



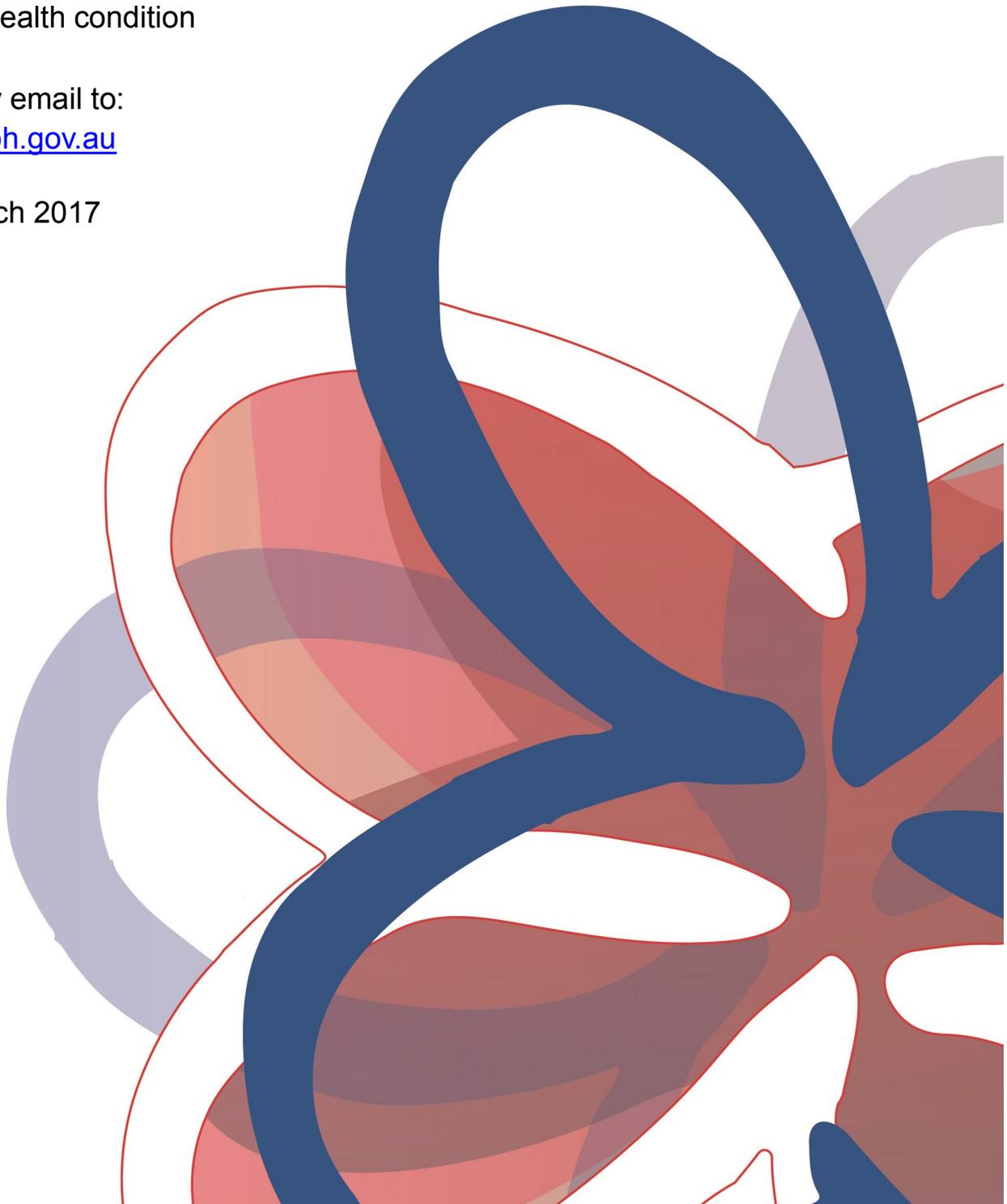
ACT  
Mental Health  
Consumer Network

**Submission:**

The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

Submitted by email to:  
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## **Submission: The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition**

This submission has been prepared by the ACT Mental Health Consumer Network in response to the invitation from the Joint Standing Committee on the NDIS.

The ACT Mental Health Consumer Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

The Network held a forum for members to discuss the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition. This submission draws on the experiences of our members as well as stories shared over a course of time.

### **General comments**

The Network welcomes this opportunity to contribute to the inquiry into the provision of services under the NDIS for people with psychosocial disability related to a mental health condition. The Network believes that the NDIS has the potential to transform lives. However, there are currently numerous problems with the scheme that require urgent attention.

### **Eligibility Criteria**

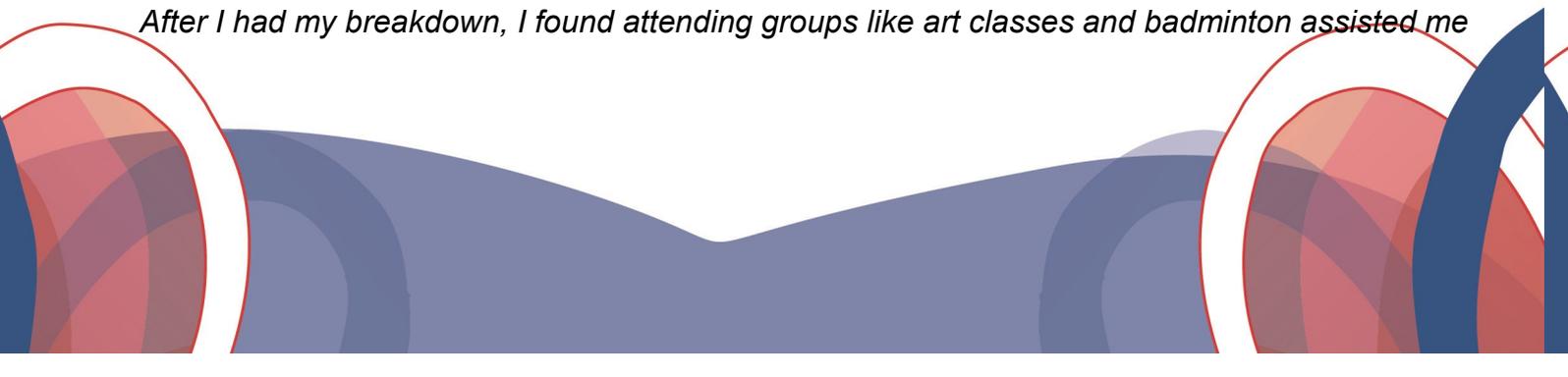
The Network has listened to many consumers speaking of how language used regarding the NDIS is primarily deficit orientated and therefore out of tune with the ethos of recovery in mental health. We have heard of consumers refusing to engage in the process required to attain an NDIS package due to their belief that they do not have a disability and/or their illness will not be permanent. We note that, in many cases, level of impairment fluctuates and doesn't fit well into the narrow definitions that the NDIA uses which is also entrenched in the thinking within the scheme. The following is a member's contribution regarding their experience:

*The access request forms were the first challenge. The medical evidence form is not designed at all for someone with mental illness. I was given a form from a mental health organisation, the NDIS Evidence of Disability Report form. Unfortunately, the misleading negative wording led to my psychiatrist filling out the complete opposite assessment to the actual facts about my condition. But my advocate informed me that I had not been given all pages of the form! So the shrink didn't read the negatively-worded, greyed-out header 'function... reduced'. And he ticked boxes where I could do something, and crossed them where I couldn't. The NDIS reviewer in Perth read that I could do what the shrink meant that I couldn't, and couldn't do what he'd thought I could! My application was rejected by the NDIA.*

### **Transition to NDIS**

Our members feel strongly that all current long and short term mental health Commonwealth Government funded services, including the Personal Helpers and Mentors (PHaMs) and Partners in Recovery (PIR) programs should continue to be funded for all consumers, regardless of their eligibility for the NDIS, to prevent people from spiralling into crisis. The following is a member's contribution regarding their experience:

*After I had my breakdown, I found attending groups like art classes and badminton assisted me*



*and brought great enjoyment and helped with the challenges of living with mental health problems. These groups had been block funded, but with the advent of the NDIS, this block funding had been withdrawn and put into the pool of NDIS funding. To keep accessing these supports that had made a difference in my life, I had to try and access individual funding through the NDIS.*

### **Information, Linkages and Capacity (ILC) Building Framework**

If there is insufficient ILC funding, then those falling through the NDIS cracks won't be supported at all. The main concern relating to mental illness and psychosocial disability and the program types included in ILC is that most participants currently eligible for such services will not be eligible for an NDIS package. A recent example in consumer voice in Canberra is:

*Rainbow Room was an ongoing activity run by the Mental Health Foundation ACT which is no longer operating due to lack of ongoing funding through NDIS process.*

### **Planning Process**

The planning process for people with psychosocial disability and the role of primary health networks in that process:

- *Whether spending on services for people with a psychosocial disability is in line with projections -*  
Spending is absolutely not in line with projections which were already inadequate from the beginning. The NDIA did not properly consider what individual services would cost with resulting individual funding being more expensive than block funding. In addition, every individual's experience of mental illness is very different and requires different levels and types of supports and funding.
- *The role and extent of outreach services to identify potential NDIS participants with a psychosocial disability -*  
Identifying potential NDIS participants with psychosocial disability is very difficult. Potential participants often see medical practitioners, but are unsure who they should speak to regarding NDIS. In addition, stigma surrounding mental illness and disability prevents people from seeking out and accessing services. The NDIS needs to put itself forward as a desirable outcome as there is a lot of negativity in the psychosocial sector.
- *The provision, and continuation of services for NDIS participants in receipt of forensic disability services;*  
The use of the term 'forensic' is synonymous with criminal justice in the mental health sector. That is, it implies that the individual has committed a serious offence.

### **Related matters**

- Network members advised that the administrative burden is very complex and is difficult to work through. The staff of the NDIA does not seem to understand enough about the issues that people with psychosocial disability face.
- There does not seem to be any area effectively taking charge of the Information Communication and Technology side of the implementation – many consumers have been left waiting on phone lines for much longer than could be reasonably expected.
- The NDIA does not support service providers to meet the cost of administration. Therefore, costs such as training and building expenses are passed onto NDIS participants.
- Members have noted a decrease in the quality of service providers and their staff. In addition, the circumventing notion that casual staff must be paid for a minimum of three hours per shift means sometimes overpayment occurs. Network participants identified the following workforce issues in need of improvement: staff availability; staff skills, experience and qualifications; and

contracting arrangements.

- Members also identified the need for an appropriate blend of core supports for individuals and capacity building. For instance, some consumers require core supports (gardener, cleaner etc.) whilst others may not. We have received many reports of issues relating to coding when it comes to provision of funding for different types of support.

## **Conclusion**

Overall, the Network agrees that a lot more work needs to go into the organisation, coordination and implementation of the National Disability Insurance Scheme when looking at psychosocial disability. Some members of the Network have identified as being worse off under the Scheme, whilst others are struggling to be included at all. The core supports are essential for most of our members.

In addition, the direct payment to consumers has reduced the number of block funded organisations that provided daily living and recreation supports, such as Mental Health Foundation's The Rainbow and supported employment previously provided by Wellways (formerly Mental Illness Fellowship). These organisations provide an avenue for consumers to be with a group of people, with no stigma, allowing the development of skills and social contacts. Isolation and lack of social contact will affect these consumers greatly if the issues raised are not managed effectively.