

THE NDIS AND PSYCHOSOCIAL DISABILITY

Opening statement for Joint Committee hearing on 28 April 2017

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. Our members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

Many of our members have first-hand experience with the NDIS and those experiences are strongly represented in our submission to the Committee.

I would like to start by reflecting on the recent commentary on whether psychosocial disability should be included in the NDIS. The advocacy of people with lived experience of mental health issues and psychosocial disability was the key reason the Productivity Commission was convinced to include psychosocial disability within the scope of the NDIS.

I think much of the confusion and difficulty since the rollout of the NDIS has arisen because too many have assumed this means moving the mental health system completely into the NDIS. This should not be the case, and there are many policy decisions that have helped to confound this error.

It's important to understand the difference between mental illness and psychosocial disability to appreciate why the NDIS is important.

A mental illness is a diagnosable illness that significantly interferes with an individual's cognitive, emotional and or social ability. Not all mental illness causes significant psychosocial impairments.

Psychosocial disability involves aspects of both social and psychological behavior. That is, our social and cultural limits for behavior that interacts with the psychological differences of a person's thinking and how they process their experiences and perceptions of the world.

According the Productivity Commission, there are around 64,000 Australians experiencing psychosocial disability who are most in need of the support services on offer through the NDIS. Recently, we have learnt the Department of Health's estimate is



in the order of 92,000. We will only know the real figure once the NDIS is fully operational and has been running for some time.

Regardless, to exclude this population would send a signal that people with psychosocial disability are not deserving of the same supports and entitlements of people with other disabilities, and would put us out of step with the direction flagged by the World Health Organisation.

There have been teething problems with implementation of the NDIS and outcomes for some people have not been what was expected, which has added to the confusion about what the NDIS can achieve.

The care that will be delivered through the NDIS should comprise individually tailored packages of psychosocial and functional support for psychosocial disability for that small group of people with psychosocial disability associated with severe and complex mental illness. In addition, there will be many NDIS participants with other disabilities who need assistance with mental health and psychosocial issues, either related to their disability or otherwise.

However, there are many more Australians who need psychosocial supports outside the NDIS for whom, at this point in time, there are few options for accessing those services.

Both NDIS participants and non-participants continue to need the right mix of high quality clinical, psychosocial and functional supports.

In short, we need a high quality mental health system to support the one in five Australians who experience mental health issues each year. We also need a high quality NDIS to provide support for the very small number of Australians who experience psychosocial disability that might be considered very long term or even lifelong.

Removing psychosocial disability from the NDIS would put us out of step with those consumer and carer advocates who worked so hard to ensure it was not excluded from the NDIS.

The solution lies in making both systems work. It would be a mistake to choose one or the other.

The Committee's inquiry is the vehicle for ensuring the NDIS works as intended. I have focused on the issue of the place of mental health in the NDIS in my opening statement because it is the subject of much recent conjecture, but our submission covers a much broader range of issues as raised in the Inquiry's terms of reference. I am happy to take your questions about them.

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CEO

