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Joint Standing Committee on the National Disability Insurance Scheme  
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**Subject: Inquiry into the Capability and Culture of the National Disability Insurance Agency (NDIA).**

Mental Health Coordinating Council (MHCC) is the peak body for community managed mental health organisations (CMOs) in New South Wales. The purpose of the Council is to support a strong and sustainable community-managed mental health sector that provides effective health, psychosocial and wellbeing programs and services to the people of NSW.

MHCC provides policy leadership, promotes legislative reform and systemic change, and provides resources and training to assist community organisations to deliver quality and effective services. MHCC is also a founding member of Community Mental Health Australia (CMHA), the alliance of state and territory mental health peak bodies, which together represent more than 800 CMOs delivering mental health and related psychosocial services nationally. MHCC also has a Learning and Development arm and RTO providing accredited training and professional development to the sector.

MHCC thanks the Joint Standing Committee (JSC) for the opportunity to provide input into this inquiry. MHCC were keen to consult its membership for this Inquiry, but due to the short timeframe available we were unable to conduct face to face consultations. Nevertheless, we developed a Members' Survey to elicit specific feedback reflecting the experience of members and relevant stakeholders, appropriate to the JSC's Inquiry and fourteen organisations responded to the survey questions.

In answer to the questions posed in the survey, we report respondents' feedback as follows:

**Q1:** 'Does the NDIA have an understanding and appreciation of the individual challenges people living with psychosocial disability experience?'

- 76.92% of respondents stated **No**.
- Representing the themes provided in answer to this question in the free text box, one respondent wrote: "The NDIA has a very long way to go for thoroughly understanding people who live with a psychosocial disability. The NDIA need more Lived Experience representation throughout any service improvements and strategic planning". Another respondent wrote: "NDIA appear clueless to the challenges and nuances of living with a psychosocial disability. The hoops people need to jump through to receive is just ridiculous and soul destroying. When people do finally get a package, there are not appropriate services to choose from".

**Q2:** 'Does the NDIA work with organisations and participants using a trauma-informed, recovery-oriented practice approach?'

- 76.92% of respondents stated **No**.

- Representing the themes provided in answer to this question in the free text box, one respondent wrote that: they have “never heard NDIA mention trauma-informed practice”, and another stating “NDIA processes are seemingly created to make becoming a participant as difficult and traumatic as possible. They create a great deal of anxiety for people, and many give up applying because of this”.

**Q3:** ‘Does the NDIA acknowledge the episodic and non-linear nature of mental illness and related functionality?’

- 83.33% of respondents stated **No**.
- Representing the themes provided in answer to this question in the free text box, one respondent wrote that: “too often I’ve seen applications rejected due to ‘non-permanency””.

**Q4:** ‘Does the NDIA demonstrate an organisational culture that is free from stigma and discrimination?’

- 69.23% of respondents stated **No**.

**Q5:** ‘Does the NDIA exhibit courtesy, respect, and equal responsiveness to all stakeholders?’

- 71.43% stated **No**.
- Representing the themes provided in answer to this question in the free text box, one respondent wrote that: “Courtesy generally, and high-level respect, but there is a lack of respect for the fact that disability providers are actually the subject matter experts. Too often what we say is overlook or ignored. Responsiveness is extremely poor”.

**Q6:** ‘Does the NDIA provide timely feedback about information and complaints?’

- 81.82% of respondents answered **No**.
- Representing the themes provided in answer to this question in the free text box, respondents reported that: receiving feedback was a lengthy process, often with no follow-up.

**Q7:** ‘Do you believe the current operational processes and procedures of the NDIA support the capability of staff employed by the NDIA? e.g., are staff at the NDIA appropriately trained and accountable?’

- 100% of respondents stated **No**.
- Representing the themes provided in answer to this question in the free text box, respondents commented about: the need for NDIA staff to be trained in psychosocial disability to enable them to understand what funded support is fair and necessary for participants.

**Q8:** ‘Are NDIA staff appropriately remunerated and resourced to undertake their roles and responsibilities?’

- 53.85% stated **Yes**.
- Representing the themes provided in answer to this question in the free text box, respondents commented: NDIA appear to be very understaffed, leading to long delays.

**Q9:** ‘In your opinion, are there specific NDIA staff roles that should require training and education that is co-developed?’

- 100% of respondents answered **Yes**.
- Representing the themes provided in answer to this question in the free text box, respondents emphasised the need for NDIA staff in funding decision-making roles, and public facing roles to receive training in psychosocial disability and mental health.

**Q10:** ‘Has staff turnover impacted the support and engagement your organisation or participants receive from the NDIA? e.g., do you receive responses to enquires in a timely and satisfactory way?’

- 76.92% of respondents answered **Yes**.

- Representing the themes provided in answer to this question in the free text box, respondents emphasised that: there is often no follow up from NDIA, with one respondent stating that “delays cost lives”.

**Q11:** ‘Is there consistency in the engagement of NDIA staff? e.g., do you have an allocated NDIA staff member to handle your enquiry or complaint, or do you have to reiterate your enquiry/issue?’

- 92.86% of respondents stated **No**.
- Representing the themes provided in answer to this question in the free text box, respondents shared that: there is often little or no consistency, they have never spoken to the same person twice, and they feel frustrated with needing to repeat the same information.

**Q12:** ‘Are you able to request contact with a NDIA employee with lived experience to discuss your enquiry?’

- 100% of respondents answered **No**.

**Q13:** ‘Have participants of your service felt supported and well attended to by the NDIA when seeking information, support and services (including application and approval processes) from the NDIA?’

- 84.62% of respondents stated **No**.
- Representing the themes provided in answer to this question in the free text box, one respondent wrote that: “The workers do their best but need to be more supported and accountable”.

**Q14:** ‘Does the culture of the NDIA encourage and empower individuals to apply for the Scheme, or does that culture discourage engagement?’

- 76.92% stated that the NDIA **discourages engagement**.
- Representing the themes provided in answer to this question in the free text box, respondents commented about: the unique challenges for people with psychosocial disability face in the application process, particularly the evidence gathering and the ‘justification of need’.

An important comment on the culture and capability of the NDIA was made in an additional comment box by one respondent, who stated: “NDIA has a top down and corporate approach that seems to be focused mainly on its own existence – the consumers and carers seem secondary and at times incidental”.

MHCC draw the Joint Senate Committee’s attention to a substantial research study: [Breaking down Barriers: Co-designed recommendations to reduce stakeholder identified NDIS access barriers for people with psychosocial disability](#) conducted by N. Hancock, J.N. Scanlan, D. Mellifont, D. Hamilton, & J. Smith-Merry (2022).\* The study is mainly focused on the NDIS, but they have also identified a number of NDIA issues of concern, which MHCC are sure will be of interest to the JSC.

#### **Summary of relevant recommendations from the research conducted\*:**

**1. Build, maintain and disseminate accurate, up-to-date, easily accessible information -**

Update, enhance and build upon best currently available information. Invest in and maintain the update of a single national source of information. Enhance the dissemination of this information including easy read downloadable one-pagers that can be printed and paper-based fliers to maximise accessibility.

**2. Co-develop and co-deliver systemic training and establish workforce support champions –**

Co-develop and deliver continually available training for health and community service providers. GPs, public, community and private mental health, disability and social services require ongoing access to training about the psychosocial stream of the NDIS. Workforce support champions will

provide expert support and guidance to complement this training so that workers can provide accurate and helpful support, advice and evidence to people who are considering or are applying for the NDIS.

3. **Establish navigator positions** – independent and psychosocial specific - Create a clear, independent NDIS Psychosocial specific Navigator role to assist individuals, family members and service providers throughout the NDIS application process.
4. **Cover out-of-pocket expenses** - Create funding streams or models of reimbursement to ensure that people have equitable access to the experts required to provide evidence of psychosocial disability without incurring out-of-pocket expenses.
5. **Commission and fund an independent evaluation of the application process specifically for people with psychosocial disability** - Independent evaluation of the impacts of:
  - a. recent legislative changes
  - b. the future implementation of the Recovery Framework; and
  - c. adoption and future implementation of the recommendations within this report, on the experiences of the NDIS application process for people living with psychosocial disability.
6. **Co-develop and co-deliver recovery and psychosocial disability training for:**
  - a. NDIA staff,
  - b. NDIA partner staff (Local Area Coordinators - LACs), and
  - c. NDIS service provider staff (community managed/controlled organisations)All staff within these 3 distinct workforces need to have access to recovery-oriented, trauma-informed psychosocial disability training and education that is co-developed and co-delivered with people with psychosocial disability.
7. **Review the impact of implementing the NDIS Psychosocial Recovery-Oriented Framework agenda on NDIA staffing practice and cultural issues.**

#### **Relevant key themes from stakeholder identified barriers:**

- **Key information about NDIS is confusing or not accessible**
  - o Not aware the NDIS exists
  - o Confusion regarding eligibility
  - o Confusion regarding what evidence is required for the application
  - o Confusion regarding what supports the NDIS provides
  - o Confusion regarding application process/what steps to take
  - o Unaware how to get help with application
  - o NDIA communication/website/language is confusing
- **Hard to obtain evidence required by the NDIA**
  - o Lack of available 'experts' to conduct assessments
  - o Adequate historical and longitudinal evidence doesn't exist or it hard to get
  - o Volume of evidence expected is huge and overwhelming
  - o Fearing the consequences of documenting evidence of disability (fear of involuntary hospital admissions, fear of perception by formal supports)
  - o Fear of being re-traumatised by the experience of evidence gathering
  - o Costs associated with gathering evidence are exorbitant

- **Application process is too long, complicated, and inflexible and impersonal**
- **Application process is harmful to mental health and well-being**
  - Process is degrading, disrespectful, humiliating and dehumanising
  - Process exacerbates mental ill-health due to stress and anxiety
  - Process triggers fear of rejection
- **Application process does not accommodate for mental illness and psychosocial disability**
  - Process excludes people due to symptoms of mental illness and psychosocial disability (low threshold for stress, cognitive difficulties, anxiety, paranoia, financial challenges)
  - Process excludes people with prior negative experiences and trauma histories (lack of trust of the government)
- **The negative reputation of NDIA staff and culture**
  - Staff are unqualified and do not understand psychosocial disability – particularly its episodic nature
  - Staff are not respectful and lack empathy
  - Staff are inconsistent and incompetent
  - Lack of action by NDIA to address barriers identified by the community
  - NDIA culture is inflexible and does not consult with key stakeholders
  - Disconnect between 'disability' and 'recovery'
  - NDIS is deficit focused, and the requirement of 'permanency' goes against recovery-oriented approach

Thank you for your interest in the views expressed by MHCC members and stakeholders. MHCC is available to answer any questions in relation to this Inquiry and should contact Corinne Henderson, Principal Policy Advisor at E: \_\_\_\_\_ for further information.