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**Inquiry into the provision of services under
the National Disability Insurance Scheme
(NDIS) for people with psychosocial
disabilities related to a mental health
condition**

The Royal Australasian College of Physicians
Submission February 2017

The Royal Australasian College of Physicians (RACP) welcomes the joint committee inquiry into the provision of services under the National Disability Insurance Scheme (NDIS) for people with psychosocial disabilities related to a mental health condition.

1. The eligibility criteria for the NDIS for people with a psychosocial disability;

The RACP acknowledges psychosocial disability diagnosis related to mental illness as a source of disability.

The RACP recommends that eligibility for the NDIS is based on the following criteria:

- that any psychosocial disability diagnosis is made in consultation with health professionals
- that biopsychosocial approach be additionally used in considering the overall impact of the psychosocial disability and consideration of its permanence, including:
 - consideration of physical health problems and substance use disorders which are also known to be associated with mental illness, potentially contributing to the overall disability
 - consideration of any negative social determinants of health (where a person lives, works, social and family networks) as these potentially also add to the overall disability
 - assessment of day to day functional abilities.

a. The transition to the NDIS of all current long and short term mental health Commonwealth Government funded services, including the Personal Helpers and Mentors services (PHaMs) and Partners in Recovery (PIR) programs, and in particular;

i. whether these services will continue to be provided for people deemed ineligible for the NDIS;

The RACP recommends that during transition of these services to the NDIS, collaboration with the health sector be maintained to ensure continuity of care across both disability and health. People with psychosocial disability can have varying impacts of their disability over time, which may exclude them from NDIS eligibility. People with this type of psychosocial disability must still be able to access adequate supports for maintenance, preventive and acute care when required.

There is significant concern and confusion in the community and amongst our specialists relating to the availability of support services for people with psychosocial disabilities who will not be eligible for the NDIS. It is estimated that about 100,000 people with mental illness are likely to lose all or some of the support they are currently accessing through Commonwealth Government funded services once the NDIS is fully rolled out¹. We understand that the funding of most government funded community mental health programs is earmarked to be funnelled into the NDIS where these vital services will not be available to non NDIS recipients with mental illness.

A reduction in services available to people deemed ineligible for the NDIS will likely result in increased pressure and demand upon the acute mental health system and subsequently the long term mental healthcare system

b. the transition to the NDIS of all current long and short term mental health state and territory government funded services, and in particular;

i. whether these services will continue to be provided for people deemed ineligible for the NDIS;

The RACP acknowledges that many people with mental illness have waxing and waning psychosocial disability and so may not be eligible for NDIS. Nevertheless, they require access to acute and preventive mental health services to optimise their ability to participate in and contribute to usual community living.

While the RACP is aware that acute mental health services will continue to be funded by and the responsibility of health, we are concerned about the uncertainty of the funding of preventative mental health services which are often provided in the community setting and by non-governmental organisations (NGO). With the current national mental health reforms taking place as well as the roll out of the NDIS, the College believes that state, territory and Commonwealth governments need to define roles and responsibilities in mental health in an intergovernmental agreement to end this confusion and avoid people falling through the cracks. Such an intergovernmental agreement needs to then also be reflected and included in the final draft of the 5th National Mental Health Plan currently being developed.

c. The scope and level of funding for mental health services under the Information, Linkages and Capacity building framework;

The RACP supports the basic tenet that through the Information, Linkages and Capacity building framework, the person with psychosocial disability needs to be well supported as much as possible to participate in the choice and delivery of their own services for mental health and disability supports, where appropriate.

d. The planning process for people with a psychosocial disability, and the role of primary health networks in that process;

Firstly, any planning should embody the key pillar of the NDIS of enabling people with disability to exercise choice and control, about matters that affect them, with an acknowledgement that supported decision-making does not mean making decisions for (or on behalf of) the person.

Stakeholders involved in the planning process can provide support in the following ways:

- Acknowledging and facilitating the role of families and/or carers in supporting participants to make decisions;
- Acknowledging and respecting the role of advocates in supporting participants to make decisions;
- Supporting the participant to develop the capacity to make their own decisions through the provision of information and resources;
- Supporting the participant to seek any helpful information on relevant supports from their health professionals, which could include their General Practitioner, Psychiatrist, Physician, or Psychologist.

Secondly, the NDIS health and wellbeing domain for people living with a psychosocial disability should include consideration of physical health and wellbeing, as the physical health of people living with a psychosocial disability is poorer than of those not living with a psychosocial disability.² While the RACP is aware that the NDIA is already considering how to best support people with psychosocial disability,³ we recommend that with respect to the health and wellbeing domain of the planning process, consideration be given to the following:

- People with mental health problems are at high risk for learning and/or cognitive disabilities and active assessment for learning and/or cognitive disabilities should occur during the NDIS planning process with consultation of physicians and specialists as appropriate;
- Similar general function measures should be relevant across all disability types, although the nature of the impairment will vary. Function measures do not themselves determine why someone has limitations;
- As stated above, people with mental health illnesses are at high risk for physical health problems and substance use disorders, assessment should occur by appropriate health professionals to inform the NDIS planning process in the health and wellbeing domain:
 - with respect to leading a healthy life and supports for NDIS participants with mental illness to receive improved access to physical health care;
 - developing personal capacity to participate as much as possible in their own healthcare;
 - opportunities afforded by NDIS participation to improve access to meaningful activities, leisure, employment and community participation
 - supports for accessing primary and hospital level care.
- The ability of the non-government sector to provide optimal disability support services to people with very complex cognitive and mental health problems may be compromised in the absence of highly trained specialists with established interagency partnerships and models of care (see Nous group report 2013⁴);
- Service systems currently available for children and adolescents with mental health problems are poor, disorganised, and not integrated;
- Access to programs providing leisure activities, work and physical activity is currently very limited for young adults with intellectual disability moving out of school and out of paediatric care. Once school finishes, many have very limited access to anything, especially for those behaviourally challenging individuals, often resulting in isolation. The NDIS should consider providing funding for appropriate peer and social support for young people transitioning into adulthood and living more independently.

It is necessary to acknowledge that many of the barriers to physical health care access experienced by people with mental illness are similar for people with intellectual disability. Children and adults with intellectual disability have much greater rates of mental illness (anxiety and depression especially) and have limited

access to psychological and psychiatric services at present.

While it is important to focus on the physical health of people living with mental health issues, it must also be remembered that physical illness is associated with greater risk for mental illness. Australian men with mental illness live 15.9 years fewer and women live 12 years fewer than those without mental illness and this difference continues to widen.⁵

e. whether spending on services for people with a psychosocial disability is in line with projections;

The RACP does not have a response to this question.

f. the role and extent of outreach services to identify potential NDIS participants with a psychosocial disability; and

Physicians and specialists, through the provision of care, may identify potential NDIS participants with a psychosocial disability. Similarly adult medicine specialists, addiction medicine specialists and paediatricians have a prominent role in detecting and treating physical health conditions in people living with mental health issues.

The RACP recommends that the NDIS provides information how physicians and specialists can appropriately refer people with psychosocial disability, especially children, to the NDIS.

g. the provision, and continuation of services for NDIS participants in receipt of forensic disability services;

The RACP does not have a response to this question.

h. any related matter.

The RACP does not have a response to this question.

¹ '100,000 mentally ill lose NDIS cover' article in The Australian on 19 December 2016. Available at <http://online.isentialink.com/theaustralian.com.au/2016/12/18/cdcc53de-b45c-473a-b06e-65ff962068ed.html> (accessed 13 February 2017)

² Australian Government, DRAFT - Equally Well Quality of Life and Equality in Life, Not yet released.

³ NDIS factsheet on "Psychosocial disability, recovery and the NDIS" available at <https://www.ndis.gov.au/medias/documents/heh/h21/8799160959006/Fact-Sheet-Psychosocial-disability-recovery-and-the-NDIS-PDF-774KB-.pdf>

⁴ Medibank Private Limited and Nous Group (2013): The Case for Mental Health Reform in Australia: A Review of Expenditure and System Design

⁵ Mendelsohn CP, Kirby DP, Castle DJ (2015). Smoking and mental illness. An update for psychiatrists. *Australasian Psychiatry* 23(1):37-43.