therapeutic relationship against the advice of the psychiatrist involved. While respecting the right of patients to decide their treatment, the episodic nature of many mental health conditions means there may be times when a patient's mental health reduces their capacity to make sound decisions for their long term wellbeing. It is therefore crucial that the relationship between medical professionals and service providers is collaborative and prioritises shared goals to improve outcomes for the patient.

Remuneration

- Many psychiatrists remain unsure as to the remuneration processes for assessment consultations and appeals where additional evidence is required. Feedback from some members has indicated many psychiatrists believe they are not able to claim consultations under the Medicare Benefits Scheme when seeing patients applying for, or who are currently accessing, the NDIS. Those who believe this may be possible are sometimes unsure as to which item number should be used and how many times this may be applied per patient. Clarification of remuneration when assisting patients who are on the NDIS or seeking to access the NDIS should be easily accessible to medical professionals. Any gaps of remuneration for medical professionals when assisting patients under the Scheme, should be addressed to better ensure good patient outcomes.

Current NDIS communication tools

- Specific tailored tools for psychiatrists may be necessary to ensure all psychiatrists have an understanding of the NDIS. Psychiatrists, as relatively time-poor specialist professionals, require concise, clear instructions as to how psychiatrists can assist patients to access the NDIS. This is not currently available or, if available, is not easily located. For example the NDIS website home page has tabs for people with disability, families and carers, participants, providers and communities. The *reimagine* website home page, the site dedicated to providing information on the psychosocial stream, also does not specifically mention healthcare providers. Neither website displays a section for healthcare professionals on their role in the Scheme. Each page would benefit from having a clearly identified section for healthcare professionals which outlines their roles and responsibilities. As well as this, a variety of methods of communication could be utilised for displaying information such as webinars, for example. Webinars are a great tool for providing information to medical professionals and can be easily accessed at a time convenient to them. Providing information which is directly relevant to each stakeholder would also be helpful, for example, having information directed specifically at psychiatrists would provide clarity and reduce confusion over their role in assisting patients to access the NDIS.

- The RANZCP could play a useful role in disseminating and promoting communications for psychiatrists about the NDIS. In the long term, there could potentially be an opportunity to attach CPD points to information or resources around the role of psychiatrists in the Scheme.

The RANZCP looks forward to seeing the outcomes of your project and its impact on assisting health professionals in better understanding their role in the NDIS. If you wish to discuss further, Rosie Forster, Executive Manager, Practice, Policy and Partnerships would be pleased to assist and can be reached via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely

Dr Kym Jenkins
President

Ref: 1314o

ATTACHMENT C

Supporting health professionals to assist people with psychosocial disability to access NDIS

Submission from Mind Australia and Neami

Contributors:
Rebecca Egan, Elise Davis, Priscilla Ennals, Sharyn Goudie

Aim

To identify how health professionals can best be supported to assist consumers with psychosocial disability to access the NDIS

Method

Six community mental health workers were interviewed across MeWell and Mind Australia. Three Mind Australia consumers were also interviewed. Each interview lasted 20-60 minutes. Interviews were conducted by a peer researcher and data analysis and interpretation was conducted by the whole team.

Interview Questions

Staff Questions

- How have you worked with health professionals to support consumers' access to NDIS?
    - Which health professionals?
    - How helpful were they?
- Can you provide an example where working with a health professional worked well?
- How much did the health professional/s understand about the NDIS processes?
- In your view, was the assistance provided by the health professional with the NDIS access application (including any evidence they provided) useful for the NDIS access process?
- What do health professionals need to further support consumers' access to NDIS? What would help them?
- What should health professionals' role in relation to NDIS be? Does it vary for different health professionals?
- What are the barriers for health professionals in supporting consumers' access to NDIS? What makes the process easier for them?
- What do you think would help health professionals in supporting consumers' access to NDIS?

Consumer Questions

- How have health professionals supported you in accessing NDIS?
- What were your expectations of the health professional at the beginning?
- What did the health professional do? What was the process? Did it cost?
- Which health professionals?
- Can you give us an example where a health professional was able to help you with what you needed in applying for NDIS?
- How much did the health professionals understand about the NDIS processes?
- In your view, was the assistance provided by the health professional with the NDIS access application (including any evidence they provided) useful for the NDIS access process?
- How did it impact on your relationship with the health professional?
- What do you think health professionals need to better support consumers to access NDIS?

Results

Health professionals identified by staff and consumers as being involved in the access and review stages of planning included: Occupational Therapists, GPs, Psychologists, Psychiatrists, Neuro-Psychiatrists, Dietitians, Mental Health Nurses and Social Workers. Staff and consumers identified a range of challenges and potential solutions, as outlined in Table 1 and 2.

Table 1: Feedback from Community Mental Health Workers

Identified Challenge	Issue description	Potential Solutions
Health professionals may have limited understanding what support can potentially be provided from the NDIS for consumers with a psychosocial disability.	Staff identified that many health professionals - particularly those with limited prior experience with consumers accessing the NDIS - have limited knowledge and understanding around the role and capacity of the NDIS. This can lead to misunderstandings about what the scheme can/should/will deliver. These misunderstandings can influence what health professionals document, how they document it and the expectations they convey to consumers about the scheme. *An example given by multiple staff was health professionals assuming that all clinical services would automatically be fully funded under an NDIS plan.*	Provide health professionals with a 1-2 page statement describing the role and capacity of the NDIS in supporting individuals with psychosocial disability. Provide basic training for health professionals around the role and capacity of the NDIS for individuals with psychosocial disability to ensure an understanding of what it can potentially provide for relevant consumers.

Identified Challenge	Issue description	Potential Solutions
Health professionals may have limited knowledge about how to structure an evidence report for consumers with psychosocial disability.	Staff identified that many health professionals across all ranges of professions - particularly those with limited prior experience with consumers accessing the NDIS - had limited understanding of how best to structure an evidence report to assist their consumers in accessing the NDIS for psychosocial disability. For example, health professionals may not understand the concept of "the worst day" and may focus on a consumer's optimal functioning, current functioning, or fluctuation in functioning without emphasising times of higher need.	A template or standardised document targeted for psychosocial disability provided to relevant health professionals was identified as being a potential way to assist health professionals in structuring their report. All six staff members interviewed stated that this would be of great potential assistance and some staff were already using a template, standardised document or set of relevant questions to help assist health professions to write and structure their report in a way that provided necessary and individually relevant evidence for consumers. Staff that were using these supports with health professionals found it to be of benefit.

Identified Challenge	Issue description	Potential Solutions
Health professionals may lack understanding of the language required by the NDIS in an evidence report for psychosocial disability.	Staff interviewed consistently noted that it was difficult for some health professionals – particularly those working in the community mental health sector, but overall across all sectors and in all health professions – to write in a deficit language, rather than a strengths-based language when writing their report. It was noted by some staff that this may be due to wanting to focus on consumer strengths and progress rather than their struggles and deficits and/or not wanting to offend or distress consumers. Many staff noted that writing a report worked best when there was a good level of trust and safety between the health professional and the consumer. They also stated that communication between the health professional and the consumer around the structure of the report and what it would contain was also important. Making time to explain this process to consumers and discuss any concerns that arose was also seen as important, as these reports in some cases were seen to potentially create distress in some consumers and bring up feelings that their health professionals did not see them as capable.	A template or standardised document could potentially help guide the structure and language necessary for an evidence report. Questions around current deficits in functioning within these templates may be of assistance in providing relevant information. Basic training on the language required or preferred by the NDIS in an evidence report may also provide support for health professionals. Guidance for health professionals about ways to communicate report requirements to consumers. This is critical both when health professionals have existing relationships with consumers and when it is a time limited relationship where the goal is to document consumer need specifically for the NDIS.

Identified Challenge	Issue description	Potential Solutions
The barrier of cost to consumers to gain necessary evidence of psychosocial disability from health professionals.	The cost of gaining evidence of psychosocial disability from health professionals was identified by staff as a barrier for some consumers. Some consumers did not have the financial means to pay for reports from their current health professionals. Costs can be exacerbated if the first report does not meet requirements, requiring that consumers return to have further information documented at additional cost.	Providing templates or standardised documents to health professionals could potentially save time and therefore be more cost efficient. Ensuring that health professionals understand the role and capacity of the NDIS could aid in ensuring the report is written with all necessary information on the first attempt, therefore potentially removing the further cost of a health professional having to re-write an evidence report. In the case of planning for a future review, it could be of benefit to allocate money within the individual's package for potential evidence that may be required at this stage.
The barrier of time to consumers to gain necessary evidence of psychosocial disability from health professionals.	The time it takes to gather necessary evidence of psychosocial disability from health professionals is seen to be long, particularly as health professionals often have heavy consumer loads and busy schedules. Consumers often require evidence reports from multiple health professionals, particularly in the case of dual-disability which can increase the time it takes to gain all necessary reports.	A template or standardised document could potentially save time in writing an evidence report. This may also help ensure that the report covers relevant and necessary information the first time it is submitted, therefore potentially removing the time it takes health professionals to edit or re-write an evidence report.

Identified Challenge	Issue description	Potential Solutions
Health professionals may make assumptions about consumers which are not consistent with their true level functioning and required support needs.	Health professionals were seen by staff to sometimes have a limited view of the capacity of their consumers, sometimes based on time-limited, office-based contacts. This was seen to sometimes lead to incorrect assumptions around their level of functioning and required support needs reflected within evidence reports. Some community mental health workers interviewed expressed concern about this as they felt the reports provided by the health professionals negatively impacted the plan the consumers were eventually approved for, resulting in consumers not being funded for all their support needs. An example given by staff was that a consumer went regularly to see their GP and always attended appointments. Their GP assumed that this meant they had a good capacity for social interactions and did not need support for this area. However, unknown to the GP, the consumer's only regular social interaction was their GP appointment and they did in fact require support in this area.	Communication between different members of a consumer's treatment team could assist in creating a broader view of how the consumer's psychosocial disability effects functioning. This may be more likely to occur if health professionals were funded to engage in discussions with other professionals engaged in a consumer's care. Open discussion between health professionals and consumers around assumptions towards how their psychosocial disability impacts their functioning.

Table 2: Feedback from Consumers

Issue	Issue Description	Potential Solution
The barrier of time to consumers to gain necessary evidence of psychosocial disability from health professionals.	The time it takes to gather necessary evidence of psychosocial disability from health professionals is seen to be long, particularly as health professionals often have heavy consumer loads and busy schedules. This issue mentioned by staff was also mentioned by a consumer. Even with support from family and their treatment team it was seen as a time-heavy process to gain necessary evidence from all their current health professionals. For consumers who have issues with trust or confidence, pursuing health professionals to provide reports can prove and overwhelming burden. Any barriers or resistance to providing a report can mean that a consumer does not gain the required evidence.	A template or standardised document could potentially save time in writing an evidence report. This may also help ensure that the report covers relevant and necessary information the first time it is submitted.
The barrier of cost to consumers to gain necessary evidence of psychosocial disability from health professionals.	The cost of gaining evidence identified by staff was also identified by a consumer as a barrier to gaining necessary evidence from health professionals. It was also mentioned that consumers often require evidence reports from a number of health professionals, particularly in the case of dual-disability. This can be very costly and may provide a barrier for some consumers in gaining evidence reports.	Providing templates to health professionals could potentially save time and therefore be more cost efficient. Ensuring that health professionals understand the role and capacity of the NDIS could aid in ensuring the report is written with all necessary information on the first attempt, therefore potentially removing the further cost of a health professional having to re-write an evidence report. In the case of planning for a future review, it could be useful and necessary to allocate money within the individual's package for potential evidence required at this stage.

Issue	Issue Description	Potential Solution
Difficulty understanding the role of NDIS, what it potentially can and cannot provide and what potential role their plan would play in their treatment when described by health professionals	It can be difficult for some consumers to understand what an NDIS plan for their psychosocial disability could potentially provide them and how it may differ from their current treatment and supports. Some consumers mentioned that they had difficulties in understanding this even when it was explained to them by their health professionals, as it was not done in a way they could understand. One consumer also mentioned that they thought all their current supports would be covered by an NDIS plan at the same level as before. It was only after their NDIS plan was approved that they realised this was not the case for them.	A greater comprehensive understanding of the NDIS and what it can potentially provide for consumers across all relevant health professions. Potential one-page description of the NDIS in plain language that the health professional can go through with the consumer covering the process of applying for access to the NDIS and what a package potentially can and cannot cover for them. Communication where relevant with carers in explaining the process of applying for access to the NDIS and what a package potentially can and cannot cover for the consumer they are caring for. One consumer spoke about their mental health nurse attending an NDIS appointment at Centrelink alongside them and described this as being helpful. Community mental health workers where possible attending relevant appointments alongside consumers could help consumers to have a greater understanding of the NDIS as they may be able to assist in communication between health professionals and consumers.

Limitations

Unfortunately, we were unable to interview a carer. A number of the staff interviewed were support coordinators with no prior experience with clients in the access stage of the NDIS. These staff members spoke about their experiences with health professionals in preparation for the 12-month review. We also did not gather information on staff or consumer demographics.

Summary

Health professionals often have a limited understanding of what the NDIS is and what support it can and cannot potentially provide for consumers with a psychosocial disability. Further training and support documents were seen as being potentially beneficial in creating a greater understanding.

Some health professionals have limited knowledge on how to write an evidence report. Templates and/or standardised documents were seen to be a potential solution to this challenge. Some staff were already using these supports and found them beneficial.

It can be difficult for some professionals to write an evidence report based on deficits rather than strengths. Templates and/or standardised documents alongside communication with consumers around the evidence report were suggested as helpful ways to navigate this issue.

Staff and consumers both raised cost and time as barriers for consumers in accessing necessary evidence to apply for access to the NDIS.

For some consumers it was difficult to understand what the NDIS is and what support it can and cannot potentially provide them, even after this was explained to them by their health professional. Further support from health professionals to explain the NDIS in a plain language was seen to be important.

Communication between health professionals, consumers and carers was seen as important for both staff and consumers across all stages of the NDIS, including the access stage.