

25 October 2019

Mr David Tune AO PSM
Expert Reviewer
NDIS Consultations
Department of Social Services
GPO Box 9820
Canberra ACT 2601

By email to: NDISConsultations@dss.gov.au

Dear Mr Tune

Re: Review of the NDIS Act and the new NDIS Participant Service Guarantee

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input into the Review of the National Disability Insurance Scheme (NDIS) Act and the new NDIS Participant Service Guarantee.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 6600 members in Australia and New Zealand, and is guided on policy matters by a range of expert committees, including the Section of Psychiatry of Intellectual and Developmental Disabilities and the Community Collaboration Committee, including consumers and carers with lived experience. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of clinical, service delivery and lived experience expertise it represents.

The RANZCP recognises the importance of the NDIS in supporting people with disability to achieve greater independence. We commend the ongoing strides undertaken by the National Disability Insurance Agency (NDIA) for continuous improvement of the NDIS since its implementation (1).

The RANZCP has identified several significant areas for review within the discussion paper including: principles for the NDIA service standards, eligibility and application, planning, appeals, and how government services can best work together.

With regard to the possible principles of the NDIA, the RANZCP is supportive of all principles outlined for the NDIA service standards. However, the proposed principle, timeliness, should be a priority, to ensure people with psychosocial disability can access supports when they are required. This engagement should also include all those involved in providing support to participants such as other government agencies and services for a more holistic approach.

A priority for the RANZCP in the review of NDIS processes for eligibility and applications is how the NDIS can better work within the Recovery Model to better support people with psychosocial disability. The Recovery Model is often used in mental health care, which promotes recovery as achievable (2). The NDIS' use of the word 'permanent', for example, may challenge beliefs that recovery is possible and, in referring a patient to the NDIS, implies a mental health condition is permanent (2). For this reason, the RANZCP has concerns people with psychosocial disability may not be accessing the NDIS due to uncertainty around terminology used by the NDIA and how it impacts their eligibility.

The RANZCP is also supportive of the NDIA reviewing its planning processes. For the RANZCP, the siloed nature of the planning process means health care professionals working with NDIS participants are often unaware of the NDIS plans for their patients. Having no knowledge of the supports currently available to a patient who is a NDIS participant is particularly problematic in a crisis mental health situation where communication with a patient may be difficult due to illness. Better communication between the NDIA, service providers and medical professionals, as well as including medical professionals in planning, will assist in ensuring patients and participants receive better care.

As recovery in mental health is often episodic, it is important to develop appropriate pathways and processes to support people in all phases of their journey, particularly when periods of illness approach rapidly, without warning. As such, it is important that the NDIA services standards prioritise timeliness to ensure participants are able to access support when required.

The RANZCP would be very willing to work with the NDIA to develop processes and pathways which support the episodic nature of psychosocial recovery.

Please see further feedback in the attached submission, noting several areas that may require further consideration.

If you would like to discuss any of the feedback provided, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely



Associate Professor John Allan
President

Ref: 1580

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The Royal
Australian &
New Zealand
College of
Psychiatrists

National Disability Insurance Scheme Act and National Disability Insurance Scheme Participant Service Guarantee

October 2019

Improve the mental health of communities

Royal Australian and New Zealand College of Psychiatrists submission

NDIS Act Review and NDIS Participant Service Guarantee

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6600 members including more than 4900 qualified psychiatrists and over 1600 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

In developing this submission the RANZCP consulted widely with members, including key RANZCP committees that comprise of psychiatrists, trainees and people in the community who provide their lived experience perspective.

Key messages

- The RANZCP recognises the National Disability Insurance Scheme (NDIS) as an important initiative supporting people with disability in Australia.
- Further clarification is required outlining the intersection and roles of different government sectors for stakeholders.
- Given the important role medical professionals play in providing evidence and facilitating access to the NDIS, providing medical professionals with dedicated communication resources could better assist streamlining access for people with disability.
- Gaps between the health and disability sector should be addressed by relevant government agencies, including the Department of Health and National Disability Insurance Agency (NDIA).

Introduction

The RANZCP welcomes the opportunity to contribute to the Review on the National Disability Insurance Scheme Act (the NDIS Act) and the National Disability Insurance Scheme Participant Service Guarantee (the Guarantee).

The RANZCP is supportive of the NDIS and believes it is, and will be, of immense benefit to people with disability across Australia. The RANZCP has been monitoring the implementation of the National Disability Insurance Scheme (NDIS) and has contributed [submissions](#) to previous consultations on the NDIS.

Acknowledgement of the significant crossover between health and disability is imperative in improving the outcomes of the NDIS for participants (1).

The World Health Organisation (2018) describes disability as the interaction between individuals living with a health condition and the personal and environmental factors which are experienced as a result of that condition, such as stigma or inequitable access to services and support (2).

While the RANZCP acknowledges that the experience of people living with disability varies, even those without additional health requirements, still have general health requirements which must be met. However, many people with disabilities report difficulty in accessing adequate health care services with 1 in 8 people with disability, aged under 65 years old, reporting they had no source of assistance to help them access health care (3).

Possible principles for the NDIA service standards

1. Which of the (above) principles do you think are important for the NDIA to adhere to, and why?

The RANZCP supports all of the principles outlined for the National Disability Insurance Agency (NDIA) service standards.

As a priority, there is opportunity for the NDIS to better engage with people with psychosocial disability in a timely manner. This is particularly important as accessibility to the NDIS and its supports are crucial for participants and can result in negative outcomes when access or supports are delayed (4). Connectivity between agencies, services and support people is also necessary to ensure holistic care and support is being provided to participants to support their goals and wellbeing.

3. What other key principles are important for the NDIA to follow, that could be included in a Participant Service Guarantee?

While the RANZCP appreciates that the service standards describe the proposed principle, 'Decisions are made on merit' as 'transparent, informative and collaborative', we believe 'transparent' should be a principle on its own due to its importance. Ensuring NDIA processes and outcomes are transparent to participants, carers and support people is crucial to improve access to the NDIS, further assisting people to access the NDIS and better allowing participants to work together with the NDIA to ensure their needs are met. Transparency of NDIA processes and outcomes will also better support psychiatrists to assist people with disability to access the NDIS in a more efficient manner.

Getting started: Eligibility and application

6. What are some of the significant challenges faced by NDIS participants in the access process?

The RANZCP believes the eligibility criteria for entry into the NDIS psychosocial stream can be confusing and unclear, largely due to differences in terminology. 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, the RANZCP is concerned people may not be accessing the NDIS due to uncertainty around terms of assessment, evidence and definitions.

The Recovery Model is often used in mental health care, which promotes recovery as achievable (5). The NDIS' use of the word 'permanent', for example, may challenge beliefs that recovery is possible and, in referring a patient to the NDIS, implies a mental health condition is permanent (5). For this reason, the RANZCP has concerns people with psychosocial disability may not be accessing the NDIS due to uncertainty around terminology used by the NDIA and how it impacts their eligibility.

Psychiatrists have reported consistency of access to the NDIS as an area causing confusion to people seeking to access the NDIS (including psychiatrists supporting patients to access NDIS). For example, patients with similar conditions and severity have different outcomes when accessing the NDIS resulting in difficulties for psychiatrists when referring patients to the NDIS due to uncertainty of outcomes and eligibility and to the potential negative impact on the therapeutic relationship if an application is not successful.

Psychiatrists have also found that in some instances assisting patients to access the NDIS has had negative repercussions on the therapeutic relationship when a patient is found ineligible by the NDIS. Due to the confusion and obscurity around the application being denied, psychiatrists are often unsure as to how best they may help their patients given the limited resources available to them to redress the NDIA verdict.

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The costs involved in applying to the NDIS may also be considerable for people with disability. Often when applying for the NDIS, people need to see a variety of medical professionals with significant out-of-pocket costs. This can be prohibitive to accessing the NDIS.

8. What do you think the NDIA could do to make it quicker or easier to access the NDIA?

Better clarity around the NDIS would help quicken the access process as currently little detailed information is available publically. People who wish to access the NDIS are asked to contact a Local Area Coordination (LAC) to discuss their application further. This can prove difficult for those who have no family or friends to support them and some look to the assistance of a medical professional in this process, for example. Psychiatrists report patients or people seeking to access the NDIS approaching them for help and support in completing forms or in helping them understand the process. Psychiatrists have limited resources to assist in this process but will often take extra time in their appointments to explain the form, noting psychiatrists are often not experts on the NDIS.

People without adequate supports may not be able to fully explain or advocate for themselves, leaving the exceptionally vulnerable without access. An avenue which supports medical professionals in helping people with disability access the NDIS would be beneficial. For example, this may include a helpline for medical professionals who are assisting people access the NDIS, serviced by NDIA staff with a medical background and a website dedicated to medical professionals which, broken down by profession/specialisation/role, provides information about how that role may best assist people seeking access to the NDIS.

Further details on the evidence expectations of the NDIA should also be publically available to ensure better transparency and accountability. Any tool or resources would need to be widely promoted amongst medical professionals to help ensure all medical professionals are aware of new resources.

10. Is the NDIA being transparent and clear when they make decisions about people's access to the NDIS? What could the NDIA do to be more open and clear in their decisions?

The RANZCP believes that further work is needed to ensure decisions around access are clear and transparent. Currently, psychiatrists report confusion around perceived inconsistencies in the NDIS access process, with people having similar presentations of disability and severity experiencing vastly different outcomes when applying for the NDIS.

To better allow medical professionals to understand decisions made by the NDIA, it may be beneficial to provide information and reasoning as part of the feedback to people applying for the NDIS. If medical professionals were to receive feedback more in line with the medical model it would help them understand feedback better and assist their patient in further understanding evidence requirements.

Recommendations for eligibility and application:

- Strengthen and streamline NDIA processes to improve understanding of eligibility and help ensure consistent access outcomes for people with psychosocial disability.
- Provide opportunities for medical professionals to engage with NDIA staff with knowledge and skills within the medical mental health context who can further explain NDIA eligibility processes and requirements in familiar language and content.
- Draft resources which are aimed at medical professionals which translate the NDIS terminology into language which is better aligned to the clinical/medical model.
- Provide opportunities for participants to retain funding for supports which are flexible and responsive to ensure access is available when it is needed (to cover the episodic nature of mental health).

- Clarify evidence requirements for the psychosocial stream by providing a publically available template outlining the exact requirements of assessment.
- Publish resources which are aimed at medical professionals which could then be displayed in an easily accessible location, such as the NDIS website (e.g., detailed information on functional assessment tools, templates for evidence provision, referrals).

Planning processes 1: Creating your plan

11. Are there stages of the planning process that don't work well? If so, how could they be better?

The RANZCP believes there is significant interaction between health and disability and, in this sense, believes that there is a real role for medical professionals in working with the NDIS to ensure better outcomes for participants and people with psychosocial disability.

Processes which allow for, and encourage, more engagement with medical professionals in planning process would ensure a more holistic view is undertaken to improve participant health and wellbeing.

It would also help medical professionals better understand the supports participants are receiving and allow for better healthcare provision. For example, psychiatrists have reported instances treating patients in hospital and struggle to obtain knowledge of NDIS supports and plans, significantly influencing and potentially delaying, release plans. In cases where mental health conditions come to a crisis point quickly, it is important that sectors can work together to ensure consistent and holistic care can be provided.

Better communication between the NDIA, service providers and medical professionals, as well as including medical professionals in planning, will assist in ensuring patients and participants receive better care. Service provider support staff are an important part of the NDIS. Ensuring all support staff are properly trained and remunerated helps ensure people with disability have quality support plans.

The episodic nature of mental health conditions require a flexible system which easily adapts to people's circumstances, for example, a mental health crises' requires quick responses which are made difficult under the current process. People who experience long periods of recovery and wellbeing should also be able to have flexible funding which is available when needed, and not have funding removed because it has not been required to date.

NDIS planning for people with a mental health condition may require flexible quarterly planning, for example, rather than an annual planning model, to better suit the episodic nature of their condition.

Recommendations for planning processes:

- Develop processes to include medical professionals in NDIS planning to ensure more holistic care and support is provided to participants.
- Ensure all support staff working for service providers are properly trained in understanding mental health conditions, their episodic nature and able to create flexible plans.

Appealing a decision by the NDIA

22. What are some of the significant challenges faced by NDIS participants when they seek a review of an NDIA decision?

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The NDIS is a vast initiative which covers numerous sectors and is highly complex. People with disability are a highly vulnerable group who may not have the skills or support to interact successfully with such a scheme. People with psychosocial disability may also experience levels of extreme differences in decision making capacity and mental wellbeing, placing these people in highly stressful, complicated systems is likely to have a very negative impact on their wellbeing.

The appeals process is not easily negotiated as NDIA decisions are not easily understood. People seeking to access the NDIS may be disappointed due to rejection, seemingly affecting their sense of wellbeing and self-worth significantly higher than the general population. This can be further impacted by complications and obscurity of NDIA decisions and the NDIS appeals process.

Currently the Medicare Benefits Scheme (MBS) does not cover report writing undertaken by medical professionals on behalf of people looking to access the NDIS including reports or evidence for appeals (6, 7). Evidence provision by medical professionals of disability and function has an important role in the NDIS, assisting with access and appeals. The time and resources spent by psychiatrists and other medical professionals to assist patients to access the NDIS in the form of evidence provision can be intensive and time consuming and strategies to address this gap requires further investigation to further ensure best outcomes for patients/NDIS participants.

Recommendations for appeals:

- Address the remuneration gap for medical professionals assisting patients in the appeal process to ensure best outcomes for patients/NDIS participants.

The legislative framework

27. What changes could be made to the legislation (if any) to:

g. Improve the way other government services interact with the Scheme?

The RANZCP acknowledges that the NDIS is a large scale reform with many intricacies and complexities across various sectors and systems such as health, education, transport and housing. Such collaboration requires long term work to ensure a highly efficient system which meets the needs of stakeholders. Current legislation could better articulate these intersections, particularly to acknowledge the importance of all elements, individually, and together. Without these intersections and roles being clearly identified the NDIS will continue to have difficulties identifying intersections and roles operationally, including any gaps.

Given the importance of recognising local culture and context when providing disability and health services (1), local governments also have a role to play in providing social connections and support for people with disability for those that are NDIS participants and those who are not assessed as eligible.

Recommendations for legislative framework:

- Ensure clarity around the intersections and responsibilities between government agencies in providing support to people with disability including any gaps.

Glossary of terms

'Patient' is used within this submission to describe a person who has a developed therapeutic relationship with a medical professional which would usually occur over a period of time.

'Participant' is used within this submission to describe a person who is entitled to receive support through the NDIS.

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