



Australian Senate

**NDIS Amendment Bill Consultation**

April 2024

# Advocacy and collaboration to improve access and equity

# Royal Australian and New Zealand College of Psychiatrists

## NDIS Amendment Bill Submission

### 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 binational college, has strong ties with associations in the Asia-Pacific region. The RANZCP is responsible for training, educating, and representing psychiatrists in Australia and New Zealand.

The College has over 8400 members, including more than 5900 qualified psychiatrists and over 2400 members who are training to qualify as psychiatrists.

### Introduction

The RANZCP welcomes the opportunity to make a submission on the proposed Amendment Bill for the National Disability Insurance Scheme (NDIS).

The RANZCP has made several previous submissions providing recommendations to improve the NDIS including:

- [Consultation on Scheme Implementation and Forecasting](#) (2022)
- [Access and eligibility policy with Independent Assessments](#) (2021)
- [Inquiry into general issues around the implementation and performance of the NDIS](#) (2020)
- [Introductory paper on the National Disability Strategy and NDIS Outcomes Framework](#) (2020)

Most recently the RANZCP provided two submissions ([January 2023](#), [September 2023](#)) in response to the Australian Government's NDIS Review. These submissions highlighted several key challenges, as well as recommending improvements to the system.

### Key recommendations

The RANZCP recommends the Government:

- Acknowledge the episodic nature of mental health conditions leading to difficulties in accessing necessary support
- Increase the emphasis on the biological dimensions of mental illness within NDIS treatment paths to ensure a holistic, recovery-centered approach to care
- Enhance integration between NDIS and mental health treatment services
- Create a new Medicare Benefits Schedule item for access report-writing
- Require NDIS staff to participate in Medicare-funded Multidisciplinary Case Conferences (MDCC) initiated by private psychiatrists

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#### **Facilitate a recovery-centred approach by reviewing permanent qualifying disability model**

Within the NDIS's conceptualisation of "psychosocial disability" it is crucial to acknowledge the biological dimensions of mental illness. This incorporates the holistic circumstances of individuals living with mental illness and includes those with severe mental illnesses into the NDIS system.

Approximately 10% of the NDIS's 1.1 million participants have a primary psychological disability, yet accessing NDIS can still be challenging for mental health patients.[1] Currently the system fails to incorporate those with acute mental health conditions or episodic courses. People with conditions such as these often do not qualify for permanent disability support.[2] This in turn excludes those in the earlier stages of mental health illness, those with conditions that may be episodic such as bipolar, or that have fluctuating course (such as Tourette's) from having access to the NDIS. Conditions such as these have variable acute and debilitating periods that can have significant shifts in functional impairment.

The principles of "bio-psychosocial disability" should be incorporated throughout the design of the NDIS to acknowledge and embrace the biological dimensions of mental health. This inclusive approach not only promotes a more holistic understanding of psychosocial disabilities but also emphasises the importance of biological treatments in achieving optimal recovery outcomes.

A recovery-centred approach is fundamental in providing tangible improvements for people living with a mental health condition and is a defining feature of the RANZCP's stance on best practice (see [Position Statement 86: Recovery and the Psychiatrist](#)). Recovery has transformative potential for those living with mental illness by improving patient's wellbeing through an aspirational approach that facilitates individual autonomy.

Incorporating the biological and recovery-oriented dimensions of mental health into the current qualifying models offers two key benefits to achieving the best possible recovery outcomes:

- It acknowledges the potential benefits of biological treatments, such as maintaining medication regimens. This can have significant positive impact on long-term recovery outcomes beyond just the clinical, but also factors such as employment and housing.
- It assists in the active management of comorbidities, including physical disabilities that are more commonly observed in individuals living with mental health conditions.

#### **Enhance integration between NDIS and mental health treatment services to improve accessibility**

The RANZCP strongly supports the Bill's commitment to improving the accessibility of mental health services under the NDIS. It is important to continue to improve cohesion between existing models of care to ensure those living with mental health conditions are able to receive the appropriate level of support they need.

The amount of support a participant requires may vary depending on their circumstance, particularly for those living with a mental health condition. This makes the process of assessment crucial to ensuring maximum beneficence from the NDIS system. Currently however, the Medicare Benefits System (MBS) does not cover report writing undertaken by medical professionals for those looking to access NDIS support services.

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It is crucial to facilitate closer collaboration between all involved parties: coordinators, healthcare professionals and clients. This would ensure more holistic support for clients. The RANZCP has previously advocated for psychiatrists to be able to work more closely with the NDIS to ensure better outcomes for people with psychosocial disability.

The RANZCP proposes an intervention to require NDIS staff to participate in MDCCs for designing and communicating treatment plans. These MDCCs should be funded under Medicare, with the creation of a specific Medicare Item number. This would incentivise greater collaboration among health professionals in ensuring best patient outcomes as well as integrate MDCCs into the treatment process and provide clarity for future course of action.

The RANZCP urges the introduction of a bulk-billed MBS item to remunerate clients and clinicians for the process of constructing required medical reports. This would improve the accessibility of the NDIS as well as the overall equity of the system.[3] In line with the key guidelines of the Bill, reducing out of pocket costs has the potential to improve the provision of health services and ensure NDIS participants receive the best possible care at the earliest intervention points.[4]

As report-writing is a mandatory step in the application process for the NDIS, MBS coverage would reduce financial barriers to access for those who need it.[5] This would account for costs and time spent by healthcare professionals in this process; as well as maximise clients' chances of receiving the correct coverage.

As leaders in mental health, the RANZCP welcomes further consultation on the field of NDIS and the Bill. If you have any queries regarding this submission, please contact \_\_\_\_\_, Executive Manager, Policy, Practice and Research Department via \_\_\_\_\_ or on \_\_\_\_\_.

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### References

1. National Mental Health Sector Reference Group, Data report on psychosocial disability to 31 December 2022. Melbourne (AU): National Mental Health Sector Reference Group Meeting 2023
2. National Mental Health Sector Reference Group, Data report on psychosocial disability to 31 December 2022. Melbourne (AU): National Mental Health Sector Reference Group Meeting 2023
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4. Independent Assessments: Joint Standing Committee on the National Disability Insurance Scheme; 2021 [Available from: [https://parlinfo.aph.gov.au/parlInfo/download/committees/reportjnt/024622/toc\\_pdf/IndependentAssessments.pdf;fileType=application%2Fpdf](https://parlinfo.aph.gov.au/parlInfo/download/committees/reportjnt/024622/toc_pdf/IndependentAssessments.pdf;fileType=application%2Fpdf)].
5. NDIS Review September 2023 [Available from: [sub-ranzcp-to-ndis-re-ndis-review-13-september-2023.pdf](#)]