

Joint Standing Committee on NDIS
Inquiry into NDIS participant experience in rural, regional and remote
Australia

February 2024

Addressing health inequity across Australia

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into NDIS Participant experience in rural, regional and remote Australia

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has over 8400 members, including more than 5900 qualified psychiatrists.

Introduction

The RANZCP welcomes the opportunity to contribute to the Joint Standing Committee on NDIS's (the Committee) inquiry into NDIS participant experience in rural, regional and remote Australia (the Inquiry). The recommendations in this submission are based on consultation with RANZCP Committees, including the Section of Psychiatry of Intellectual and Developmental Disabilities, the Section of Rural Psychiatry, the Community Collaboration Committee, and the Aboriginal and Torres Strait Islander Mental Health Committee. These committees include community members and psychiatrists with direct experience working with the NDIS in rural, regional and remote areas. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

This submission builds upon previous submissions from the RANZCP on the NDIS, including:

- [NDIS Review](#) (January 2023)
- [NDIS Review](#) (September 2023)
- [Review of the NDIS Act and the new NDIS Participant Service Guarantee](#) (October 2019).

The RANZCP is committed to supporting the Government to improve the experience of NDIS participants and currently serves as a member of the NDIS National Mental Health Sector Reference Group. The RANZCP supports the Inquiry and acknowledges the importance of implementing supports that better serve regional, rural and remote Australians. The RANZCP endorses the [terms of reference](#) for the Inquiry.

The RANZCP has highlighted priorities for psychiatrists serving rural NDIS participants in [Position Statement 65: Rural Psychiatry](#), the RANZCP [webpage](#) on rural psychiatry and the [Rural Psychiatry Roadmap](#).

Summary of recommendations

The RANZCP recommends the Government:

- Ensure equitable access to NDIS for participants and prospective participants by strengthening the disability and psychiatry workforce.
- Improve support for people with complex mental health challenges and comorbidities living in rural, regional and remote areas.
- Improve strategies to coordinate mental health services, social service supports and other healthcare providers.
- Improve services to better support Aboriginal and Torres Strait Islander peoples, who are more likely to seek NDIS support in rural, regional and remote areas and experience poorer health outcomes.

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Ensure equitable access to NDIS for participants and prospective participants by strengthening the disability and psychiatry workforce

Health inequity is a significant issue in Australia, including mental health inequity. People living in rural, regional, and remote areas experience poorer health and welfare outcomes than those living in metropolitan areas.[1] People living with disability in rural, regional and remote areas face further challenges, including limited health services and a lack of other services, such as public transport. People with mental health-related disabilities in rural and remote Australia may also face stigma and discrimination which can negatively impact health care.[2]

As previously highlighted by the Joint Standing Committee on the NDIS, there are significant disability workforce shortages which are compounded in some regional, rural and remote areas.[7] Both the Productivity Commission and the NDIA anticipated higher demand in regional and remote areas.[3] The State of the Disability Sector 2022 report confirms that the issue of disability workforce shortages and skillset are ongoing and impacting sector performance.[5]

The psychiatry workforce in particular is experiencing severe shortages. As the RANZCP highlighted recently in its [Federal Prebudget Submission](#), the current psychiatry workforce only meets 56% of the national demand for psychiatrists in mental health services. The [National Mental Health Workforce Strategy \(2022-2032\)](#) states that substantially more psychiatrists will be required to meet the targets set out in the National Mental Health Service Planning Framework by 2030. Gaps in the psychiatry workforce in rural Australia pose particular challenges for those navigating the complex mental health system.

It is the role of the NDIS to intervene and mitigate the impact of thin markets where there is a gap between participant needs and their use of funded supports.[3] The success of the NDIS is dependent on a robust and diverse market, allowing participants to self-determine goals and supports.[4] There continues to be an ongoing divergence between what is funded by the NDIS and what the market can provide. NDIS service providers have raised the low NDIS pricing or price caps to deliver NDIS support in rural and remote areas.[3]

Improve support for people with complex mental health challenges and comorbidities living in rural, regional and remote areas.

The NDIS has created a separation between mental health services and NDIS services. Acknowledging the intersections between mental health and disability, however, is imperative in improving the experience of people with disabilities. As highlighted by the Productivity Commission, clearer governance is needed between these services, as well as more seamless connections, care pathways and triangulation of services.[6] A more cohesive model of care needs to ensure NDIS participants receive the full range of mental health and physical health supports, with providers having a shared understanding of what services are being provided. This would help ensure an appropriate range and level of supports for the participant. There also needs to be greater triangulation between the NDIS, service providers and participants to improve shared planning and reduce the burden on participants.

Culturally appropriate support

Aboriginal and Torres Strait Islander peoples can face particular challenges engaging with the NDIS. 44% of Aboriginal and Torres Strait people live in regional areas and 21% live in remote areas.[9] Roughly 10% of rural, regional and remote Australians supported by the NDIS are Aboriginal and Torres Strait Islander peoples.

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Despite this, the NDIS is limited in its provision of culturally appropriate supports, and it is difficult in regional and remote Australia to access support in languages other than English.[7, 8] This barrier can be particularly difficult when dealing with biopsychosocial disabilities. [The Disability Royal Commission](#) also highlighted the social focus on strengths and differences – not deficits – that Aboriginal and Torres Strait Islander culture makes. This can make accessing NDIS supports socially challenging and alienating for NDIS participants.

The Government needs to improve the availability of culturally appropriate support provided by the NDIS to ensure that Aboriginal and Torres Strait Islander peoples can access the services they need.

Summary

Health inequity is a significant concern in regional, rural, and remote Australia, leading to poorer health and welfare outcomes compared to metropolitan areas. Individuals living with mental health conditions and/or with disabilities in these areas face additional challenges, often due to a lack of available health and other services. Disability and psychiatry workforce shortages compound these issues. To ensure that those living in rural, regional and remote areas get the NDIS support they need, the Government must strengthen the workforce, improve supports and improve the services available to Aboriginal and Torres Strait Islander Peoples.

If you wish to discuss any of the matters in this submission further, please contact Nicola Wright, Executive Manager, Policy, Practice and Research Department via nicola.wright@ranzcp.org or on (03) 9236 9103.

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