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Mr Martin Hoffman
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Collaboration • Knowledge • Leadership

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Dear Mr Hoffman,

Mental Health Victoria (MHV) welcomes this opportunity provide feedback to the National Disability Insurance Scheme (NDIS) on its access and eligibility policy, which includes the introduction of independent assessments (IA).

MHV is the peak body for mental health in Victoria. Our membership includes consumer, family and carer groups, public hospitals and non-government organisations, unions, medical colleges, police and emergency services, local government and peak bodies.

MHV remains closely engaged with mental health consumer, family and carer groups, service providers and the NDIA about the NDIS and its psychosocial disability pathway. We commend the NDIA's responsiveness to previous feedback about the need to improve the NDIS for participants with psychosocial disability and we welcome this opportunity to recommend further improvements.

We support the introduction of policies that promote a clear and uncomplicated pathway to the NDIS and its supports at no cost to participants. The proposal to improve the reliability and consistency of information and decision making within the NDIS is welcomed.

While the proposed policies have the potential to improve quality and the overall sustainability of the Scheme we have recommended some measures to improve the safety and effectiveness of these policies for people with psychosocial disability.

To meet the NDIS's stated goal to improve equity within the Scheme, we recommend the NDIS adopt a recovery-oriented approach to assessment and planning for people with psychosocial disability. The policy should also be integrated with:

- the NDIS recovery framework
- relevant workforce planning and supports
- research and continuous improvement processes

Without additional attention across these three areas, the proposed approach risks contributing to the social, cultural and functional barriers experienced by people with psychosocial disability it seeks to address.

Recovery-oriented practice for safe and equitable access to the NDIS for people with psychosocial disability

It has been well documented that people with psychosocial disability face unique barriers to access and inclusion in the NDIS¹. Some of these barriers include:

- experiences that vary over time or fluctuations in mental health condition
- the invisibility of many aspects of psychosocial disability
- stigma and other experiences that impact self-confidence and self-advocacy
- limited access to appropriate mental health services outside the NDIS
- a compounding impact of negative experiences of service use on mental health
- subsequent varying ability to navigate access or participate in support/care/treatment processes

Considering these differences, further work is needed to ensure that people with psychosocial disability are not further disadvantaged by the introduction of the new access arrangements.

MHV strongly supports the NDIS's commitment to uphold the intention of the NDIS Act and relevant international conventions and to ensure participants' experiences are based on the following principles²:

- accessible, holistic and strength-based, recognising each individual's life circumstances and environmental factors
- involve the individual in decision making processes that affect them to the fullest extent possible, and supports them to make decisions for themselves
- based on nationally consistent tools and allows for approaches to be tailored to individual needs
- acknowledge and respect the role of families, carers and other significant persons in the individual's life where applicable
- inclusive and have safeguards that ensure the individual's respect and dignity are upheld.

In addition to these, it is of primary importance to people with psychosocial disability that NDIS processes are recovery-oriented. NDIS policies relating to people with psychosocial disability should be based on the NDIA's recovery framework, which is currently underway but not yet released. The application of recovery-oriented principles, such as those listed below, should ensure the NDIS and its processes are safe, meaningful and equitable for participants with psychosocial disability.

- **Holistic and person-centred:** Place the participant or potential participant at the centre of the process, considering the whole person (not only their mental health but their physical, emotional, social and spiritual wellbeing). Interactions take into account the person's

¹ Mental Health Australia 2018, National Disability Insurance Scheme: Psychosocial Disability pathway, p. 8, accessed: https://mhaustralia.org/sites/default/files/images/ndis_psychosocial_pathway_consultation_project_-_final_report_-_may_2018.pdf

² NDIS 2021, Consultation Paper – Access and eligibility policy with independent assessments, p. 12, <https://www.ndis.gov.au/media/2839/download>

strengths and abilities, tailoring the process to their unique needs and circumstances and working in line with their aspirations.

- **Human-rights:** Recognise the inherent worth, dignity and rights of all people with disability and their right to the highest attainable standard.
- **Cultural safety:** Awareness of the impact of racism, stigma and discrimination and its intersection with experiences of mental health. Workers are mindful of and responsive to the cultural needs of participants and their supporters.
- **Trauma-informed and responsive:** Due consideration is given to people’s experiences of trauma and workers’ potential role in exacerbating trauma. Workers act responsively to provide safety from trauma and its impact.
- **Understanding of the social determinants of mental health:** There is an understanding of the impact of structures on individuals and recognition that people have inequitable access to the services, systems and conditions that are conducive to mental health and recovery.
- **Transparent communication:** Adequate and appropriate information about the process, its context and timeframes are transparently communicated to the participant and the others involved in the assessment process. With permission, workers have access to and use information about the participant (and potentially carers, family and supporters) needs, goals and interests and communicate with them about this.
- **Collaborative:** There is a collaborative relationship between the worker, the participant and others involved in the assessment process, including the NDIA. Workers are responsible for facilitating an empowering and person-centred experience that adds meaning to participants’ broader experience of support. The participant is an active participant in the assessment process and contributes to its formation.
- **Carer and family inclusion:** Where appropriate, carers, family and supporters of the participant are genuinely included in this communication process. Workers actively listen to and where relevant, respond to the needs of others involved in the care and support of participants, and consider its relevance to the assessment outcome.

To better align the access and eligibility policy and associated processes more closely with both sets of principles, we recommend the NDIA undertake targeted consultation and co design with people with psychosocial disability (and their supporters). This will help the NDIA better understand how these principles translate in relation to independent assessment and related processes, such as communication, interface with mental health and other mainstream services, the evaluation of the participant experiences etc.

Recommendation 1: Release the NDIS Recovery framework.

Recommendation 2: In consultation with participants (and their supporters), apply the recovery framework to re-design the independent assessment process for people with psychosocial disability, including communication processes and interfaces with other supports.

As well as basing the assessment process on recovery-oriented principles, there are certain aspects of the process that could be improved to better meet the needs of people with psychosocial disability and overcome barriers they currently experience accessing the NDIS. We recommend the

NDIS review key aspects of the access and eligibility process in consultation with people with psychosocial disability and their supporters. In particular, consider the need to:

- **Make the process to be iterative** to support a more meaningful, valuable experience
- **Allow supplementary information** (not only in exceptional circumstances) to enable a collaborative, triangulated assessment that better represents the unique circumstances and complexities of every individual
- **Include a written assessment** to make use of more detailed clinical judgement in decision making, including carer assessments and other relevant factors that reflect the whole person, their environment and community
- **Allow the assessment to be shared with the person being assessed** to develop mutual agreement and understanding about the assessment
- **Provide an alternative process** for those who are reluctant or unable to participate in the IA process, especially those with complex needs or who are awaiting discharge/release from an institution
- **Create more avenues for dispute resolution**
- **Strengthen the capacity of supporting systems outside the NDIS**, including Information, Linkages and Capacity Building stream

Recommendation 3: Review key aspects of the access and eligibility process in consultation with people with psychosocial disability and their supporters.

Skilled, experienced and supported mental health workforce for safe, quality assessment

A sufficiently skilled and supported mental health workforce is required to ensure the principles outlined above are realised. In relation to people with psychosocial disability, assessors need to have qualifications, skills and experience working with people with mental health conditions.

Integrated workforce planning should include measures for the growth and sustainability of the specific disciplines and skills required to effectively implement the policy, including NDIS decision makers. Planning must also include policies to address thin markets which exist in rural and remote areas and skill sets to work with key groups, including people with psychosocial disability, people with complex needs, Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse communities.

Consideration should be given to the type and amount of support across disciplines and geographic area but in general transparent, consultative design and implementation is required in each of these areas:

- **Remuneration and workload:** caseloads and time allowed for assessment must allow for quality and the relevant objectives and principles to be achieved/upheld
- **Recruitment and retention strategies:** including a commitment to promote, educate and support professionals that are engaged with the principles
- **Relevant professional standards and guidance**
- **Training:** including a clear understanding of, for example, the NDIS Act 2013, recovery framework, cultural safety etc. and the provision of on-the-job training opportunities for students and new graduates.
- **Mentoring, supervision and support**

The National NDIS Workforce Plan, which is yet to be released, should consider the need to grow the size and capability of existing and emerging NDIS workforces with specific reference to the psychosocial workforce (including for specific population groups). Clear links are also required between this plan and the National Mental Health Workforce Strategy.

Recommendation 4: Undertake integrated workforce planning to ensure all disciplines are supported and remunerated to undertake quality work based on professional standards and the underpinning principles of the IA process.

Recommendation 5: Ensure workforce planning includes specific reference to mental health and psychosocial disability including for specific population groups and rural and remote areas.

Research, evaluation and monitoring for evidence-base and continuous improvement

We agree that effective governance is a necessary part of the approach to assessment³. The introduction of these new policies should be based on sound evidence and continuous improvement should be in-built. The IA pilot process should be completed and reviewed before the IA process commences so the policy is based on the learning from its results. It must also consider adequate numbers of participants and potential participants with psychosocial disability to be a reliable basis for application with this group.

A strategic approach to ongoing evaluation and monitoring should also consider the needs of people with psychosocial disability as a group with distinct needs. Specific consideration should also be given to the NDIS access process in relation to LGBTIQ+, Aboriginal and Torres Strait Islander, and culturally and linguistically diverse communities/peoples.

We recommend evaluation and monitoring measure the objectives of the policy, including the principles outlined above, across the following areas:

- assessment tools: their fitness-for-purpose, quality, replicability, suitability/acceptability
- professional practice: including professional standards, safety and recovery oriented practice
- process: from the perspective of participants, assessors, carers, families, supporters, including service providers
- barriers to access and support: including from the perspective of people with psychosocial disability who have not had contact with the NDIS
- communication
- workforce development

The evaluation and monitoring of IAs should be integrated with the NDIS's broader workforce, participant experience and quality and safeguarding strategies.

Recommendation 6: Complete the IA pilot, ensuring adequate numbers of people with psychosocial disability are included in the results, and review the policy with regard to the findings.

³ NDIS 2020, 'Independent Assessment Framework', p. 31, accessed: <https://www.ndis.gov.au/media/2640/download>

Recommendation 7: Embed continuous improvement in the access and eligibility policy and ensure evaluation and monitoring across the system, including in relation to tools, professional practice, processes, barriers to access and support, communication and workforce development.

Recommendation 8: Integrate the evaluation and monitoring with other relevant NDIS plans/strategies, including workforce, participant experience and quality and safeguarding.

In summary, MHV welcomes a more consistent and reliable approach for participants to access the NDIS. However, key refinements are now required to ensure the policy meets the needs of people with psychosocial disability, their carers and families. Most importantly, to ensure the independent assessment process is safe and meaningful, a recovery-oriented approach should be adopted by the NDIS. Guided by these principles, key aspects of the policy and IA process should be reviewed in consultation with people with psychosocial disability and supporters, including service providers.

Comprehensive planning and strategic support is required to ensure the policy is able to meet its stated objectives and underlying principles. In particular, we have recommended further integrated workforce planning to grow and support a skilled and experienced mental health workforce, and continuous improvement processes to ensure people with psychosocial disabilities do not face additional barriers to accessing the NDIS and its supports.

These measures are critical to ensure the NDIS access and eligibility policy is safe and fair for people with disabilities and that the NDIS is sustainable for all Australians.

Mental Health Victoria looks forward to continuing to work with the NDIA to ensure that people with severe and persistent mental illness and their families and carers receive the right service and support for them to live meaningful lives as contributing members of our community.

Sincerely,



Larissa Taylor
Director of Policy
Mental Health Victoria