

24 July 2020

Senator Hollie Hughes
Chair
Select Committee on Autism

By email to: autism.sen@aph.gov.au

Dear Senator

Re: Additional submission to the Select Committee on Autism

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide further input into the Select Committee on Autism (the Select Committee).

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 6900 qualified and trainee psychiatrists 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.

As per our original [submission](#), the RANZCP would like to highlight the importance of services employing person-centred service models when caring for people with Autism Spectrum Disorder (ASD) such as the models found in the National Disability Insurance Scheme (NDIS). However, there remain opportunities for improvement across the NDIS including better operationalisation of the significant crossover between health and disability which is required to improve the outcomes of the NDIS for participants. [1]

The RANZCP has identified that there are concerns around the operation of behaviour support processes, specifically the listing of certain medications as 'restrictive', within the NDIS for people with ASD. Psychiatrists play a key role in providing diagnosis and treatment of people with ASD and have been questioned by service providers regarding prescriptions where participants are assisted to take their medication. Service providers have advised that this is due to National Disability Insurance Agency (NDIA) requirements, which seek explanations for prescription purpose and require extensive documentation, as the medication is listed by the NDIA as 'restrictive'. Some psychiatrists have noted that due to this requirement some NDIS participants do not receive their medication due to issues with NDIS paperwork. The RANZCP also understands that the list of 'restrictive' medication is not available publicly nor is it clear on what basis and input this list was formed.

The RANZCP would also highlight that the NDIS Commission has stated that ASD has been classified as 'untreatable' even though clinicians treat the symptoms and features of ASD as part of their clinical practice. The RANZCP has strong concerns that ASD has been classified as 'untreatable' by the NDIA and believe this is an unacceptable position by the NDIA. The RANZCP urges that there be dialogue with medical professionals, such as psychiatrists, to ensure decisions are made on current medical practice and research. In addition, as this is a health-related issue and not related to an area of NDIA expertise, the RANZCP would appreciate clarification regarding how 'restrictive' medication information is utilised by the NDIA. This is particularly relevant as providing the information required by the NDIA, regarding the purpose of the medication, impacts on psychiatrist's resources with the potential to cause issues for patients in cases where medication is delayed or ceased.

The RANZCP proposes that to better preserve the rights of people with disability, it would be more appropriate if behaviour supports were treated and managed in partnership with the mental health system. Currently there is a 'parallel' mental health system for people with disability with behaviour supports having different criteria for restrictive practice such as involuntary detention and treatment, different review processes, different staffing profiles and facilities.

The RANZCP fully supports protection of people with disability from adverse treatment and practice. However, we do hold concerns as to the impact this has on people with ASD and their families and carers, particularly as it affects the ability of people with ASD to receive treatment for mental health conditions. The RANZCP would welcome the opportunity to provide further information on the issues raised in this letter. In addition, we would fully support the opportunity to engage with the NDIS Commission on improving how the mental health and disability sectors may better support the rights and safety of people with disability.

Yours sincerely

Associate Professor John Allan
President

Ref: 1850

References

1. Smith-Merry J. Working collaboratively at the interface and health and disability services. Research to Action Guide, Good Practice Summary. 2016.