

Mind Australia Limited

Response to the Review of the NDIS Act and the new NDIS Participant Service Guarantee

About Mind

Mind Australia Limited (Mind) is one of the country's leading community-managed specialised mental health service providers. We have been supporting people dealing with the day-to-day impacts of mental illness, as well as their families, friends and carers for over 40 years. Our 900 staff deliver services in our own centres, and outreach programs and residential services in partnerships with clinical agencies around Australia. In the last financial year, Mind provided over 400,000 hours of recovery-focused, person-centred support service to over 9,000 people, including residential rehabilitation, personalised support, youth services, family and carer services and care coordination.

Mind is a registered NDIS provider and in the past financial year we provided a service to 1,386 NDIS participants. We are registered to provide:

- Supported Independent Living (SIL) at 15 service sites services to 132 NDIS participants with a workforce of over 80 FTE; and
- Outreach and centre based supports from 12 sites to 912 NDIS participants including support coordination, Allied Health specialised assessment and behaviour support, and community engagement and capacity building support with a workforce of over 100 FTE community mental health practitioners and mobile allied health.

We are committed to an evidence-informed, recovery-oriented approach to mental health and wellbeing that looks at the whole person in the context of their daily life, and focuses on the social determinants of mental health, as they play out in people's lives. We value lived experience knowledge of what works to support recovery, and support the ongoing development of a lived experience workforce. We value the role that carers, families and friends play in providing significant emotional, practical and financial support to those experiencing mental ill-health and psychosocial disability. We have a committed and workforce specialism in the provision of psychosocial support. Over the last six years Mind has made a substantial investment in a research program that has contributed to public knowledge on mental health recovery and psychosocial disability. Part of our research program focuses specifically on the NDIS and the inclusion of people with psychosocial disability in the Scheme.

We draw the Department of Social Service's attention to the following three high-quality literature reviews we have commissioned:

1. Effective evidence-based psychosocial interventions suitable for early intervention in the NDIS: promoting psychosocial functioning and recovery (2016)
https://www.mindaustralia.org.au/sites/default/files/publications/Effective_evidence_based_psychosocial_interventions_full_report.pdf
2. Implications for family carers when people with psychosocial disability have individualised funding packages: literature review (2015)
https://www.mindaustralia.org.au/sites/default/files/publications/Implications_for_family_carers_literature_review.pdf
3. Nicholas et al (2014), Mental health and the NDIS: a literature review
<https://www.ndis.gov.au/media/91/download>

As explained in greater detail below, we have also recently published a report which explores how people with psychosocial disability make choices in the context of the NDIS. We also work closely with Mental Health Carers Australia and Mental Health Australia, and we endorse their submissions.

Introduction

Mind appreciates the opportunity to respond to the *Review of the NDIS Act and the new NDIS Participant Service Guarantee*. Mind is a strong supporter of the NDIS and the inclusion of people with psychosocial disability in the Scheme. It is clear that since the scheme came into operation six years ago it has already improved the lives of many people with a psychosocial disability, particularly those in supported independent living.

However, as has been well-documented, accessing and using the NDIS is difficult for people with psychosocial disability, and its introduction has severely disrupted the provision of services for this cohort. It has caused changes to the configuration of services, created gaps in services which are yet to be filled. We agree with Mental Health Australia's position that intergovernmental arrangements and the impact of Commonwealth/state/territory mental health agreements have exacerbated differences between jurisdictions. Different bilateral agreements with the states and the uncoordinated commissioning by PHNs have also added to inconsistent service provision and has resulted in what amounts to a postcode lottery in terms of who gets what help.

In implementing a Participant Service Guarantee and determining whether the Act needs to change, the unique needs of people with a psychosocial disability must be taken into account.

We also wish to draw attention to the impact of the current arrangements on the workforce best positioned to provide recovery-oriented disability supports to people within the Scheme. Our experience indicates that this workforce is undervalued, and is proving unsustainable in the regulated pricing regime of the NDIS. Many of our staff have extensive practice wisdom and have been through their own recovery journey and faced similar challenges. The transactional nature of NDIS funding and the low pricing for supports has presented a significant challenge to the provision of recovery oriented practice. Mind has bucked the tide towards a casualised workforce and has demonstrated this commitment to our prized committed and experienced workforce by providing ongoing employment contracts to retain our workforce, which is costing millions from Mind's financial reserves.

Mind is aware of the dedicated work the NDIA and its partners are taking to address many limitations which have already been identified since psychosocial disability was included in the NDIS. For example, the work being by the Disability Reform Council and the introduction of the psychosocial disability stream. In our view, the NDIA has been open to addressing many of the issues related to psychosocial disability and has consulted widely with the mental health sector to continue to work through these issues.

Mind has contributed to discussions about the NDIS for people with psychosocial disability in a number of ways. We are a member of [Alliance20](#), we advocate directly to NDIS, and we also contribute regularly to NDIS reviews. Past submissions can be accessed on [our website](#).

We offer these further insights, from consumers and supported by our staff, to ensure that the needs of people with psychosocial disability continue to be at the forefront of any reviews and decisions made to improve the NDIS.

Notes about this submission

This submission focusses on the unique needs of people with a psychosocial disability and offers suggestions to amend the current NDIS service provision to meet the requirements of this cohort.

It draws heavily on the experiences outlined in our December 2018 report *Understanding people with psychosocial disability as choice-makers in the context of the National Disability Insurance Scheme (NDIS)*, which was informed by interviewing 22 NDIS participants across three Australian regions.

Mind partnered with Deakin University for this study to explore how people with psychosocial disability make choices in the context of the NDIS. It found that one of the significant challenges for people with psychosocial disability is the ‘labour of choice-making’ at multiple stages in the NDIS processes. We refer to this as the ‘labour of choice’ and note that this ‘labour’ is unaccounted for in the rigid construction of support in people’s packages and while choice and control is a central principle of the NDIS, *real* choice is limited.

The main component of the NDIS is individualised funding packages with the aim of providing people with choice and control in pursuing their goals, and in the planning and delivery of their supports. For many people with psychosocial disability there is the possibility of enacting choice to an extent that they have not previously had the opportunity to do.

The findings of the report demonstrated that there are multiple and challenging choice-making activities. The report detailed that while there is a substantial focus in NDIS information about choice-making in relation to the planning ‘moment’, the labour of choice was identified at each of the following stages:

- Applying to the NDIS
- Pre-planning
- Planning
- Immediately after the NDIS package approval
- Utilising the funding: purchasing and managing supports and services
- Reviewing the plan
- Appealing decisions.

As choice and control is a central principle of the NDIS, Mind has used the Choice report to inform our response to the questions posed and issues raised in the discussion paper. We have also consulted directly with our staff who work closely with participants to navigate and deliver NDIS services and have reflected their feedback throughout this submission. Drawing on the experiences from participants interviewed in the Choice report, and informed by the experiences of our staff, we have been able to capture responses to the discussion paper from both a consumer and service delivery perspective.

This submission has been written to respond to the issues raised in the discussion paper, related to both the Participant Service Guarantee and removing legislative red tape. We have structured it by addressing the issues identified at each of the NDIS processes and believe it is the decision of the DSS and NDIS to determine whether these issue are addressed through the Participant Service Guarantee or through legislative change. Either way, any changes must be able to be properly enforced.

Responses to the discussion paper

NDIA service standards

Mind supports the introduction of an NDIS Participant Service Guarantee. A Participant Service Guarantee needs to be guided by principles to provide greater transparency as to what participants should expect in order to enable and foster a culture of accountability. Such an approach would also provide for greater consistency, improved responsiveness and quality of NDIA's services.

We support many of the principles put forward in the discussion paper and believe flexibility is required to be introduced as a central principle of the NDIA Service Standards.

Mind believes that the principle listed under the heading 'expert' is not aligned with the objects and principles of the NDIS Act and should be amended. A central tenet of the NDIS Act is to enable people with disability to exercise choice and control. The description of the draft principle in the discussion paper states: *NDIA staff have a high level of disability training and understand the impact particular disabilities have on people's lives. They understand what supports are most effective for a person's disability.*

Mind agrees that it is crucial that staff have a high level of disability training, especially psychosocial disability. What has been overlooked is that many people with disability, especially people with high and complex needs and a lifelong mental illness, have a long, close and well established relationship with their service providers. There is case after case where participants are not comfortable and have not understood how to provide detailed information. Lack of existing service provider input into planning is disadvantaging participants who have no other representation from families and friends. If the LAC and planners do have the expertise and knowledge, this can make the process easier and creates a better outcome, however this has not been shown in our interactions to date.

It is Mind's strong contention that the person with a disability is the expert by experience in determining what impact the disability is having on their life and they are best placed to understand supports that are most effective for their disability. NDIA staff should instead have in-depth knowledge of the type of supports available and seek the expert by experience opinion of the participants, and their families and friends as to what will help the participant best.

NDIA staff should be experienced in implementing supported decision making. This should be embedded throughout all stages of the NDIS processes, providing participants the support necessary to enable the participant to make and implement the decisions that affect them. Supported decision-making is consistent with the principles of the Act and the UN Convention of the Rights of Person's with a Disability.

NDIA staff should also be trauma-informed. Many participants that engage with the NDIA, particularly those with psychosocial disability have a history of complex trauma, some at the hands of the institutions and government services. Historical and ongoing trauma limits people's capabilities as choice-makers, so staff must be aware of this to ensure that the conditions for choice making are accessible to people with psychosocial disability (Wilson et al., 2018).

People who experience psychosocial disability have unique needs and therefore require a skilled workforce with practice wisdom and who understand the episodic nature and complex needs of psychosocial disability to assess eligibility. This level of skill is not learned overnight, and is instead learned through formal training and experience. The NDIA should consider options other than building capability within the NDIA and the Local Area Coordinators. For participants with high and complex needs the planning process would be greatly enhanced by the familiarity and long term relationship with the planning conducted by the existing provider that has the expertise, knowledge and familiarity.

Mind also believes that the NDIA should be flexible to the needs of the participant throughout all stages of interaction with the NDIS and this should therefore be a principle of the NDIA Service Standards.

Mind believes that the best method to determine whether the NDIA is delivering on each of its principles is to seek the views of the end users – the participants. The NDIA should continue to evaluate their services from the perspective of participants, their carers, families and friends.

Solutions:

- The 'expert' principle is amended to reflect that participants are the experts by experience in determining what impact the disability is having on their life and they are best placed to understand supports that are most effective for their disability.
- Ensure assessors are trauma-informed, experienced in supported decision making and can demonstrate competence in understanding the unique needs of people with psychosocial disability.
- Funded input from providers in supporting participants in the planning process for those with complex needs
- Flexibility is introduced as a central principle of the NDIS to ensure that participants can use supports in their plan to respond to circumstances as they require.

Getting started: Eligibility and application

A significant challenge faced by NDIS participants in the access process is the procedure to determine eligibility. It is Mind's view that issues still remain relating to the and the permanence requirement and functional impairment assessment.

Permanence requirement

The current scope of the NDIS means that only those Australians whose functional capacity is substantially and permanently impacted by mental illness are eligible for the NDIS. While we understand the rationale for this scope, our experience of delivering NDIS services has shown that in practice, this requirement is being applied inconsistently, creating an unfair access barrier to people with a psychosocial disability.

As one of participant in the Choice Report stated:

"When I talked about being recovered I don't think they [the planners] understand mental illness recovery. I think they said is this no longer permanent - rather than seeing that you can have both. It can be both permanent and you can recover."

The requirement for people with psychosocial disability to prove permanence has been debated and contested since the introduction of the NDIS. It is still yet to be resolved. It is our view that the implementation of the permanence requirement needs further work to operationalise it in ways that are consistent with a recovery based approach to mental illness, where recovery suggests being supported to live a life of meaning, hope and purpose. The Act also makes provision for fluctuating levels of impairment, consistent with the episodic nature of many mental illnesses. Our research work, and our service delivery demonstrates that the current application of the 'permanence' requirement makes it extremely difficult for people to demonstrate that the impairment is likely to be lifelong **and** fluctuating in nature.

Of particular concern to Mind, is the way in which the NDIA is determining permanence on the basis of the treatment options that have been explored prior to application. We are aware that applicants with a psychosocial disability are being asked whether they have undergone at least three types of treatment prior to applying to the NDIS. A participant recently explained to our staff that her application was initially declined by the NDIA on this basis. When declined for the second time, she was questioned by an NDIA staff member whether she had trialled electro-convulsive therapy as a form of treatment; and perhaps this should be explored prior to access request. In this circumstance, her long-term treating psychiatrist then wrote a letter to the NDIS explaining that this wasn't an appropriate course of action, which then supported her access to the scheme. It is our view that it is inappropriate for an NDIA staff member to recommend treatment options, especially those which are inconsistent with the recommendations of the treating health professional.

It is our hope, and our strong contention, that this is addressed through the establishment of a Psychosocial Disability Recovery Framework (COAG, 2019). This work must maintain a strong focus on recovery and supporting episodic needs.

We suggest that it is likely that the implementation of this Framework will take some years to develop, and must involve people with lived experience of psychosocial disability in its design and implementation.

For people who have a diagnosis of schizophrenia, where the majority of whom are unlikely to experience complete recovery with no further episodes (Nicholas et al., 2014) the DSS should consider adding Schizophrenia to the 'List A Conditions' to satisfy that a person with this diagnosis meets the disability requirements without further assessment or this cohort will continue to be unfairly disadvantaged by this requirement.

Mind contends that young people are even further disadvantaged by the permanence requirement. There is a view among assessors that young people will 'grow out of it'. The data shows that young people (15-24 year olds) with a primary psychosocial disability make up only 5% of participants, when young people overall account for 16% of participants.

Early intervention principles suggest that it would be better on both a systemic and individual level for the NDIS to provide support to young people experiencing functional impairment to enable them to recover and transition out of the NDIS.

Through this review, DSS should remove the permanence requirement as it relates to psychosocial disability and provide clear guidance to assessors, clinicians and participants. Addressing the problems associated with eligibility would go a long way to improving the significant challenges faced by NDIS participants with a psychosocial disability when accessing the NDIS.

Functional impairment

People with a primary psychosocial disability are less likely to be deemed eligible for the NDIS than those with other disabilities. The majority (94%) have been deemed ineligible because they cannot meet the disability criteria (NDIS, 2019). While we understand that the number of people with a psychosocial disability accessing the scheme is growing since the NDIS rolled out (COAG, 2019) it is still below estimates from the Productivity Commission in its 2011 report into disability care and support.

Mind has continued to call for a reliable, standardised, validated means of assessing functional impairment. We outlined the rationale for this assessment process in our [Response to the Joint Standing Committee inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.](#)

We were pleased that the Government agreed to implement a standardised assessment tool in response to the *Joint Standing Committee on the NDIS report: Provision of services under the NDIS* for people with psychosocial disability. We understand that assessors are now using LSP-16 to assess functional capacity. If this is the tool which has been introduced as a means to provide a standardised assessment tool, then we would have concerns with this approach. We are concerned about the reliability of this tool due to its clinical focus and it is our view that some of the questions are stigmatising for participants. We ask that DSS reviews the use of this tool.

Solutions:

- DSS to review the tools which are being used to assess functional impairment.
- DSS should remove the permanence requirement as it relates to psychosocial disability and provide clear guidance to assessors, clinicians and participants.
- Schizophrenia should be added to the 'List A', as an interim measure until further work on the implementation of a recovery framework within the NDIS is completed.
- Use existing providers as assessors when dealing with complex and lifelong psychosocial disability, including the issues for young people, and seek guidance from mental health experts when necessary.

Application delays

Mind remains concerned about the long delays participants are experiencing when applying to the NDIS. A participant service guarantee must have timelines in place which are actually enforced. Our experience shows that the NDIA is regularly not meeting the 21-day requirement to make a decision on an access request which particularly affects those with a psychosocial disability. Due to the episodic nature of mental ill-health, the needs of the participant may change from assessment through to decision. On an individual level, this may result in the participant receiving less or different support in their package than required, or from a systems perspective, it may result in the participant receiving allocations in their package that are not suitable to their needs.

In addition to providing fee for service support, Mind is one of the largest providers of Supported Independent Living (SIL) sites in Victoria and Queensland in a mixture of self-contained units, stand-alone houses and townhouses, as well as within Specialist Disability Accommodation. Mind staff report that the NDIA is taking months to assess eligibility for SIL packages.

To access SIL it has to be part of the individual's NDIS package. Participants have to be assessed as eligible, and the assessment has to be approved by the NDIA. While the NDIA has shown a preparedness to accept Mind's recommendations regarding suitability for SIL and, to their credit, is trying to streamline this process, it is nonetheless time consuming and bureaucratic. We are aware of people who need SIL but who have opted out or disengaged from the process while awaiting the SIL request through the submission of a quote from Mind, or for whom it has resulted in a relapse of mental health. Of greater concern, is people who are in vulnerable situations such as experiencing homelessness or family violence who are awaiting a decision on their request for SIL. In these situations, Mind is placed in a very difficult situation as we are unable to offer the individual SIL accommodation despite the clear need because if they were not approved for SIL Mind would not receive income for the support being provided. Alternatively, the only other option is to refer the person to emergency accommodation, which is not always appropriate given their individual circumstances and vulnerability.

Having a stable, safe home is crucial to a person's recovery and the NDIA should assess these applications as a matter of priority. We recommend that DSS examines the causes and drivers of these wait times and investigate whether increased workforce capacity would assist to speed up the process.

Solutions:

- A process is developed which holds the NDIA to account when they do not meet legislated timeframes
- Supported Independent Living applications for people with psychosocial disability with complex needs are assessed as a matter of priority

Access decisions

In Mind's view, in many situations, the NDIA is not being transparent and clear when it makes decisions about an individual's access to the NDIS.

From our Choice report:

"The first attempt to get NDIS support failed and that was because I think the system was very new and they didn't listen to me. And I had a lady who was assessing me ... and she never met me in person, she only interviewed me over the phone. She decided there was no cause for me to have the NDIS, there was no need. And even though I explained to her the housekeeping was an issue, she said, 'Are you physically capable of house cleaning?' I said, 'Yes'. And she said, 'Well, that's it. You don't need us'. So, I waited six months until the period when she would review it was over and then put in another application with a different ... assessor - and it was successful."

One of the key reasons why participants feel confused and overwhelmed by the access process, is the lack of support available to understand eligibility requirements and guide participants through the process.

Information from the NDIA on the eligibility requirements is confusing and opaque. Furthermore, there is currently a lack of support - both financially and logistically - available to people to assist them to gather the information required to support their application, such as getting an assessment and report from a GP or psychiatrist.

Many participants rely on family and carers to assist them to navigate the access process and seek and provide the appropriate documentation. For those who are already accessing services through a provider, they are often fortunate enough to be assisted by the provider to get their NDIS applications together, noting this is currently unfunded work.

However, for the many people who don't have this support available, there is no dedicated and funded NDIS or LAC staff member to assist them gather the evidence required. This means that an already disengaged and hard to reach cohort of people are not accessing the NDIS, when they are likely to be eligible.

Solutions:

- The NDIS application process must be improved to minimise delays. This requires clear and ongoing communication between the NDIA and the applicant, with the applicant having access to a person that is allocated to them so as to provide a more personal and less bureaucratic process
- There needs to be very clear guidelines on what will be funded and these need to be available to people applying. There needs to be increased clarity and resourcing about what choices are available

such as options regarding service providers, service types, support coordination, fund management, and staff selection

- The Participant Service Guarantee needs to support the introduction of assertive outreach to support disengaged, vulnerable and people with complex support needs to apply to the NDIS and to gather the information necessary to support their application

Planning processes 1: Creating your plan

Planning meetings are fraught for people with psychosocial disability. The planning process for participants is regularly categorised as complex, lengthy and difficult to understand. The lack of knowledge among planners about psychosocial disability and the pressure a planning meeting places on families and participants is inhibiting participants' ability to receive a suitable package.

As one participant in our Choice report stated:

"I didn't know what to expect. Well, the first time it was like - it's a bit scary... They just said this, this, and this is going to happen and there was another lady [planner] before who was taking down different notes about something else. It was very difficult to understand. Obviously that was a choice but I just - like, I couldn't really understand or comprehend what they were talking about."

Participants in the Choice report spoke of not understanding their rights and options open to them and the anxiety associated with such a crucial stage of the planning process. Participants found the NDIA processes confronting, intimidating and confusing, adding to their anxiety and uncertainty.

Having a strong advocate, be that a family member, carer or caseworker, is important to creating a plan which is responsive to the individual's needs. Due to the episodic nature of mental ill-health, the timing of planning meetings can significantly impact on the plan which is created for the participant. Participants answers may change based on how well or unwell they are at the time of the meeting. If a participant is unwell at the time of the meeting, they may have difficulty responding to the questions being asked by the planner. Conversely, if a participant is experiencing a period of being well, they may convey that they are able to undertake tasks which they would ordinarily have difficulty undertaking during periods of being unwell. Having an advocate who is able to remind and prompt different scenarios enables participants to consider the choices and options available to them.

As participants in our Choice report stated:

"I would advise everyone to go with someone. An advocate, someone who will speak up when you're being railroaded."

"Well, it's a good thing [having an advocate] because sometimes I forget about a few things and they might bring something up and I say, 'Oh, that's right, I did that but I didn't know it at the time.' Stuff like that - you know? But it's good to have one, in my eyes anyway, especially with the way my mind is ... I try not to make the wrong decisions - that's why I get my advocate in to give me something to think about."

Notwithstanding the importance of having a supportive advocate participating in planning meetings, consideration should also be given to the sensitive nature of the information being provided. Family members may feel uncomfortable or overwhelmed that they are required to provide all information in one or two meetings, with their loved one sitting beside them. Flexibility should be afforded to

participants and family members, so that planning meetings can be held in multiple sessions and through varied pathways.

It is also crucial that planners have in-depth knowledge of psychosocial disability to be able to prompt and probe responses. There seems to be a focus and understanding of the physical aspects of people's lives, as explained by a participant in our Choice report:

“But what I don't understand was that my application was all about mental health but all they cared about is the injury because it's the physical – ‘Well, we can fix that’ They can see it. Because they can't see it, they don't ... But ours – it's not so much physical but mental.”

Mind welcomes the commitment from the NDIS as part of the *Pathways Program* (2019) to provide training and support to NDIA staff and LACs to have a better understanding of psychosocial disability. We look forward to this training improving processes in the future. In the interests of transparency and the right to exercise choice and control, we also recommend that participants be empowered to request a planner with training and competence in psychosocial disability.

Solutions:

- Planning meetings are flexible and able to be tailored to the participant and their advocate/family/carer's needs.
- The NDIA should fund applicants to have an advocate with lived experience with them throughout the planning process (while also recognising it is a participant's right to engage with the NDIA alone).
- Participants with psychosocial disability are able to request a planner with training in psychosocial disability.

Planning processes 2: Using and reviewing plans

Utilising supports in a plan

The significant challenges faced by NDIS participants using supports in their plan relate to inflexibility of packages, a lack of communication from the NDIS about the plan and the difficulties associated with managing and understanding their plan.

The changing nature of psychosocial disability and recognition that people's distress and capability varies over time means that participants should be able to scale up and down services as they need and plans need to be responsive to this. Flexibility should also be built into plans, to align with the recovery-focused approach to psychosocial disability. Participants goals will change over time and plans need to be responsive to this. Furthermore, participants should have choice when to use their services based on their own knowledge of the times in the year when they are likely to require further support.

Uncertainty is further exacerbated by the changing nature of services and providers affected by an undervalued and under-resourced sector and the disruption caused by the introduction of the NDIS. Mind is supportive of the continuation of a sustainable open market. However, the pricing of services must continue to move towards pricing not being set by regulation, but by clients choosing the type and quality of services they are seeking. It is important that relative pricing is a consideration from the viewpoint of scheme efficiency, provider viability and client choice.

From our Choice report:

“What’s the point of having support workers if you’ve really got nothing that you can do mental health wise other than sitting down and having coffee with someone – then what? They’re not helping. And there’s nothing that they can do – they don’t know what to do themselves. They’re told, ‘This is what we’re doing for a month if you want to take part in any of that.’ I said, ‘No, I don’t want to pay.’ There are choices out there but there’s just not enough. When it comes to mental health, there’s not enough out there.”

Mind contends that a lack of flexibility within plans leads to an under-utilisation of the plan, impacting on participants being able to access supports they need both within the life of this plan and in future plans upon review. Utilisation of committed supports for participants with a primary psychosocial disability is lower than other disabilities across all age groups (NDIS, 2019).

It is pleasing the NDIS has recognised, through the Pathways Program (NDIS, 2019), the need for flexible supports for people with a psychosocial disability. This work must be participant focussed – allowing plans to be used in a way that aligns with the wishes of the participant. Allowing a more flexible approach will also reduce the need for plan reviews.

Our staff have also identified that provider travel is required as this cohort are not help seeking. The current pricing for Service Provider travel is inadequate and needs to be reconsidered. Providers are supporting participants by incurring a loss, a significant cost burden that is not adequately covered in the NDIS pricing framework. In turn, we believe these specific pricing mechanisms present as a significant factor in the increasing incidence of Service Providers withdrawing from markets across metropolitan, rural, regional and remote areas – reducing flexibility, choice and control for NDIS participants.

A further complication to using an NDIS plan, is directly related to the physical plan itself. Once a participant receives their plan, it is often difficult to interpret, with little or no guidance provided by the NDIS. Language used within the plans is generic, complicated and not considered ‘everyday’ language.

As a participant in our Choice report explained:

“I got the letter to say you've been approved. And then that was it. That's when I went in to NDIS and said, ‘Well what am I supposed to do now, I've been approved?’ ‘Oh you've got to go and talk to that one, that one, that one’. I just went, ‘oh okay’. So I got in the car and went home. I'm not going to go and talk to all these different people. I find conversations difficult enough as it is with people that I don't understand or don't know ... I wasn't going to go and instigate conversations not knowing what the hell my plan means. Nobody explained what the plan meant to me.”

Solutions:

- Participants are provided a verbal explanation of their plan, either via a phone meeting or preferably face-to-face.
- NDIS plans are amended to incorporate everyday language that is adapted to the needs of the participant.
- The NDIS increases the cost allocation for provider travel or allows flexibility in plans to accommodate the needs of the participant.
- All people with a psychosocial disability are provided with support coordination to enable them to better utilise their plans.

Reviewing plans

A significant challenge for people with psychosocial disability in having their plans reviewed, is the uncertainty created from only having a one-year plan.

For many people with a psychosocial disability, the anxiety created from not knowing whether they will receive the same support year on year, can exacerbate their mental ill-health.

From our Choice Report:

“Yes [more certainty about ongoing funding] – and not have to worry that it’s going to run out or you’re going to be cancelled. Because that is the thing that worries me a lot about the NDIS – is that the funding is going to be cut and then I’ll be stuffed.”

“My friend who had planning – he lost his funding this year. And not even half-way through the year – and I’m thinking, ‘How the heck do you go from having money, then one day you get up and go to your group – we can’t go to group, or you can’t have one-on-one support, or you can’t do this, or you can’t do this’ ... To have a routine changed automatically under him ...”

It is understood the NDIS is willing to consider, and has already implemented, two and three year plans in some cases.

Solution:

- The NDIS investigates introducing two-year plans for people with psychosocial disability as a standard procedure to enable certainty of support. This should only be introduced if a greater level of flexibility is embedded into participants’ plans.

Appealing a decision of the NDIA

Appealing a decision of the NDIA is particularly difficult for people with psychosocial disability, due to the stress and anxiety uncertainty creates.

It can also be an extremely intimidating process for participants who are required to sit across the table from lawyers and NDIA staff to appeal their process.

Solution:

- All people with psychosocial disability are provided representation throughout the appeals process by lawyers who are expert in the NDIS Act and psychosocial disability.

Plan amendments

Plan amendments can create a significant and challenging disruption to participants’ lives.

Mind agrees that introducing the concept of a ‘plan amendment’ to alter minor amendments without triggering a new plan, would be beneficial for participants and service providers. In addition, a simple and quick amendment process needs to be put in place when simple administrative errors need to be addressed.

For further consideration, the NDIA should look at how the NDIA notifies providers when a plan amendment has been undertaken. Our staff have commented that often the NDIA does not notify them when there is a change in circumstance within a participant's plan, or they are only notified after they have already provided the service. In some cases, this is simply due to the lag in time that occurs between the decision being made and the decision notification arriving in the mail. In other circumstances, Mind staff are only alerted to the change once a billing error occurs and they then have to investigate the cause of the error.

Solutions:

- Introduce a quick, simple process to amend administrative errors in participants' plans.
- Introduce a process which immediately, via phone or electronically, notifies the provider when circumstances within the participant's plan changes.

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