Private Mental Health
Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

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Inquiry into the National Disability Insurance Scheme Bill 2012 Submission

1 Introduction

We thank the Parliament of Australia, Senate Community Affairs Committee for the opportunity to provide input into the Inquiry into the National Disability Insurance Scheme Bill 2012.

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who have private health insurance and/or who receive their treatment and care from private sector settings for their *mental illnesses or disorders,* and their carers**.** As our title implies, the Network is the authoritative voice for consumers and carers of private mental health settings.

The Network is committed to working with the Parliament of Australia and relevant others in addressing the needs of people with a mental illness and their family or carers. We bring to this Submission, a mental health consumer and carer perspective.

As a consumer and carer organisation we are in a position to provide direct ‘lived’ experiences to the Inquiry and would welcome the opportunity to engage in further consultations.

2 Specific Comments

The Network welcomes the National Disability Insurance Scheme Bill 2012 which recognises the psycho-social disability of people with an enduring, unrelenting and debilitating mental illness. This is integral to such a scheme and impacts on a large number of Australians estimated to be around 150,000 - 210,000 people.

We support an ‘insurance approach’ which will share the costs of services and supports across the community where resources would be allocated in a transparent manner. We would anticipate a streamlined assessment process across all agencies, ie housing, welfare, etc.

We support the funding of services and supports related to a person’s ongoing disability and that people with psycho-social disability will be able to exercise more choice and control over their own lives with packages of individual funding. This will give them more flexibility, more control, personal freedom and greater independence. These principles are consistent with the UN Convention on the Rights of Persons with Disabilities.

There must be incorporated within the NDIS a system which comprehensively assesses eligibility undertaken by a mental health practitioner skilled in psychosocial disability, who is aware of the many implications such disability presents in the social, welfare, health and community sectors.

Much research has highlighted the close association between poor physical health and disability for people with mental illness. Many associated physical and medical conditions result from things such as the mental illness itself, side effects of long term psychotropic medications, self harm, to name a few. Life expectancy is shorter than that of people without mental illness.

We note with agreement the sentiments articulated in Sub-clause 3 (2) *recognises that responsibility for the implementation of the NDIS launch is shared across governments, and will require a shared and coordinated effort.*

1. **Decision Making**
   Mental illness brings with it many challenges and the associated disability can impact on decision making. A large part of the NDIS deals with the capacity of the individual to make their own decisions about the support and services they require. A person's ability to make decisions about their own treatment is for many, the subject of Mental Health Legislation which determines under some circumstances, for example, Electro Convulsive Therapy (ECT) which they would prefer not to have. This decision is taken out of their control.

   It is important to stress that people with enduring psycho-social disability will most of the time be able to make decisions about which support and services will best met their needs.

   The NDIS must support the independence and participation of people with psycho-social disability in social, health and community sectors in a manner which supports their active ability to exercise their choice and control over the planning and delivery of the supports and services designed to address their particular needs.

2. **Functions and Responsibilities of Nominees**

   We note that the NDIS Bill provides for the appointment, functions and responsibilities of Nominees (Part 5). This section provides *'general principles to guide the actions of people who may act on behalf of people with disability under the Act, including nominees, people with parental responsibility for children, and the Chief Executive Officer and other staff of the Agency'.*

   We note the facilitation of a 'plan nominee' and a 'correspondence nominee'. It could be interpreted that this section particularly relates to persons with psycho-social disability as a result of mental illness.

   We note within this section that whilst participants are able to request the appointment of a particular individual, the CEO can appoint nominees provided that the written consent of the *nominee* has been provided.

We wish to stress that people with psycho-social disability within the community most often retain the cognition to be able to appoint their own nominee. Carers play a pivotal role and it would seem appropriate that if a person with an enduring mental illness wishes to have their carer as their nominee, this must not be over-ridden by a CEO's perception or decision.

We strongly support Clause 5 which sets out the provision of a nominee to undertake activities in accordance with the principles so far as practicable, as well as the principles that:

(a) *the person with disability should be involved in decision-making that affects them, including making decisions for themselves, to the extent possible;*

(b) *the person with disability should be encouraged to engage in the life of the community;*

(c) *the judgements and decisions that people with disability would have made for themselves should be taken into account;*

(d) *the cultural and linguistic circumstances of the person with disability should be taken into account; and*

(e) *the supportive relationships, friendships and connections of others to the person with disability should be recognised.*

3. Assistance to participants

Clause 6 recognises that participants may require assistance and support in meeting their obligations and that the Agency is able to provide that support and assistance. For example, as reimbursement for transport costs relating to appointments and/or medical/psychiatric consultations and this would well be necessary for people with psycho-social disability where disability payments through Centrelink are the main stay of financial support.

4 Conclusion

People with an enduring and debilitating mental illness are amongst the most disabled and vulnerable in our community. Their need for support and specific services are as important as any other person. Support with packages aimed at addressing their individual needs is welcomed and must form an integral part of the NDIS Bill 2012.

We must recognise their legitimate claim as much as those with a profound physical or intellectual disability. Their fundamental right to choice, enablement to make their own decisions; and the engagement in the social and community aspects attributed to most Australians must be upheld.

Families and carers must also be recognised for the critical role they play in the life of the persons with psycho-social disability. There is much emphasis and focus on transferring treatment and care for people with mental illness into the community and in the main, carers assume this role. Support for them through a fully individualised care package which better supports the needs of the person they care for, is critical.

The Network has been pleased to provide this Submission to inform the Senate Community Affairs Committee. We would welcome the opportunity of providing further input or to discuss this submission directly from a consumer and carer 'lived' experience.

Ms Janne McMahon OAM
Independent Chair, 25 January, 2013.