Dear Bonnie,

1. Further to our discussion today I am writing to you regarding the NDIA for consideration by the Parliamentary Inquiry into the NDIA. I was a manager of a Partners in Recovery team tasked with transitioning people with chronic mental health disabilities from Partners in Recovery (PIR) to the NDIS from the beginning of the rollout. I will step through the issues in application order and which have been occurring since the roll out of the NDIS three years ago. Very little has changed. The NDIA is difficult, rigid and expensive to deal with.

2. **Application process**. On the surface the application process is deceptively easy. People with severe psychiatric disabilities, carers and parents have all tried to apply for the NDIS and irrespective of the evidence were told:
    a. Schizophrenia is not a mental illness;
    b. Schizoaffective disorder is not a mental illness;
    c. Major depression is not a mental illness;
    d. People with disabilities of 10, 20, 30 and 40 years asked why they did not access early intervention when the services were unavailable;
    e. none of the above are permanent; and
    f. none of the above illnesses have impacted your life.

3. **Lack of oversight**. After repeated requests to the NDIA to have a senior qualified person review the denials of access nothing has changed e.g.
    a. **Case study**. In 2018 SO applied for the NDIS but due to her Schizoaffective disorder symptoms was unable to deal with the NDIA correspondence and the application went nowhere. **This type of interaction is a built-in mechanism that ensures people with mental illness are denied access**.
    b. I became aware of the situation and prepared all the assessments, liaised with SO's psychiatrist and prepared the cover letter demonstrating how SO met all the legislative requirements of the Act. None of this work was funded.
    c. In the first half of 2019 a very pleasant young woman with no mental health training from the NDIA phoned me to let me know that SO had been denied access because ***Schizoaffective disorder is not permanent***. (neither is Downs Syndrome according to another NDIA staff member.)
    d. It beggars belief that these sorts of decisions are still being made and worse still that there is still no professional oversight to ensure that these sorts of decisions are not being delivered to applicants.

4. **Access decisions**. The lack of mental health assessment skills and knowledge is patently obvious in some of the totally inappropriate decisions made in order to deny access.
    a. An applicant was denied access because he could go food shopping. It was irrelevant to the assessor that the person could in fact go to the shops but could only buy 20 of the same items from the top shelf. If the top shelf contained for example tampons, toilet paper and antrid then the person would buy 20 of each of these and have no money left for food. This behaviour was a direct result of the person's mental illness.
    b. Another person was denied access because he had been doing supported work for 20 years. The assessor claimed that the applicant obviously did not need any support because he was working and refused to listen to what was happening for the person. The person's life was a daily trauma due to his mental illness and brain damage and yet he managed to salvage some dignity by working one day a week.

c. Another applicant was denied access because an Access team member spoke to the applicant, asked approximately three questions and determined from this that they found no issues with the applicant's mental state. The Access team member had overstepped their area of competence, made a professional decision they were unqualified to make and were completely wrong.
d. People with decades long diagnoses of Schizophrenia have been denied access because they do not have a mental illness because the Access Team determined Schizophrenia was not a mental illness and had not affected their lives.

5. **Consent to act on behalf of a person**. One of the very first things done once the application starts is to contact the NDIA and to have your details recorded so that you are able to act on the applicant's behalf.
    a. **This is how it routinely goes**. You ring up with the client and the client's consent is recorded with the NDIA. On the second contact the NDIA staff will routinely state that no consent has been recorded and then they will argue with you. Experience has taught, that you terminate these calls as quickly as possible and ring back and then magically the consent is found.
    b. **Current example**. I began the application process for JC. JC and I phoned the NDIA and had her consent recorded whilst I was drafting her cover letter. The application was submitted. JC was denied access.
    c. I submitted a complaint and was subsequently phoned by an NDIA staff member who had no health training to tell me JC was not disabled enough – **obviously this person had found the consent along with my phone number**. When I asked to pursue this with the Access Team the consent could not be found. NDIA staff contacted JC and stated in their notes that JC had withdrawn her consent which JC has stated to me they did not. The NDIA informed the Minister that they had no record of the consent. I found this curious but unsurprising.
    d. I am prepared to sign a Statuary Declaration stating that consent was given in the first instance. The consent is currently ongoing.

6. **Planning**. Planners vary widely in their knowledge and skill sets. I have experienced planners who have claimed to have mental health training but have no understanding of the difference between reactive depression, Major Depression or Psychotic Depression which was reflected in the plans.
    a. The planning process for people with mental illness is crude and often irrelevant. NDIA questions ask about how long they can stand and other physical questions.
    b. People with mental illness can be physically capable of carrying out tasks but their thought processes can severely limit what they can do.

7. **Problem solving**. From the rollout, trying to have the NDIA or the planners address problems in a timely and effective manner is nearly impossible. The NDIA does not carry out it's responsibilities and puts the cost and the burden of rectifying NDIA failures onto the applicants, participants or people providing support.
    a. NDIA makes nonsense, unscientific, non evidenced based denials of access to the NDIS then the person does not gain access. Someone else has to put in weeks of unfunded work to have the nonsense decision overturned.
    b. There is no effective communication channel – being put on the enquirynoreply merry-go-round is unhelpful. You keep being asked to provide the same information over and over again. You will get an email stating that someone will call you but they don't or they ignore you completely.

c. Post planning the NDIA staff are disinterested at best no matter how urgent the situation. E.g. a client had Meals on Wheels prior to accessing the NDIS. The person had NDIS funding for Meals on Wheels. The NDIA staff refused the person access to the funding for the Meals on Wheels for six months effectively leaving them with no access to food. The company paid for the service whilst the participant was ignored by the NDIA.

8. **Denial of access to plans**. The NDIA has several mechanisms to deny access to plans:
    a. Insufficient support coordination; and
    b. Not bothering to ensure that the participant has a support coordinator.

9. **Auditing causing the withdrawal of providers**. A new auditing system is to be rolled out with significant cost to the person being audited. It is the understanding of the Psychologists I have spoken to, that they will be charged up to 7,000 dollars to be audited by the NDIA. It is also my understanding also that the cost of the audit may vary. Whatever the final outcome of the audit processes the damage has been done and Psychologists have withdrawn their services.

10. **Nothing has changed**. The experience of SO is routine. SO was denied access by the NDIA because according to the NDIA Schizoaffective disorder is not permanent. **This was very scientifically and medically curious decision**. After this very odd decision was addressed, I asked that the plan be changed from plan managed to NDIA managed (my mistake). It was not until I started to implement the plan whilst waiting for NDIA to provide a support coordinator that I discovered that due to the financial issues around auditing Psychologists and other NDIA providers that I was unable to access the funded supports for the psychological services. This is a recent change. If I had been aware of the withdrawal of services, I would not have asked that the Plan be NDIA managed.
11. I attempted to contact NDIA Chatswood regarding the problems with accessing the Psychologists and what we could do going forward regarding support coordination. Attempts to speak to anyone has been unsuccessful over months, endless emails, unanswered phone calls and the enquirynoreply merry-go-round. One person suggested that I submit a review of a reviewable decision – this takes 12 months in my experience and further seemed an inappropriate mechanism to address failures of service on the NDIA's part.
12. The NDIA has again shifted the financial burden of their poor service outwards. I have provided all the specialised support coordination to SO because SO would not have been able to access any of her plan without my help. Wage theft.

13. **Disability Support Pension, Mobility Parking – inability to connect the disability dots.**
    a. The NDIA seems unable to connect the disability dots. It would indicate to me that if a person is receiving the Disability Support Pension they been deemed disabled by medical professionals:
        i. They have a disability; and
        ii. The disability has severely impacted their life.

    b. Having a Mobility Parking Permit says to me that medical professionals have deemed the person to have limited mobility.

    c. **The denial of access of JC**.
        i. JC has Multiple Sclerosis- determined by medical professionals.
        ii. JC is on the DSP- determined by medical professionals.
        iii. JC has a Mobility Parking Permit – determined by medical professionals.

iv. JC lives in a house approx. 1.5 storeys below street level only accessible by numerous stairs.
v. JC has a disability, has mobility issues and has issues associated with access to her home due to her disability.
vi. The Access Team have determined that JC is not disabled enough to access the NDIS – determined by people with no health background.
vii. If JC did not live 1.5 storeys below street level the NDIA may have been able to justify their decision however JC has Multiple Sclerosis and this has impacted her ability to function within her environment, without help, because of the location of her home.

14. **Credibility**. The NDIA lacks any professional credibility due to its inability to even get the basics right. After three years people should not be being denied access because the NDIA staff do not have the professional background or the professional oversight to make correct decisions about for example whether Schizophrenia or Schizoaffective disorder are in fact mental illnesses or if they are permanent.

15. **From my experience** I simply do not trust anything that comes from the NDIA generally due to the ongoing inability to get even the basics right. The same problems experienced at the beginning of the rollout are still occurring and appear to be entrenched, such as the routine loss of consent details which can be found sometimes and not others and the lack of professional scientifically sound medical decisions.

16. **Getting trustworthy advice**. If I have questions as to whether an applicant will be eligible, I phone one of two contacts I have within the NDIA and ask for their advice. I can rely on getting a sound trustworthy answer and if either of these two people tell me that the person does not meet the requirements, I am happy with the outcome because I know the advice is based in fact.

17. **Trying to get a straight answer**. To get a straight answer/opinion from the NDIA about NDIA core business involves incredible patience and weeks and also involves the enquirynoreply merry-go-round. The time and cost expended chasing routine answers from the NDIA is borne by the person trying to get the answer.

18. **In summary**. In summary the NDIA is very very difficult to deal with. It has lost sight of the fact that it is supposed to be part of a community team that provides professional effective support to people with a disability. It has also lost sight of the fact that people and their circumstances are not static and that responsive, flexible solution focused service would go a long way to reducing the amount of distress caused by the current rigid approach.

Kind regards,