



Psychiatric Disability Services
of Victoria (VICSERV)

Level 2, 22 Horne Street
Elsternwick Victoria 3185
T 03 9519 7000 F 03 9519 7022
www.vicserv.org.au

Submission

Response to the Council of Australian Governments and the Select Council on Disability Reform's *Draft Eligibility Statement and Description of Reasonable and Necessary Support*

Contact details:

Anthea Tsismetsi, Acting Chief Executive Officer
Psychiatric Disability Services of Victoria (VICSERV)
Level 2, 22 Horne Street, Elsternwick Victoria 3185, Australia
T 03 9519 7000 F 03 9519 7022
W www.vicserv.org.au E a.tsismetsi@vicserv.org.au

28 September 2012

Psychiatric Disability Services of Victoria's (VICSERV) role

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria. These services include housing support, home-based outreach, psychosocial and pre-vocational day programs, residential rehabilitation, mutual support and self-help, respite care and Prevention and Recovery Care (PARC) services.

Many VICSERV members also provide Commonwealth funded mental health programs.

VICSERV welcomes the opportunity to provide feedback on Response to the Council of Australian Governments and the Select Council on Disability Reform's *Draft Eligibility Statement and Description of Reasonable and Necessary Support*.

Eligibility

Clearly articulating the criteria for eligibility is important not only for the NDIS to determine whether a person is eligible for the scheme but also for individuals themselves in deciding whether the scheme is appropriate for them. VICSERV is of the view that there are still considerable discussions to be had in relation to eligibility, particularly for those with a psychosocial disability. The language of the proposal continues to be heavily skewed towards paradigms of permanent disability which is not fitting of the recovery orientation of community managed mental health services. VICSERV is concerned by the marked departure from the Productivity Commission's use of the term "severe and enduring" in relation to psychosocial disability¹ as opposed to "permanent disability" as stated in the proposal. The requirement that the disability be "permanent" perhaps is not the best criterion by which to determine eligibility of those with a psychosocial disability as it discounts any aspirations of recovery and that recovery is possible.

It is uncertain how section 4(a) can be read together with 4(d) of the eligibility statement. It is recommended instead, for the purposes of psychosocial disability, the word "permanent" in 4(a) is replaced with "severe and enduring". It is further recommended that 4(d) rather than being a criterion, be used as an explanatory note for 4(a), to make it clear that the episodic nature of some disabilities does not prevent eligibility to the scheme.

In determining eligibility, the proposed definitions consider whether "...a person's needs are not more appropriately met by other systems including education, health and/or palliative care." VICSERV considers that this criterion can potentially lead to inconsistent or not fully informed decisions around eligibility if not supported with clear guidelines around application and adept assessment. In theory, a person may be able to have their specific needs met by another system however in reality the services of that system may not be accessible or available. There is a concern that when assessing against this criterion, assessors will be considering "eligibility" for other systems rather than "accessibility and availability". The pitfalls of considering the former alone are that again a person's needs remain unmet and that they do not receive the proper supports required in assisting in their functioning.

¹ The preferred definition of psychosocial disability is articulated by the National Mental Health Consumer and Carer Forum in its paper, *Unravelling Psychosocial Disability*

Flowing from that, it is unclear whether assessors will be looking at functional based disability or deriving assumptions based on diagnosis alone. When criteria 3 and 5 are read together they seem to suggest eligibility based on diagnosis. This is further supported by the use of “psychiatric disability”. To that end, the term “psychosocial disability” better captures the functional basis of the disability and is the preferred terminology. Additionally, assessors will need to be appropriately skilled in the areas of psychosocial disability which may not be similarly assessable to say physical disability. Further details needs to be developed in relation to the assessment process.

Reasonable and Necessary Support

Understandably, the NDIS criteria in respect of what are reasonable and necessary supports should be consistently applied. The draft considers that this should be done via an objective test based on community expectations as well as the veracity of evidence in favour of particular supports. Whilst VICSERV agrees that there must be consistency in decisions around this, it also considers that what is necessary is best informed by the individual, their carer and family at first instance.

Effective and evidence informed

What is effective for some individuals may not be so for others. The concern with this criterion is the potential to be overly prescriptive in the choice of supports available to individuals. Additionally the term “evidence informed” seems to suggest a diagnosis based system rather one that is concerned with supporting functionality. There requires some clarity around what is meant by evidence informed and importantly, whose and what type of evidence would be acceptable for an NDIS. Limiting the evidentiary basis of some interventions could mean that some very worthwhile supports may not be accessible under the scheme because the investment in research to consolidate the evidence is not forthcoming. Also because recovery is such a personal concept, a support that would assist in one person’s recovery may not be as effective for another.

Related to this is how would the scheme measure the impact of particular interventions in assessing effectiveness. Further details in the form of guidelines will need to be developed to support this criterion. Making it a requirement for assessors to consult with the actual individual and their carer/family and take into consideration their wishes is vital in assessing effectiveness at first instance.

Community expectations of individuals, families and carers

The proposed criterion considering the expectations of individuals, families and carers reflect community expectations raises a few questions particularly in relation to how this will be determined. Reflecting community expectations is problematic; especially when it is considered that much of caregiving and familial support is done informally and is often removed from the community/public sphere. What is reasonable vis a vis social norms is unclear and it would be suggested that there has been scant research in relation to this issue. VICSERV recommends that this criterion is further extrapolated and developed.

Universal services

In relation to criterion (f) VICSERV repeats the point as above under “Eligibility” regarding the availability and accessibility of services. Whilst the obligation to provide essential and universal services such as healthcare is there, such base-line services at times fall short of meeting the needs of those with a disability and their families. This criterion makes an assumption that because there is an obligation, universal services therefore exist and/or are accessible. Often, this is not the case, particularly in remote communities or even up and coming suburbs or growth corridors. There needs to be careful consideration of this criterion so as not to result in cost-shifting or other service systems making up a short falls of the scheme.