

CoMHWA



Consumers of Mental Health WA (Inc)

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Submission to the Review of the  
National Disability Advocacy Program

21<sup>st</sup> June 2016

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Consumers of Mental Health WA

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## **About the Respondents**

Consumers of Mental Health WA (CoMHWA) is a not-for-profit, independent systemic advocacy organisation for and by mental health consumers (including people receiving eligible for the NDIS on the basis of psycho-social disability) in Western Australia. We listen to, understand and act upon the voices of consumers and work collaboratively with other user-led organisations and stakeholders to advance our rights, equality, recovery and wellbeing.

CoMHWA is not a NDAP provider. We have been actively involved in consultative projects with mental health consumers whose supports are being influenced by transition to the National Disability Insurance Scheme (NDIS) and consumers who are accessing the NDIS.

## **Request for Feedback**

CoMHWA works to uphold the dignity and human rights of Consumers, through providing advocacy and leading change with and for consumers.

We appreciate DSS notification of the outcomes of the completed review to help us to understand and communicate the difference made through our work.

## **Language**

CoMHWA uses the term mental health consumer throughout this submission. Mental health consumers are people who identify as having a past or present lived experience of psychological or emotional distress, irrespective of whether they have received a diagnosis or accessed services. Some mental health consumers will identify as having a disability related to that distress, others will identify as having disabilities unrelated to that distress, and others will identify as non-disabled on the basis that their experiences are not an impairment. The nature of distress is highly subjective (felt more than observed) and likely to change over time. These collectively present a very different approach to determining needs from determinations on the basis of impairment, severity, and permanency. We respect and validate people's personal experience, self-understanding and ways of describing that experience, as important to dignity and personhood.

## **Summary**

CoMHWA welcomes the opportunity to provide feedback to the review of the NDAP. We particularly welcome the discussion paper's assurance to stakeholders that the government is committed to maintaining strong and effective independent advocacy arrangements for all people with disability, including the need for advocacy outside of the NDIS.

In this submission we call for the significant expansion of the NDAP to better address population needs, including for people not eligible for NDIS, and ongoing independence of NDAP funding from the NDIS.

We also call for the provision of specialist NDAP funding for mental health advocacy in Western Australia, or equivalent Commonwealth mental health funding of individual and systemic advocacy for mental health consumers.

We have included an Overview of the Review for CoMHWA members, followed by our response to the review discussion questions.

## Section 1: Overview of the Review for CoMHWA Members

The purpose of the National Disability Advocacy Program (NDAP) is to provide people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights. Disability under the NDAP includes psychiatric disability, i.e. a mental health-related disability. Responsibility for disability advocacy funding is shared between Commonwealth and state & territory governments.

Department of Social Services (DSS), who funds the NDAP, held a national consultation from 26<sup>th</sup> April to 21<sup>st</sup> June 2016. Feedback was supported through a Discussion Paper outlining the reasons the Program is being reviewed.

The discussion paper stated that:

- The key reason for review is the NDIS, and a need to consider what advocacy will be provided under NDAP, and what will be provided by NDIS
- People's access to disability advocacy is uneven- it depends on people's location and type of disability
- A range of support models of independent advocacy are recognised and funded under NDAP, including individual advocacy, systemic advocacy, citizen advocacy, family advocacy, self-advocacy and legal advocacy<sup>1</sup>
- the government is committed to "maintaining a strong and effective programme of independent advocacy for all people with disability, into the future" and recognises that people will continue to need advocacy outside of the NDIS.

Input was sought by the discussion paper into the following aspects of the NDAP:

1. *Individualised Approaches*: The benefits and drawbacks of funded advocacy services using some models but not others, and changes that could be made to support a person-centred approach
2. *Accessibility*: Accessibility of disability advocacy, including access needs relating to location, culture & type of disability;
3. *Systemic Change*: How to make better use of advocacy data from the NDAP to bring about improvements for people with disability

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<sup>1</sup> The NDAP website home page provides definitions of these models and access to educational videos with case studies to support awareness and access to the NDAP.

4. *NDIS Specific Issues*: NDIS associated issues & changes, including:
  - Reducing conflicts of interest for NDAP services who are also NDIS providers
  - Preventing gaps between NDIS supports and NDAP advocacy
  - Policies and strategies for rights protection
5. *Legal Advocacy*: The role of disability advocacy in protecting legal equality (including reducing the over-representation of people with disabilities as victims or offenders), considering:
  - Legal review and representation needs
  - Disability-related barriers
  - Successful models of legal advocacy

## Section 2: CoMHWA Response to the Review

### 1. Individualised Approaches

Person-centred approaches have been strongly endorsed and supported by mental health consumers as a way of respecting the intrinsic individuality of people receiving supports and responding to the highly individual nature and experience of mental health issues and recovery.

We support the NDAP's recognition that the different models of advocacy are each important because they fulfil specific needs and aims and because access to different models provides choices for people with disabilities. The NDAP recognises and defines these models of advocacy, including self-advocacy, individual advocacy, citizen advocacy, family advocacy, legal advocacy and systemic advocacy<sup>2</sup>.

Person-centred approaches have been considered in the existing design of the NDAP by considering that individuals may benefit from a range of advocacy models. This has been hampered by uneven availability of advocacy models based on location and type of disability, which we discuss as a major access issue in the next section.

Peer advocacy is an important approach that is not yet recognised by the NDAP. Peer advocacy is provided by and for people with a similar experience, such as advocacy by and for mental health consumers. All models of advocacy can be forms of peer advocacy where they utilise peer roles and, in the case of systemic advocacy, where it is conducted by a peer-led organisation (known as a disability support organisation). Some of the unique features we see within peer advocacy are: strong commitment to be partial – to represent the interests of the person, reduced stigma, and access to unique knowledge and supports drawn from direct experience, such as experience of self-advocacy and accessing services.

The discussion paper identifies a key challenge in enabling participant choice of advocacy in access to types of advocacy models, which would require significant increases in funding to make models available across regions. Person-centred approaches are valuable and important but it is important to note that each model implies different key support people (e.g. citizen, family, legal representation). The effectiveness of advocacy services is also shaped by staffing for unique competencies and skills sets and by developing organisational expertise

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<sup>2</sup> <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/for-people-with-disability/national-disability-advocacy-program-ndap>

and efficiency in particular models over time- such as legal, systemic or individual advocacy. Thus the degree of cost effectiveness and gains to person-centredness by offering multi-model advocacy is potentially offset by the need to retain distinct roles and the value brought by already established organisations. The needs of particular communities and quality of existing advocacy organisations should be taken into account in consultation with people who use advocacy services. For example, an organisation may solely provide individual advocacy, but have strong communities ties and good outcomes, which would be lost if funding was restricted to organisations providing multiple advocacy models.

It is also important to note that person-centred ways of working are not guaranteed by or satisfied simply by offering multiple models. Person-centred practice is also about having interpersonal and organisational flexibility with a commitment to ensuring the person's unique choices, aims and outcomes from advocacy are at the forefront of relationships and activities between individuals and advocates. This is also essential to nature of advocacy due to the need to act partially (in favour of) the person's rights, wishes and preferences.

The External Merits Review- Support (EMR-S) Component grants trial provides advocacy through a preferred, existing NDAP provider for certain types of NDIS decisions. The operational guidelines stated that funding cannot be used for advocacy support outside of the EMR process, such as for a NDIA internal review or other matters that may be pressing and urgent in people's lives. While the requirement to already be an existing NDAP provider may be giving flexibility for people with disabilities to see the same advocate for both EMR and other processes, there is a risk that people experience fragmented or siloed advocacy, particularly for those who need both advocacy support in NDIS and representative support for EMR-S processes.

We recommend that:

- peer advocacy is recognised as a distinct and valued approach to advocacy across models;
- All models of advocacy are equally important because they are accessed to achieve the different outcomes people may seek from advocacy. The NDAP should be expanded to enable choice of the model of advocacy within a region in order to better meet people's unique needs. Additionally, access to more than one NDAP funded service in a region, in the event a person is dissatisfied with an advocacy organisation, is an essential means of safeguarding people's right to advocacy.

- While it may present some cost effectiveness to fund single providers offering multi-model options, this is likely to be offset by the need to retain different staff & volunteers for different models of advocacy, and potentially reduces effectiveness by providers being generalists, rather than highly proficient in their model of advocacy. The needs of particular communities and quality of existing advocacy organisations should be taken into account in consultation with people who use advocacy services, in responding to the challenge of how best to ensure all models of advocacy are available to people.

- Person-centred practice, for individual forms of advocacy, is implicit in the definition of advocacy under NDAP and is thus more than just offering choice of model or provider, but ensuring providers are supported to tailor their activities in person-centred ways through NDAP's funding and program guidelines.

- The EMD-R grant requirements under NDAP do not currently support a flexible, person-centred approach to NDIS advocacy and should be revised to enable continuity of advocacy support for a person for NDIS complaints, reviews and appeals.

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## **2. Accessibility**

### ***2.1 Systemic Advocacy Representation Across System Levels***

Systemic advocacy is a crucial mechanism for safeguarding broad groups of people through representation, communication and negotiation between policy and commissioning bodies and the people that are intended to benefit from government action. This is captured in the 'nothing about us without us' message shared across mental health consumer and disability movements.

In the mental health sector it is a standard required of *all services* to support people to actively participate not just in individual planning, but also to actively contribute to the governance, planning, design and evaluation of services on an ongoing basis. This standard provides accountability and effectiveness in services and supports capacity across local, regional, state and federal levels to achieve systemic advocacy outcomes through a broader group of representatives conducting systemic advocacy across these levels. Examples of these more



localised models are service consumer reference groups, regional advisory councils and consumer advisory groups. We recommend that systemic advocacy as a model of advocacy includes recognition of the need for systemic advocacy through participation arrangements at service, local and regional levels in NDAP funding arrangements.

Effective linkages of local or regional representation with state and federal peaks, such as in supporting local systemic advocacy capacity building and coordination of input from local and regional advocates, would support a more informed and effective response to improve people's lives through system change across local, regional, state and federal levels.

CoMHWA has received feedback that the National Disability Standards do not recognise the role of service, local and regional representatives in contributing to systemic advocacy within communities and services. This can be addressed pragmatically through supporting NDAP funding for systemic advocacy at local, or at least regional, as well as state levels and through ensuring adequate funding that supports coordination between NDAP systemic advocacy providers across federal, state and more localised systemic advocates.

## ***2.2 Distribution of Advocacy in Western Australia***

Based on the directory of NDAP funded services, there are major issues with the distribution of advocacy in Western Australia.

- There are large sections of non-metropolitan Western Australian regions- Kimberley, Pilbara, Midwest & Gascoyne without NDAP available.
- In the Carnarvon region, only one individual advocacy service operates and this is restricted to people from culturally and linguistically diverse backgrounds.
- There are no funded NDAP services for Aboriginal and/or Torres Strait Islander people in Western Australia.
- Access to citizen advocacy is restricted to persons with intellectual disability and who live within the inner northern and western local government areas.
- Access to self-advocacy under the NDAP is restricted to persons living in the lower south regions of Albany and surrounding areas.
- People have a choice of individual advocacy agencies only in the Northern metropolitan corridor due to both Sussex St Community Legal Service and PWDWA

operating in those locations. This is the only geographic area where NDAP is offered by more than one provider (i.e. where people have choice of provider) in Western Australia.

This leaves a significant proportion of the population without access to any NDAP advocacy (some regional, many rural and remote areas) and a majority of the population without access to models of advocacy other than individual advocacy (while systemic advocacy is provided statewide under NDAP by PWDWA, there is limited capacity to enable substantial outreach to the vast areas outside the metropolitan area to consult and support change in communities across Western Australia). It has additionally been reported by several sources that the Disability Services Commission has ceased funding the systemic advocacy model.

In WA, the External Merits Review- Support Component grants trial has only been funded for the federal NDIS site in the form of MIDLAS, not the DSC trial site.

According to the Disability Services Commission of WA website, 8 organisations receive DSC support to provide advocacy. 6 of the 8 organisations provide specialised advocacy (to particular types of disability or members of people from culturally and linguistically diverse backgrounds). Specialised advocacy support is helpful and valuable, and we note this only to indicate the high reliance on NDAP funding for general population access to models of advocacy (systemic, family, self-advocacy, citizen advocacy and general individual advocacy).

The service provider locator does not necessarily coincide with the area coverage listed on individual NDAP websites, making system navigation difficult. It was also be preferable to provide a single advocacy locator across state & federal funded advocacy for people with a disability, as there is no similar location-based directory for state funded advocacy in Western Australia. This would also assist in more accurate mapping of the distribution of and need for advocacy services.

Western Australia has major shortfalls in availability of advocacy supports and access to choice of advocacy models that urgently need to be addressed through NDAP funding increases and bilateral support and commitment to all models of advocacy. NDAP funding should include joint negotiation and agreement of the state and Commonwealth responsibilities for funding the range of models of advocacy people need to access. Systemic advocacy is reported to be particularly vulnerable in

Western Australia as a result of withdrawal of state funding for this type of disability advocacy.

Aboriginal communities have least benefited of all communities from NDAP specialised funding in Western Australia- this urgently needs to be addressed.

NDAP funding in Western Australia needs to start from a consultative, population planning approach. It should be based on equity of access, access to choice of models, accurate assessment of population needs and adequately supplemented to address the unique barriers faced by services in covering vast geographic regions in Western Australia.

### ***2.3 Restrictive criteria for access to the NDAP***

Section 8 of the DSA Act states that the target group for NDAP are people with disabilities that are:

- a. 'attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments;
- b. is permanent or likely to be permanent; and
- c. results in:
  - i. a substantially reduced capacity of the person for communication, learning or mobility; and
  - ii. the need for ongoing support services.

That is, the NDAP target group is restricted to the target group for NDIS funded packages, leaving a majority of mental health consumers as ineligible or potentially ineligible for NDAP funded advocacy. Requiring evidence of target group criteria is inconsistent with the need for sensitivity and accessibility of advocacy services, and inconsistent with disability rights approaches that operate from a position of inclusion, not exclusion. It is therefore unlikely that the legislative requirements have been feasible to achieve by NDAP providers or acceptable to the community of people accessing NDAP.

The target group also uses an 'impairment lens' on disability which assumes that advocacy is required by reason of impairment. A 'social lens' on disability considers the way people with a disability experience stigma, direct discrimination and indirect discrimination within institutions

and communities that have to do with attitudes to disability rather than deficits in the person. The UNCRPD, for example, takes care to state that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers”. These issues are well noted in disability advocacy commentary and are also relevant for mental health consumers. Mental health stigma and discrimination remains a key barrier to a safe experience, equal rights and participation in services and communities that may require advocacy support to resolve even when there is no observable disability.

Mental health consumers have also raised barriers regarding NDIS criteria that include: being unable to source sufficient evidence of impairment; assessment and planning conducted by people without skills and understanding of mental health consumers’ needs, lack of consumer awareness of ‘disability’ rights and status due to low contact with the disability sector, and stigma regarding the psycho-social disability label as barriers to accessing NDIS. The current NDAP criteria risk the same barriers to advocacy for consumers, and potentially place advocacy services in the awkward position of choosing between supporting people who ask for help and meeting funded guidelines.

The NDAP is the only Commonwealth funding for advocacy for mental health consumers. In its current form the NDAP’s criteria is far too restrictive to meet the needs of most mental health consumers, other than a small minority who are deemed eligible for a NDIS plan. Funding for NDAP doesn’t take into account that the UNCRPD rights to make decisions on an equal basis are without qualification- they do not make distinctions on the basis of extent of disability impairment, while the NDAP legislated criteria do.

Ensuring people with disabilities are supported in their equal decision rights, NDAP funded programs would need to be increased to ensure access.

In their 2015 Submission to the review of the National Disability Advocacy Framework, WA’s community managed mental health sector peak WAAMH noted a need for explicit inclusion of psychiatric/psycho-social disability in disability definitions as a safeguard to prevent under-recognition and under-representation of mental health consumers in disability advocacy programs. We note that despite the very high prevalence of significant mental health issues and related advocacy support needs, there are currently no specialised services for mental health consumers funded under the NDAP. While not all people access or choose to access specialised services for the type of disability they experience, mental health consumers are used to seeking and receiving supports via health and mental health services rather than through disability services. Consequently, specialist services offer strong potential for

outreach and tailoring NDAP supports and communications to support better consumer access to the NDAP and would complement supports for mental health consumers that are currently offered by general NDAP funded services.

The government commitment to “maintaining a strong and effective programme of independent advocacy for all people with disability, into the future” requires:

- removing this criteria from the legislation by revising the NDAP target group to simply “people with a disability” so that people can access NDAP irrespective of their NDIS access or eligibility, and,
- ensuring NDAP funding is revised upwards to meet the needs of this broader cohort (all persons with disabilities who require advocacy), and,
- adequate NDAP funding to provide specialist programs for mental health consumers, or equivalent Commonwealth mental health funding of individual and systemic advocacy for mental health consumers

#### ***2.4 Accommodating mental health consumer needs in disability advocacy programs***

While CoMHWA uses the term persons with disabilities as inclusive of mental health consumers because the UNCRPD makes their equal rights and entitlements clear, most mental health consumers receive support from the health and mental health, not the disability sector. They may not be aware they are entitled to access disability programs and services, including disability advocacy, because they do not identify as a person with disability. Rather than experience two labels and dual stigma, choice and flexibility around how people choose to identify (see Language, p.1) when accessing services is essential to safe, appropriate and accessible supports.

It's essential that disability advocacy programmes receive are supported to gain “cultural literacy” on the lived experience of mental health issues that give rise to specific support requirements in order to support the equal access of mental health consumers to advocacy. This is important for both general advocacy and specialised advocacy services because mental health consumers may also have one or more disabilities. . As part of this, ensuring flexibility of language to reflect the way consumers may choose to identify when they seek support is needed across legislative, policy, funding and service delivery levels in the disability sector, including NDAP funding agreements and service guidelines.

Access of NDAP providers to education on the lived experience of mental health issues is important to supporting the equal access of mental health consumers to advocacy.

Flexibility of language to reflect the way consumers may choose to identify when they seek support is needed across legislative, policy, funding and service delivery levels in the disability sector, including NDAP funding agreements and service guidelines.

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### 3. Systemic Change Data

Making use of advocacy data from the NDAP to bring about improvements for people with disability is a systemic advocacy function and so supporting effective linkages, coordination and response to data by NDAP funded systemic advocacy organisations is important to making better use of data to achieve system changes that will improve people's lives.

Linkages, coordination and response require a number of activities that each require dedicated capacity for services to undertake, including:

- Capacity for collection of systemic advocacy issues by all NDAP services
- Capacity for joint communications and reporting between systemic advocacy organisations, other NDAP services and other stakeholders who may have a role to play in achieving systemic advocacy outcomes
- Capacity for systemic advocacy organisations to undertake research on issues reported, e.g. verifying through consultation how a community issue is being caused and who is being affected;
- Capacity for joint communications and reporting between systemic advocacy organisations within states & territories, and at a national level
- Capacity for coordinated campaigning on national level systemic advocacy issues
- Capacity for NDAP systemic advocacy organisations to advise and support other NDAP organisations who may have a role in achieving systemic advocacy outcomes

Obtaining shared classification systems for types of advocacy issues for collecting and reporting across organisations is a particularly complex area for various reasons and it is important to focus on useful and efficient ways of gathering evidence of needs. Systemic

advocacy is a social process involving often multi-agency work to influence change within complex systems, and evidence gathering relies strongly on consultative exchanges within these. The social nature of the process relies on staffing, supplemented by technologies (e.g. online & remote communications), to communicate, analyse, and strategically respond to systemic advocacy issues.

It is the role of systemic advocacy organisations to work to solve issues that have been identified as affecting the lives of multiple people. Systemic advocacy organisations rely on strong interfacing and relationships with the people and services identifying issues (consultative networks), and strategic responses that involve research, analysis and sustained relationships of influence (systemic advocacy).

Systemic advocacy organisations are essential to improving the lives of mental health consumers. Their effectiveness relies on funding that supports the range of sustained consultation, research, coordination and influencing activities that are needed to bring about and sustain reform.

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#### **4. NDIS Specific Issues and Associated Changes**

Part of the purpose of the discussion paper is to consider what advocacy supports will be provided under the NDAP and which will be provided under the NDIS. However, the discussion paper does not identify any clear proposal or agreed principles on the roles of DSS, NDIS and state & territory governments in funding advocacy. This is further complicated in two NDIS governing agencies in WA (Commonwealth NDIA and WA NDIS) and the wide variety of supports potentially but not definitively in scope for NDIA Information, Linkages & Capacity Building (ILC) funding.

The Discussion Paper to the 2015 National Disability Advocacy Framework stated the following:

*“In April 2015, the Council of Australian Governments’ Disability Reform Council agreed that NDIS would fund:*

- *decision supports*
- *safeguard supports*

- *capacity-building for participants, including support to approach and interact with disability supports and access mainstream services.*

*The Disability Reform Council agreed that systemic advocacy and legal review and representation will be funded outside the NDIS.”*

This does not clarify what will and won't be funded under the NDAP because decision supports and safeguards are elements of several NDAP models of advocacy, such as in family advocacy, citizen advocacy and individual advocacy but do not capture the full purpose and activities of each of these models. Because two models of advocacy were stated as outside NDIS, it could be inferred that all other models are to be funded by NDIS.

We returned to the COAG report and the Productivity Commission submission it supported. The COAG report took an excerpt from the PC report which, out of context, may have implied individual advocacy may not need to be outside the NDIS. Similarly, the ILC Policy Framework, adopts the weaker DRC commitment to separate systemic advocacy and legal representation from NDIS funding and associated conflicts of interest without a similar commitment for individual advocacy to remain separately from the NDIS.

However, the Productivity Commission's recommendation was clear that individual, systemic and legal advocacy should be funded separately from the NDIS<sup>3</sup>. It recommended that:

“The Australian Government, through the Department of Families, Housing, Community Services and Indigenous Affairs [now DSS] should continue to provide funding for general advocacy by non-government organisations, with no involvement by the National Disability Insurance Agency in this funding role. State and territory funding of disability advocacy groups should continue.”<sup>4</sup>

The discussion paper also does not clarify details of the roles that can be taken as both an advocate & a NDIS service provider in order to support development of effective safeguards and limits on the undertaking of both roles.

The lack of clarity of intention or initial proposal with which to give informed response to is a barrier to robust feedback on this issue. We give initial comments here and look forward to further opportunities for feedback as the NDAP is reviewed.

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<sup>3</sup> Id, p.26

<sup>4</sup> Productivity Commission. Disability Care and Support (Volume 1),p.82.



CoMHWA supports provision of advice to the advocacy sector on why the Productivity Commission's recommendation on this issue were not fully adopted for individual advocacy, in determining the responsibilities of the NDIS and DSS;

CoMHWA supports the separation of general advocacy from the NDIS in order to:

- Enable advocates to be independent from both the NDIS when speaking up on behalf of individuals about the NDIS
- Foster trust in independent advice for individuals seeking information, advice and support on applying for the NDIS
- Prevent constraints on disclosure of systemic advocacy concerns to systemic advocacy organisations, and by systemic advocacy organisations that are also funded by NDIS
- Prevent conflicts associated with being both a service provider and an advocate
- Prevent risk of losing free of charge advocacy for people to uphold community and service rights and participation
- Prevent risks that advocacy is prioritised on a fee basis, rather than a triage approach (e.g. that is free to prioritise service access for serious issues such as abuse, neglect and restrictive practices)

The transfer of advocacy to NDIS, or specific models, risks restricting advocacy access to people who are NDIS eligible. It is essential if this happens despite our recommendation that models of advocacy are funded separately from the NDIS, that there is equity of access to advocacy for people across ILC (NDIS eligible and NDIS ineligible), and that ILC in turn is not restricted to a specific cohort of people with disability but is for the benefit of all people with disability.

It is essential to provide sufficient clarification of intentions or proposals to inform an adequate consultation process and this has not been provided by the current review process, with respect to:

- intentions of advocacy that will be funded by NDIS, NDAP, and state & territory governments;
- why the Productivity Commission's recommendation on this issue has not been fully adopted;
- the NDIS provider roles that advocacy organisations are able to undertake, in order to analyse and respond to the conflicts of interest these present.

## 5. Legal Advocacy

Legal advocacy is also underfunded in Western Australia under NDAP. Three NDAP providers in WA are also legal advocacy organisations – but, according to the NDAP service directory, are not funded by NDAP to deliver legal advocacy. The only funded legal advocacy under NDAP is the EMR-P grant specific to NDIS external reviews in the original NDIA trial site region.

Mental health consumers have access to general community legal advocacy, Legal Aid and mental health legal advocacy & representation. Mental health legal advocacy funding is targeted to provide legal representation with respect to mental health related legal matters (mental health orders, guardianship and administration orders). That is, it provides for specific legal matters associated with substitute decision-making situations, where legal advocacy under NDAP funds representation for a variety of legal issues faced by people with disabilities and irrespective of their decision capacity. NDAP funded legal advocacy is thus equally important for mental health consumers.

Systemic advocacy for legal advocacy organisations to address the need for legislative reform is both important to resolve human rights issues, such as those associated with civil mental health legislation and criminal laws about accused persons with a disability. It can also reduce the need for legal advocacy in some cases through advocating for alternative justice approaches (e.g. court diversion, citizen juries, mediation responses).

Access to NDAP legal advocacy as a model of advocacy needs to be reviewed to ensure legal advocacy access for all Western Australians with a disability and mental health consumers. Legal advocates play an important role in legislative change for system change, and are thus a valuable contributor to systemic advocacy.