The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Australian Government

NDIS Review

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Improving access and equity

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and, as a bi-national college, has strong ties with associations in the Asia-Pacific region.

The RANZCP is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 7700 members, including over 5600 qualified psychiatrists.

Introduction

The RANZCP welcomes the opportunity to contribute to the Australian Government's National Disability Insurance Scheme (NDIS) Review. The recommendations contained within this submission are based on extensive consultation with the RANZCP Committees which are made up of community members and psychiatrists with direct experience working with NDIS participants and prospective participants. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

The RANZCP is committed to supporting the Government to improve the NDIS for The RANZCP participates in the NDIS National Mental Health Sector Reference Group, and is also liaising with the National Disability Insurance Agency (NDIA) regarding their Information Gathering for Access and Planning (IGAP) Project. The RANZCP has made a multitude of submissions making recommendations for improvement to the NDIS across the number of inquiries and consultations that have been held, including but not limited to:

- Inquiry into general issues around the implementation and performance of the NDIS (2022)
- Access and eligibility policy with Independent Assessments (2021)
- Inquiry into general issues around the implementation and performance of the NDIS (2020)
- Introductory paper on the National Disability Strategy and NDIS Outcomes Framework (2020)
- Review of the NDIS Act and the new Participant Service Guarantee (2019)

While there are many recommendations that could be made to improve the NDIS, the RANZCP understands that this is a preliminary consultation and that further opportunities to provide feedback will be made available to key stakeholders throughout 2023. This initial submission to the NDIS review focuses on three key priorities for NDIS reform:

1. Ensure eligibility access decisions and processes are fair and equitable.
2. Reform the NDIS to ensure that supports are provided equitably to participants and prospective participants, including those in regional, rural, and remote areas.
3. Address the lack of services outside of the NDIS, and introduce coordination between NDIS and non-NDIS services.

1. Ensure eligibility access decisions and processes are fair and equitable

The RANZCP recommends that the NDIS Review:

1.1 Develop processes to include healthcare professionals in NDIS planning to ensure more holistic care and support is provided to participants.

1.2 Ensure the out-of-pocket cost to see a qualified healthcare professional for the participant or prospective participant does not act as a barrier to gaining access to the NDIS via the creation of a new Medicare Benefits Schedule (MBS) item for access report-writing for psychosocial disability for the NDIS.

1.3 Support prospective NDIS participants who are in prison to develop a NDIS Plan prior to their release to ensure they can access supports immediately upon their release.

1.4 Consider the Australian ADHD Professionals Association's (AADPA) Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder (ADHD) recommendations in relation to the NDIS.

1.1 Develop processes to include healthcare professionals in NDIS planning to ensure more holistic care and support is provided to participants.

Close collaboration between NDIS participants (or prospective participants) and their carers/families/support persons, healthcare professionals and the NDIA is required. The RANZCP has previously recognised that there is a strong role for psychiatrists in working with the NDIA to ensure better outcomes for participants and people with psychosocial disability. Processes which allow for, and encourage, more engagement with healthcare professionals in planning process would ensure a more holistic view is undertaken to improve participant health and wellbeing.

In cases where mental health conditions come to a crisis point quickly, it is important that stakeholders can work together to ensure consistent and holistic care can be provided. Better communication between the NDIA, service providers and healthcare professionals, as well as including healthcare professionals in planning, will assist in ensuring patients and participants receive holistic care through aligned plans.

Further, recovery is an important principle in psychiatry, with transformative potential for all people with mental illness. In practice, this means that psychiatrists often work with their patients in an aspirational way to improve wellbeing, function, and engagement. The aspirational plan occurring in partnership between a patient who is an NDIS participant and their psychiatrist is often not known by the NDIS planner. To better support holistic care of the participant, these plans must be complementary, informed by mental health and recovery expertise, and avoid conflict. For more information on recovery, please see RANZCP Position Statement 86: Recovery and the psychiatrist.

It would also help healthcare professionals better understand the supports participants are receiving and allow for more consistent, wrap-around support between health and disability services for participants. Healthcare professionals are often unaware of details of participant plans, and subsequently, of service provider supports under the NDIS, which can have an impact on patient health care and planning.

The role of carers, families and support persons in advocacy for people with disability cannot be overstated. The need for advocacy through the entire cycle of the NDIS is crucial for people with disability to ensure their needs are met, such as working with health professionals during the assessment process. Carers, families and support persons play a critical, but often overlooked, role in providing further context of challenges and needs faced by their loved one, liaising with support people to ensure better outcomes.

Better support and involvement of carers in dialogue, where possible, can improve continuity and quality of support for people with disability. For more information, please see RANZCP Position Statement 76: Partnering with carers in mental healthcare.

1.2 Ensure the out-of-pocket cost to see a qualified healthcare professional for the participant or prospective participant does not act as a barrier to gaining access to the NDIS via the creation of a new Medicare Benefits Schedule (MBS) item for access report-writing for psychosocial disability for the NDIS.

The costs involved in applying to the NDIS may be considerable for people with disability, and may be prohibitive to accessing the NDIS. The creation of MBS items would create equitable access for people with disability seeking to access the NDIS. There were a number of submissions to the Joint Standing Committee on the NDIS in favour of fully-funded consultations with healthcare professionals for the purposes of evidence for access and planning requests.[1] In particular, some called for a new bulk-billed MBS item to address equity issues that may render some prospective participants able to afford medical reports and others unable to afford this.[1] Such an MBS item could be billed to the NDIS.

The RANZCP also highlights that it is important to account for the time spent and unmet costs for healthcare professionals in undertaking the reports and supports that a participant or prospective participant requires for meeting NDIS requirements, including evidence provision. The fact that evidence provided by healthcare professionals is required to gain access to the NDIS, and yet not funded by the NDIS, further exemplifies the artificial divide between 'health' and 'NDIS' services.

Currently the MBS does not cover report writing undertaken by medical professionals on behalf of people looking to access the NDIS including reports or evidence for appeals.[2, 3] The documentation processes can be onerous and be a stressor for health care professionals as reported in the *2020 RANZCP Member Wellbeing Survey*.[2] Evidence provision by medical professionals of disability and function has an important role in the NDIS, assisting with access and appeals, and should be remunerated as such. Bulk-billing incentives would ensure out-of-pocket costs do not act as an access barrier to prospective participants.

1.3 Support prospective NDIS participants who are in prison to develop a NDIS Plan prior to their release to ensure they can access supports immediately upon their release.

> "*The transition of people with disability out of government institutions (including aged care, hospitals, **prisons** and mental health facilities) and into vacancies needs to include greater engagement with non-government providers, who are interested and equipped in supporting this process..."[4]*

The RANZCP highlights the specific challenges of people with disability who are in prison developing a NDIS Plan prior to their release. This issue remains despite significant media, advocate, and academic interest. The *State of the Disability Sector 2022 report* confirms that the issue of disability workforce shortages and skillset are ongoing and impacting sector performance.[4] While transition services are permitted via policy frameworks, the implementation of this in practice is inconsistent at best, and supporting practitioners faced significant barriers in supporting transition services.[5]

This is a significant issue considering that evidence has found that people with intellectual disability are overrepresented (as both alleged perpetrators and victims) and disadvantaged in justice systems (including police interactions, courts, and prisons).[6-10] Further, evidence indicates that this overrepresentation is exacerbated for Aboriginal and Torres Strait Islander peoples with intellectual disability.[11, 12] There is

also evidence that those with intellectual disability are at a higher risk of recidivism that those without intellectual disability, and that provision of adequate disability support lowers this risk.[10] Providing transitional supports and planning release prior to exiting prisons is required to prevent homelessness and reduce likelihood of recidivism.[8] The NDIS needs to work together with other government services and institutions to support the best possible outcomes for all people with disability.

1.4 Consider the Australian ADHD Professionals Association's (AADPA) Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder (ADHD) recommendations in relation to the NDIS.

The Australian ADHD Professionals Association's (AADPA) *Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder* (ADHD), which is endorsed by the RANZCP, makes several recommendations related to ADHD in the NDIS, including:

- *"Recommendation 7.1.3: People with ADHD should have the same rights of access to the NDIS as those with a disability who do not have ADHD. To ensure optimisation of necessary and reasonable NDIS interventions and supports for people with ADHD, a shared understanding of the following are needed:*
    - *appropriate accommodations*
    - *value of suitably qualified ADHD coaches*
    - *the importance of a specialist in ADHD as a lead member of the care team."*
- *"Recommendation 7.1.4: Eligibility and access to support from the NDIS should be decided based on the functional needs of the person with ADHD, and not based solely on diagnosis."*

The RANZCP further highlights that the NDIS focus on a 'primary conditions' when assessing eligibility and the list of '*Conditions that are likely to meet the disability requirements'.* There has been significant feedback relating to assessing eligibility for the NDIS based on function and need for NDIS services rather than based on a list of conditions. Comorbidities and complex interactions between multiple conditions and symptoms demonstrate the need for function to be the focus of assessments and planning.

2. Reform the NDIS to ensure that supports are provided equitably to participants and prospective participants, including those in regional, rural, and remote areas

The RANZCP recommends that the NDIS Review:

2.1 Identify and harness opportunities with people living in regional, rural and remote areas to ensure NDIS access and processes fit better within the rural and remote health context.

2.2 Intervene where workforce shortages are most significant and markets are thin to protect the wellbeing of people with disability.

2.1 Identify and harness opportunities with people living in regional, rural and remote areas to ensure NDIS access and processes fit better within the rural and remote health context.

> *'Comparing by remoteness areas, the percentage of participants who said that the NDIS has helped reduces with increasing remoteness, with those living in the Very Remote areas less likely to say that the NDIS has helped… This trend is linked to the relatively lower utilisation of funded supports in Remote and Very Remote areas and is clearly impacted by more limited access to services and supports.*'[13]

Health inequity is a significant issue in regional, rural, and remote Australia with people in these areas experiencing poorer health and welfare outcomes than people living in metropolitan areas.[14] In addition, people living with disability in rural, regional and remote areas face further struggles due to health inequity then the general rural population. Often this is due to lack of health services in rural, regional and remote areas generally. However, lack of broader services such as public transport can also significantly impact on health care access as people with disability may rely on others for transport. Psychiatrists note that clients are often paying hidden travel costs to receive NDIS support. People with disability in rural and remote Australia may also face stigma and discrimination over their mental health related disability which may negatively impact health care.[15]

2.2 Intervene where workforce shortages are most significant and markets are thin to protect the wellbeing of people with disability.

It is the role of the NDIA to intervene and mitigate the impact of thin markets.[16] The success of the NDIS is dependent on a robust and diverse market, allowing participants to self-determine goals and supports.[17] The NDIA is aware of thin markets, which exist where there is a gap between participant needs and their use of funded supports. Thin markets in relation to NDIS services have been raised by the Joint Standing Committee into NDIS Markets, the Productivity Commission and the NDIA.[16] There continues to be ongoing divergence between what is funded by the NDIS and what the market is able to provide. While this has been a prevalent issue for some time, little incentive is provided by the NDIA for services to move into service gaps and the market response to the need is stalled at best, leaving people without access to the support they need. NDIS service providers have raised the low NDIS pricing or price caps to deliver NDIS supports in rural and remote area.[16]

People in regional rural and remote communities continue to struggle to access the specialist assessments required to gain access to the NDIS, in addition to NDIS services, treatments and supports where access has been permitted.

The RANZCP also highlights dire shortages in the disability workforce with challenges meeting demand being worse in regional, rural and remote areas.[16] In 2018 the Joint Standing Committee on the NDIS conducted the *Inquiry into the market readiness for provision of services under the NDIS*.[16] The final

report found significant disability workforce shortages which were compounded in some regional, rural and remote areas.[16] Both the Productivity Commission and the NDIA anticipated higher demand in regional and remote areas.[16] The *State of the Disability Sector 2022 report* confirms that the issue of disability workforce shortages and skillset are ongoing and impacting sector performance.[4]

3. Address the lack of services outside of the NDIS, and introduce coordination between NDIS and non-NDIS services

The RANZCP recommends that the NDIS Review:

3.1 Review and address the lack of services outside of the NDIS.

3.2 Introduce coordination between NDIS and non-NDIS services via a clear and appropriately funded model of care where all disability needs are met.

3.1 The RANZCP recommends that the NDIS Review review and address the lack of services outside of the NDIS.

The *National Mental Health and Suicide Prevention Agreement* (Agreement) committed governments to analysing the availability of psychosocial support services outside of the NDIS. The Agreement follows the Joint Standing Committee on the NDIS's *Final Report on the Current Scheme Implementation and Forecasting for the NDIS,* released in March 2022.

Long term disability support services must be available and easily accessible to vulnerable groups and to those who are not eligible for NDIS assistance. The Productivity Commission *Mental Health Inquiry Report* estimated that 154,000 people with severe and persistent mental illness are falling through the gap where the NDIS is not appropriate.[18] Productivity Commission Recommendation 17 advises that governments prioritise the availability of psychosocial supports and estimate those falling though the gap at jurisdictional levels.[18]

3.2 The RANZCP recommends that the NDIS Review introduce coordination between NDIS and non-NDIS services via a clear and appropriately funded model of care where all disability needs are met.

To clarify the scope, funding, and accountabilities of NDIS services, the NDIS has created a distinct separation between health services and NDIS services. The RANZCP highlights that this is an artificial distinction, and that acknowledging the intersections between health and disability is imperative in improving the experience of people with disability with the NDIS. The Australian Institute of Health and Welfare finds that there is a strong link between mental health and disability, and that disability can be both a cause and effect of mental health conditions.[3] There are many interfaces of NDIS service provision with other non-NDIS services provided by the states, territories and Commonwealth, particularly services related to the social determinants of health such as aged care, health, housing, income support, education and justice services. There is a clear need, highlighted by the Productivity Commission, for clearer governance and more seamless connections and care pathways between NDIS and non-NDIS service provision.[18]

Submissions to various NDIS inquiries have emphasised the need to improve integration between NDIS and non-NDIS services. A clear model of care is needed where all disability needs are met whether this is inside or outside the NDIS. Such a model of care must receive adequate funding, be evaluated, and have clear governance. Clear models of care could help to reduce the bloating of NDIS packages. Currently, the services that are offered a participant are those that are considered 'in scope' and available via the NDIS, rather than ensuring that participants are provided with the full range of services they need, or rather than having a shared understanding across portfolios of what services are being provided to the participant across the whole system.

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