

31 March 2021

Hon Kevin Andrews MP  
Chair  
Joint Standing Committee on the National Disability  
Insurance Scheme  
PO BOX 6100  
Parliament House  
Canberra ACT 2600



Collaboration • Knowledge • Leadership

Level 2, 22 Horne Street,  
Elsternwick Victoria 3185  
T +61 (3) 9519 7000

ABN 79 174 342 927

Dear Mr Andrews,

Mental Health Victoria (MHV) welcomes this opportunity provide feedback to the Joint Standing Committee (the Committee) on the National Disability Insurance Scheme on independent assessments (IAs).

MHV is the peak body for mental health in Victoria. Our membership includes consumer, family and carer groups, public hospitals and non-government organisations, unions, medical colleges, police and emergency services, local government and peak bodies.

MHV engages closely with mental health consumer, family and carer groups, service providers and the NDIA about the NDIS and the provision of supports to people with psychosocial disability. In consultation with the mental health sector and other peak bodies, such as Mental Health Australia, MHV has closely considered the implications of the proposed model for IAs.

MHV supports comprehensive assessments that respect the needs and goals of people with psychosocial disability, their families and carers. Policies that promote a clear and uncomplicated pathway to the NDIS and increase the reliability and consistency of NDIS decisions are welcomed.

However, as it stands, this model of IA will undoubtedly have serious negative implications for people with serious mental illness who are trying to or who are accessing the Scheme. The proposed IA process and timelines do not adequately consider of the needs of people with psychosocial disability, nor the diverse and complex needs of some participants, their families and carers. Urgent changes are needed to ensure that IAs are aligned with outcomes that improve lives for people with psychosocial disability.

MHV urges the Committee to consider the following recommendations, which we also presented to the NDIA in a letter dated 23 February 2021:

- 1. Release the long-overdue NDIS Recovery Framework.**

2. **Re-design the IA process with reference to its underpinning principles, the NDIS Recovery Framework, and in consultation with participants with psychosocial disability and carers, family and supporters.**
3. **Ensure there are relevant strategies in place to adequately support the workforce to deliver safe, comprehensive, quality, equitable assessment to people with psychosocial disability and a diversity of needs.**
4. **Complete the IA pilot, ensuring adequate numbers of people with psychosocial disability are included, and revise the policy with regard to the findings.**
5. **Embed continuous improvement and ensure a strategic, system-wide approach to evaluation and monitoring.**

Careful consideration of the principles, process, workforce and evaluation of this policy is required to ensure the IAs do not reinforce the social, cultural and functional barriers that it apparently seeks to address.

**Recovery-oriented practice for safe and equitable access to the NDIS for people with psychosocial disability**

It has been well documented that people with psychosocial disability face unique barriers to access and inclusion in the NDIS<sup>1</sup>. Some of these barriers might include:

- Fluctuations in mental health over time
- The invisible nature of some aspects of psychosocial disability
- Experiences of stigma
- Limited access to appropriate mental health services outside the NDIS; and
- Negative experiences of service use

These, often compounding, experiences can negatively impact mental health, self-confidence, self-advocacy and therefore, a person's ability to navigate, access and participate in the support process.

MHV therefore strongly supports the NDIS's commitment to uphold the intention of the NDIS Act and relevant international conventions and to ensure participants' experiences are based on the following principles<sup>2</sup>:

- accessible, holistic and strength-based, recognising each individual's life circumstances and environmental factors
- involve the individual in decision making processes that affect them to the fullest extent possible, and supports them to make decisions for themselves
- based on nationally consistent tools and allows for approaches to be tailored to individual needs

---

<sup>1</sup> Mental Health Australia 2018, National Disability Insurance Scheme: Psychosocial Disability pathway, p. 8, accessed: [https://mhaustralia.org/sites/default/files/images/ndis\\_psychosocial\\_pathway\\_consultation\\_project\\_-\\_final\\_report\\_-\\_may\\_2018.pdf](https://mhaustralia.org/sites/default/files/images/ndis_psychosocial_pathway_consultation_project_-_final_report_-_may_2018.pdf)

<sup>2</sup> NDIS 2021, Consultation Paper – Access and eligibility policy with independent assessments, p. 12, <https://www.ndis.gov.au/media/2839/download>

- acknowledge and respect the role of families, carers and other significant persons in the individual's life where applicable
- are inclusive and have safeguards that ensure the individual's respect and dignity are upheld.

These principles, along with the NDIA's Recovery Framework, which has been underway for some time but has not been released, should be actively applied to ensure the NDIS and its processes are safe, meaningful and equitable for participants with psychosocial disability.

In line with these principles and in consultation with people with psychosocial disability (and their carers, families and supporters) the IA process must be reviewed and consider the need to:

- **make the IA process iterative** to support more meaningful experiences.
- **allow supplementary information** (as standard practice) to enable a collaborative, triangulated assessment that better represents the unique circumstances and complexities of every individual.
- **include a written assessment** that considers other assessments about the whole person, their environment and community, including carer assessments, in its decisions.
- **allow the assessment to be shared with the person being assessed** to develop mutual agreement and understanding.
- **provide alternative processes** for those who are reluctant or unable to participate in IAs, especially those with complex needs or who are awaiting discharge/release from a prison/institution.
- **create more avenues for appeal and dispute resolution.**
- **strengthen the capacity of supporting systems outside the NDIS**, including Information, Linkages and Capacity Building stream.

**Recommendation 1:** Release the long overdue NDIS Recovery Framework.

**Recommendation 2:** Re-design the IA process with reference to its underpinning principles, the NDIS Recovery Framework, and in consultation with participants with psychosocial disability and carers, family and supporters.

### **Skilled, experienced and supported mental health workforce for safe, quality assessment**

A sufficiently skilled and supported mental health workforce is required to deliver safe, quality, equitable, comprehensive assessments. In relation to people with psychosocial disability, assessors need to have qualifications, skills and experience working with people with mental health conditions, including an in-depth knowledge of recovery-oriented practice.

Strategies are also required to address the lack of adequately skilled workers in rural and remote areas and professionals who can deliver appropriate services to key groups including people with complex needs, Aboriginal and Torres Strait Islander people, LGTBQ+ people and culturally and linguistically diverse communities.

To allow for this, consideration should be given to:

- **Remuneration and workload:** such as caseloads and time allowed for assessment
- **Recruitment and retention strategies:** which includes a commitment to promote, educate and support professionals that are engaged with the principles outlined above
- **Relevant professional standards and guidance**
- **Relevant training:** including the NDIS Recovery Framework, trauma informed care, cultural safety etc.
- **Mentoring, supervision and support**

**Recommendation 3:** Ensure there are relevant strategies in place to adequately support the workforce to deliver safe, comprehensive, quality, equitable assessment to people with psychosocial disability and a diversity of needs.

#### **Research, evaluation and monitoring for evidence-base and continuous improvement**

Effective governance is a necessary part of the approach to assessment<sup>3</sup>. The introduction of these new policies should be based on sound evidence and continuous improvement should be in-built. To ensure IAs are evidence based the pilot process should be completed and reviewed before IAs commence. The pilot must include adequate numbers of participants with psychosocial disability to be reliably applied to this group.

The IA process should be part of a strategic, system-wide approach to evaluation and monitoring, which specifically considers the needs of people with psychosocial disability and those from diverse backgrounds.

Evaluation and monitoring should be applied across the following areas:

- **assessment tools:** their fitness-for-purpose, quality, replicability, suitability/acceptability
- **professional practice:** professional standards, safety and recovery-oriented practice
- **assessment process:** from the perspective of participants, assessors, carers, families, supporters, including service providers
- **barriers to access and support:** including the perspective of people with psychosocial disability who have not had contact with the NDIS
- **communication**
- **workforce**

**Recommendation 4:** Complete the IA pilot, ensuring adequate numbers of people with psychosocial disability are included, and review the policy with regard to the findings.

---

<sup>3</sup> NDIS 2020, 'Independent Assessment Framework', p. 31, accessed: <https://www.ndis.gov.au/media/2640/download>

**Recommendation 5:** Ensure IA is part of a strategic, system-wide approach to evaluation and monitoring, which specifically considers the needs of people with psychosocial disability and those from diverse backgrounds.

In summary, MHV welcomes a more consistent and reliable entry point to the NDIS for participants with psychosocial disability. However, key refinements are required to ensure the IAs meet the needs of people with psychosocial disability, their carers and families. Addressing the significant areas of concern we have outlined will be critical to ensure the NDIS is safe and fair for people with psychosocial disability and sustainable for all Australians.

Mental Health Victoria is committed to working with all stakeholders to ensure that people with severe and persistent mental illness and their families and carers receive the right service and support for them to live meaningful lives as contributing members of our community.

Sincerely,



Larissa Taylor  
Director of Policy  
Mental Health Victoria