



Psychiatric Disability Services
of Victoria (VICSERV)

Submission to the Senate Standing Committees on
Community Affairs
regarding

*The delivery of outcomes under the National Disability Strategy
2010-2020 to build inclusive and accessible communities*

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Introduction

Psychiatric Disability Services Victoria (VICSERV) welcomes the opportunity to provide a response to the inquiry on the delivery of outcomes under the National Disability Strategy 2010-2020, to build inclusive and accessible communities. VICSERV is a membership-based organisation and the peak body representing community managed mental health services across Victoria.

'Psychosocial disability' describes impairment related to a mental illness, which affects how a person participates within the community¹. As exemplified by the inclusion of psychosocial disability in the National Disability Insurance Scheme (NDIS), severe psychosocial disability can have a disabling impact on an individual's access to social, cultural and economic participation. This review of the National Disability Strategy is a timely opportunity to consider how a disability framework can help meet the needs of people living with psychiatric disability and their families.

The importance of consumer participation, control and choice

Before making specific comments, we would like to address the importance of effective consumer participation in delivering outcomes for people with a psychosocial disability, whether as part of the direction of the Strategy, or more generally in social policy.

VICSERV is currently undertaking a Project to explore and develop strategies to increase consumer control and choice in services in mental health, disability, and ageing. In our consultations with both consumers and providers, we have found that the following matters are key to delivering authentic consumer control and choice:

- A clear value base recognising Consumer Control and Choice
- A shared understanding of the meaning of, and strategies related to, Consumer Control and Choice
- An affiliation with rights movements in most cases
- An effective co-production framework covering all parts of the organisation
- Consumers and carers on Boards
- Consumer employment
- Commitment to the sharing of lived experience as a core practice tenet
- Power sharing between providers and consumers

We note that effective consumer participation throughout an agency, service or community extends Control and Choice beyond the individual having choice over their particular services, to include participation in: governance, recruitment, agenda-setting, service design, delivery, quality control, and evaluation.

In relation to mental health, and increasingly in other areas as well, it is being acknowledged that involving people with a psychosocial disability and carers in the planning stages of programs and services, as well as determining how they run, provides a more effective framework for service delivery. VICSERV argues that consumer participation, control and choice is vital to delivering the planning component of *Policy Direction 2* "Improved accessibility of the built and natural environment through planning and regulatory systems..."

VICSERV recommends that the Strategy facilitate actions, including in work that emerges from the Strategy, for the inclusion of people with a psychosocial disability in all aspects of decision-making affecting them, including service design and development, resource allocation, implementation, service delivery and evaluation

¹ National Mental Health Consumer & Carer Forum 2011, Position Statement: Unravelling Psychosocial Disability.

With regard to the Terms of Reference we our submission addresses the following

- a. the planning, design, management, and regulation of:
 - i. the built and natural environment, including commercial premises, housing, public spaces and amenities,
 - ii. transport services and infrastructure, and
 - iii. communication and information systems, including Australian electronic media and the emerging Internet of things;
- b. potential barriers to progress or innovation and how these might be addressed;
- c. the impact of restricted access for people with disability on inclusion and participation in economic, cultural, social, civil and political life...

Term of Reference a) Accessible and inclusive built and natural environments

Ensuring an environment (both built and natural) is accessible and inclusive is essential in enabling a person to feel as though they are part of their community. Often, psychosocial disability is overlooked in the discourse around planning for accessible communities, despite the fact that the physical environment can pose a barrier for people with psychosocial disability.

More needs to be done in terms of minimum accessibility standards for public transport and buildings, the accessibility of banking and telecommunications, and access to community resources including information, for people with a psychosocial disability.

In particular, the following attributes are frequently lacking or inadequate in terms of meeting the needs of people with psychosocial disability:

- Accessible and aware staff, including staff with lived experience of psychosocial disability
- Effective use of advocates, peer support workers, and carers where appropriate
- Comprehensible and well-documented agency and company policies and contracts, service eligibility and operational guidelines
- Clear building entry and exit points with clear signage
- Clear street signage
- Areas that allow for rest and reduction in sensory overload

If addressed, these elements of universal design would, in many circumstances, enable people with a psychosocial disability to use buildings, transport, products and services without the need for specialised or adapted features. However, in some circumstances, people may still require access to specialised assistance in order to facilitate or maximise full inclusion. We agree that these changes are applicable to, and would improve access to, programs run by government, businesses and non-government organisations.

VICSERV recommends that the Strategy facilitate the development of universal design principles, which reflect the expressed needs of people with a psychosocial disability

Housing

VICSERV believes that *Policy Direction 3 “Improved provision of accessible and well-designed housing with choice for people with disability about where they live,” is critical to living with a psychosocial disability, and recovering from illness.*

There are two elements relevant here; firstly access to housing which connects people to their local communities, and secondly, decision-making which enables them to exercise control and choice, in this case, about where they live and with whom. We would agree that “the greater the take up of universal design features, the more open the community is” to people with a psychosocial disability. This provides greater choice about where to live, but also more social opportunities for visiting friends and family.” However, as stated earlier, this is dependent on the concept of universal design being reframed to include elements applicable to the lived experience of people with a psychosocial disability.

Transport

We agree that “the ability to move around the community underpins all aspects of life” for people with a psychosocial disability, and is essential to achieving all the policy outcomes outlined in this strategy. In the case of people with a psychosocial disability, transport systems need to be empathic to the lived experience of people with a psychosocial disability, and connect them to local services and accessible housing.

To be empathic to the needs of people with a psychosocial disability, transport needs to deliver the ability of people to:

- Access transport in their local area
- Navigate the system effectively, as well as the geography, including handling money, buying tickets, and recognising correct routes and vehicles
- Communicate effectively with transport workers and passengers, and receive assistance when this is not possible.

Challenges in communication

In order for *Policy Direction 5 “Communication and information systems that are accessible, reliable and responsive to the needs of people with disability, their families and carers” to be met*, we submit that people with a psychosocial disability may experience difficulties in communication that need to be addressed.

We understand that communication involves:

- providing a communication,
- receiving a communication, and
- understanding the communication.

While we recognise that a variety of communication means are required according to individual needs, we believe that the same principles around ensuring appropriate communication apply as for all people who may experience communication difficulties. This also applies to the digital and online world.

VICSERV recommends that the Strategy facilitate inclusive communications which reflect the needs of people with a psychosocial disability, including access to digital services

Term of reference b) Potential barriers to progress or innovation

As mentioned in our submission to Term of Reference a, we would assert that a key innovation currently lacking in the community at large is the ability of people with a psychosocial disability to exercise meaningful control over their lives, whether as individuals or as members of the community.

We would strongly advocate that strategies be initiated to involve people with a psychosocial disability in effective decision-making in all areas of community life which affects them.

VICSERV recommends that the Strategy facilitate the implementation of innovative co-production activities for the inclusion of people with a psychosocial disability in decision-making affecting them

Term of reference c) The impact of restricted access for people with disability on inclusion and participation in economic, cultural, social, civil and political life

Inclusion and access through representation in policy and planning

An inclusive and accessible community is one in which any person can feel accepted, connected and valued. When designing or reviewing any plan that will impact on people with mental health needs, VICSERV endorses a 'contributing life approach', utilised by the National Mental Health Commission to guide its work in relation to people with psychosocial disability:

A contributing life means a fulfilling life enriched with close connections to family and friends, and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty².

Despite the fact that NDIA estimates place psychosocial disability as the third largest disability 'type' after Autism and intellectual disability, State and National disability plans often place minimal emphasis on overcoming the barriers to meaningful economic and social participation for people with serious psychosocial disability.

VICSERV recommends that psychosocial disability receive a stronger focus in all national and state policy and planning and that people with a lived experience of psychosocial disability are involved in plan developments and their associated actions

Inclusion and Participation through reducing stigma

Just as with intellectual and physical disabilities, the best outcomes for people experiencing psychosocial disability will be achieved through support to access social and environmental opportunities to expand their capabilities. However, one of the biggest barriers to inclusion and participation for people with psychosocial disability is the impact of stigma.

Stigma and discrimination impact on all disability groups but are particularly problematic for people with psychosocial disability. Research undertaken by SANE Australia found that over half the respondents in the survey reported that they did not feel part of their local community, and that the majority of respondents reported experiencing discrimination at some time because they have a psychosocial disability³.

² National Mental Health Commission, 2013: A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention. Sydney: NMHC p. 21

³ SANE Australia, Research Bulletin 12: Social inclusion and psychosocial disability

These findings can be attributed to the low visibility of psychosocial disability, many misconceptions about mental health, and poorer understanding within the community about psychosocial disability.

***VICSERV recommends** that the Strategy embed a commitment by the Federal Government to develop and implement a large scale community engagement campaign to reduce the stigma surrounding psychosocial disability*

Inclusion and participation through improving economic outcomes

Participation in the workforce has been identified as a major contributor and factor in mental health and wellbeing. Employment contributes to a sense of self-worth and social identity, and exclusion from the workforce not only causes financial hardship, but also impacts on an individual's self-confidence and marginalisation⁴. It is a cause for concern that only 29% of people with a disability due to a psychological condition are employed - the lowest employment rate among all disability groups according to the Australian Bureau of Statistics⁵.

People with psychosocial disability continue to be underrepresented in workplaces. In order to improve this standard, workplaces and employers will need to adapt their practices and increase their understanding of psychosocial disability. National and State jurisdictions can support this process through public campaigns and direct support to workplaces to ensure that people with psychosocial disability avoid discrimination and can benefit from economic and social participation via meaningful employment.

***VICSERV recommends** that the Strategy encourages organisations to adopt policies and practices in order to increase the rate of employment for people with psychosocial disability*

In addition, employing peer workers - people employed on the basis of their personal lived experience of psychosocial disability and recovery - can bring great benefits to organisations providing supports to people with psychosocial disability. In addition to their vital role of embedding person-first, recovery-oriented approaches in mental health services, the economic, social and health benefits gained by a peer worker from gaining employment are significant.

***VICSERV recommends** that any State or National Disability Strategy commit to growing and investing in the peer workforce, in order to increase community inclusion for people with psychosocial disability through meaningful employment*

Ensuring the formal and informal support needs of people living with psychosocial disability (and their families) are met

A key requirement of a responsive and effective continuum of treatment and support for people living with a serious psychosocial disability, is that it must be able to deliver treatment, community-based rehabilitation and disability support. This is especially true for people more severely impacted by psychosocial disability, who may require access to all three types of support.

Community mental health services are a vital link in providing the necessary supports to enable a person with psychosocial disability to build their capacity to access and feel included in their community. However, the current pricing structure of the NDIS does not allow providers to offer psychosocial rehabilitation supports to people with psychosocial disability.

⁴ VEOHRC 2011, Submission to the Inquiry into Workforce Participation by People with Mental Illness

⁵ Australian Bureau of Statistics, Australian Social Trends, March Quarter 2012, 4102.0

The NDIS is anticipated to support 64,000 Australians living with psychosocial disability, and VICSERV is supportive of the benefits that these people with severe and complex needs will receive through the Scheme. However, there are a number of Scheme design issues that remain significant challenges in supporting people with psychosocial disability to overcome the barriers to a contributing life.

Some of these challenges are (but not limited to):

- *The impact of the NDIS on the mental health workforce*

The current mental health workforce is highly qualified, with a recent base-line survey of the MHCSS workforce by VICSERV revealing that nearly two-thirds hold a graduate or postgraduate qualification, with almost ninety percent indicating they have a diploma or higher.

Feedback from current community mental health providers indicates that the hourly rates included in the NDIS pricing structure will mean they will be unable to afford to keep all their existing staff, and certainly not on their current wages. This has led to a concern about the potential loss of an identified mental health workforce, and the body of knowledge that would be lost as a result.

- *The process for testing eligibility for access to the NDIS*

In many instances, diagnosis for psychosocial disability will not provide an understanding of a person's functional capability, and in situations where assessors and planners do not have specific mental health training, this lack of understanding could have a significant impact. The lack of a functional assessment tool for people living with a psychosocial disability seeking NDIS eligibility is a concern that has been raised by a number of community mental health providers.

- *The planning and engagement process for people with a psychosocial disability*

The current system put in place to connect with consumers to commence the planning process has been found to be inadequate and stressful for consumers. In addition, under current processes, the NDIA attempts to engage with consumers via a maximum of three phone calls and a follow-up letter. VICSERV believes phone calls as a means to facilitate engagement can cause significant distress for some individuals and will often result in disengagement, as those with psychosocial disability may not be comfortable speaking on telephones or answering calls from numbers they do not know. Some do not even own mobile phones or landlines.

VICSERV recommends that the NDIS scheme design and pricing structure be changed, to ensure that the rehabilitation needs of people with severe psychosocial disability are met by appropriately qualified support workers. VICSERV further recommends that the Federal Government monitor the impacts of the NDIS on people with psychosocial disability, and facilitate appropriate responses across all levels of government and programs of support

To read more about VICSERV's recommendations regarding the NDIS for people with psychosocial disability, please read our submission to the *Joint Standing Committee Inquiry into The Provision of Services under the NDIS for People with Psychosocial Disabilities Related to a Mental Health Condition*, and the *Productivity Commission Review on NDIS Costs*

In addition to the formal supports that are available, many people with psychosocial disability also require informal supports in the form of family members in order to engage with their community. The reality of mental health carers is that they are typically going to be the first person that is called on by the person they care for. VICSERV notes the recent release of a report by MIND Australia, which revealed that to replace informal mental health care with formal support services would cost \$13.2 billion⁶.

⁶ Mind Australia 2017, *The Economic Value of Informal Mental Health Caring*

VICSERV notes that the NDIS does not adequately fund supports for carers or advocacy services; however many carer respite services are seeing funding transferred into the NDIS.

***VICSERV recommends** that both Federal and State governments commit to a mental health carer strategy, and the resources to extend the support for carers supporting people with psychosocial disability*

Inclusion and participation for people not receiving NDIS supports outside the Scheme

Federal Government mental health funding is being transferred to the NDIS, including Partners in Recovery (PIR) and Day to Day Living (D2DL); Personal Helpers and Mentors (PHaMs), and some carer respite programs are also impacted by this transfer of funding. However it is estimated that there will be 230,000 people with severe and persistent psychosocial disability who will not be eligible for NDIS supports.

VICSERV believes that all levels of government have a responsibility to ensure that all people living with psychosocial disability receive the appropriate clinical, disability, and community rehabilitation supports to enable them to live a contributing life.

***VICSERV recommends** that all levels of government ensure the mental health support needs of people with serious psychosocial disability, but who are not eligible for the NDIS, continue to be met through the provision of effective and evidence based rehabilitation support*

VICSERV looks forward to the outcome of this review, and will continue to work with all levels of government to ensure the interests and rights of people living with psychosocial disability are upheld.

Appendix

Members List

Action on Disability within Ethnic Communities (ADEC)
Aftercare
Anglicare Vic
Anxiety Recovery Centre Victoria (ARCVic)
Australian Community Support Organisation (ACSO)
Barwon Disability Resource Council
Break Thru People Solutions

Care Connect
Carers Victoria
Centacare
Cohealth
Compassionate Friends Victoria Inc. (The)
E.W. Tipping Foundation
EACH
Eating Disorders Foundation Victoria
ERMHA
Gateway Health
Geelong Mood Support Group
Grampians Community Health (Balgartnie)
Inner South Community Health Service (ISCHS)
Jesuit Social Services
Jewish Care (Victoria)

Karingal

Life Without Barriers

Mallee Family Care - Mental Health Support Service
McAuley Community Services for Women
Melbourne Primary Care Network
Mentis Assist
Merri Health
Wellways
Mind Australia

Neami National
Outlook Employment
PANDA
Pahran Mission
Quit Victoria

Sacred Heart Mission
SalvoConnect Mental Health Services
Sarah Stokely-Wilcox
South Eastern Melbourne PHN
Spiritual Health Victoria (formerly HCCVI).
St Vincent De Paul Society - Compeer Program
The Haven Foundation
The Salvation Army Adult Services
UnitingCare Life Assist
Victorian Primary Mental Health Alliance
VincentCare Victoria
Wild Bamboo
Wimmera Uniting Care
Within Australia Inc
Women's Mental Health Network Victoria
Workskil Australia