

Executive Summary

It is estimated that 64 000 people with psychosocial disabilities related to a mental health condition will become NDIS participants by 2019-2020. For these people the Scheme presents a significant opportunity to increase supports and improve outcomes. However, psychosocial disability differs from physical and sensory disabilities in important ways and presents the Scheme with significant challenges.

Alongside the NDIS, the mental health sector is also undergoing significant parallel reform with the development of the Fifth National Mental Health Plan, which COAG has now adopted. People with mental illness will continue to require services even if they are not participants. Furthermore, the committee recognises that the Scheme will provide services in conjunction with those delivered through other Commonwealth, state and territory governments. The committee acknowledges the commitment made by all governments to provide continuity of support for people with psychosocial disabilities who are not eligible for the NDIS. However, the committee has found there is a need to clarify and make public how they intend to provide these services and address the emerging gaps created by the transition of existing services into the NDIS.

Eligibility

The NDIS eligibility criteria for people with mental illness is a central concern for all stakeholders. The committee found that whilst the current eligibility criteria could be improved to provide greater clarity, the apparent reliance on diagnosis rather than functional needs is likely to result in inconsistent eligibility outcomes for applicants. This is of particular concern given the absence of a validated assessment tool for planners to assess the eligibility of people with psychosocial disabilities. The reported lack of skills and expertise of planners in the mental health field adds to inconsistencies of access to the Scheme and planning outcomes

Planning process

The committee received evidence that the planning process to develop and review NDIS plans has not been operating well and has often resulted in unsatisfactory experiences and outcomes for people with psychosocial disabilities, their families and in some instances particularly their carers. Issues include the development of plans over the phone rather than face-to-face; not involving carers in planning discussions; waiting times and delays; the poor level of planners' knowledge and understanding of psychosocial disability; and lack of flexibility and responsiveness to people's changing needs. Indeed, given the episodic nature of conditions and symptoms experienced by people with a mental health condition, the current approach to the development and review of plans does not readily build in supports to respond to the fluctuating needs of participants.

Assertive Outreach

The committee recognises the critical role advocacy and outreach services can play in identifying and engaging people, their families and carers with NDIS services. In many cases the most efficient way to engage with people in the NDIS process is to work with their families and carers who have long-term, personal and special knowledge of their needs and circumstances. The operational systems in place to provide information about the NDIS and to engage with hard-to-reach cohorts through assertive outreach could be greatly improved. With the transition of Commonwealth and state and territory programs, there is a risk of emerging service gaps in these areas.

Continuity of Support

Given that the majority of people who experience mental ill-health will not access the NDIS for whatever reason, the continued provision of services for people outside the Scheme is particularly important. The transition into the NDIS of Commonwealth programs such as Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs), Day to Day Living (D2DL) and Mental Health Respite: Carers Support, amongst others, is concerning the committee, as evidence received indicates that a significant number of current clients of those services will not be accessing the Scheme.

The committee also heard of concerns across the sector that services previously delivered by states and territories were being withdrawn before recipients of those services are properly transitioned into the NDIS.

Information, Linkages and Capacity Building (ILC)

The committee is concerned about emerging service gaps, including assertive outreach services, community based group supports, supports for carers, and the availability of services in areas such as remote communities. Some of these services are intended to be delivered through the ILC Framework. However, the ILC is still in its infancy and the current level of funding allocated to support its activities may not match the needs of the community. Furthermore, as the ILC funding is for all disabilities, there is a growing concern that psychosocial disability support services may not be adequately funded through the ILC alone.

Forensic disability services

Finally, the committee looked at the provision and continuation of services for NDIS participants in receipt of forensic disability services. The committee heard that the NDIS has potential to decrease the incarceration rates for people with a cognitive and psychosocial impairment, particularly Aboriginal and Torres Strait Islander people who are overrepresented amongst those in prison with complex disability support needs. Historically, this group has had mostly poor experiences or no contact with existing systems.

However, before the opportunity offered through the NDIS can be realised, access to the NDIS must be readily available and consistent within the criminal justice system. The committee heard some conflicting evidence as to how the NDIS currently supports NDIS participants in custody and what types of services, if any at all, they

can access. There was no clear evidence as to how the process of referring people to become an NDIS participant was taking place within the criminal justice system. Additionally, there was no evidence of the NDIA taking a proactive role in finding a provider of last resort services for NDIS participants, including for those in indefinite detention.

To increase the focus on this cohort, Australians for Disability Justice proposed the establishment of a unit specialising in the interaction of the Scheme with the criminal justice system, which received great support from other stakeholders. The committee supports the creation of such a unit.

Conclusion

The committee received a wealth of information and evidence throughout the inquiry and thanks all those who participated. As a result, the committee has made 24 recommendations, which aim to strengthen the effectiveness of the Scheme to ensure that people with psychosocial disabilities can be appropriately supported.

