

2 October 2020

National Disability Strategy Governance and Engagement Section
Department of Social Services

By email to: disabilityreform@dss.gov.au

To Whom it may concern

Re: Submission on the draft Discussion Paper on the National Disability Strategy, beyond 2020

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input into the draft Discussion Paper on the National Disability Strategy (the Strategy) by the Australian Department of Social Services.

The RANZCP is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP has more than 6900 members and is guided on policy matters by a range of expert committees including the Section of Psychiatry of Intellectual and Developmental Disabilities Committee.

The RANZCP supports the Strategy in principle, including the outcome areas, guiding principles and new features as outlined in the draft document. People with disability deserve to be at the forefront of government action as a vulnerable group with unique needs and experiences in all circumstances and sectors. The Strategy must not be a standalone document, it must be woven through all policy and implementation amongst all sectors (health, justice, transport, housing, employment) to ensure real results can be achieved. However, the COVID-19 pandemic has made very clear the lack of priority provided to people with disability, highlighted by other sectors being provided with resources and information before those within the disability sector. [1, 2]

The RANZCP would like to highlight the following key areas for further focus within the Strategy: better connection between sectors to address multiple disadvantage and the importance of data in strengthening healthcare for people with disability.

Better connection between sectors to address multiple disadvantage

Many people with disability have complex needs which require support and assistance across a wide range of sectors. There remain ongoing opportunities for better connection between sectors as in many circumstances it is unclear where the responsibilities for care sit. With the changes in the disability services landscape, there are ongoing concerns over access and availability to services for people with disability. The unclear and fragmented interaction between the health and disability sector, for example, presents many people with disability and their families with ongoing challenges in accessing holistic and appropriate care. [3]

The Strategy should ensure commitment from all sectors to establishing cross-agency collaboration as a key approach incorporated within the document. [3] Ensuring there is transparency in monitoring sector integration including complaints is also important.

Importance of data in strengthening healthcare for people with disability

The RANZCP supports the emphasis on data collection as a priority in the Strategy. Any data collection should be as consistent as possible across jurisdictions to enable comparison as required. Allowing for comparison between jurisdictions will be helpful in ensuring all jurisdictions are held accountable to providing high quality services people with disability under the Strategy. This is an important piece of work in this area, including the NDIS National Workforce Plan. Any data collection should be used to the benefit of people with disability and must cut across sectors and report on key outcomes.

The disability sector and National Disability Insurance Scheme (NDIS) are about service provision to meet the needs of people with disability. However, it is impossible to measure if they are achieving this primary purpose if it is unclear if the needs of people with disability are actually being met by the services available to them (based on geographical location, service type and availability).

Currently, services in regional, rural and remote areas remain largely unavailable to people with disability which needs to be urgently addressed. There remain opportunities for creativity and development of service provision in many areas especially supporting those with complex needs and child mental health. Comprehensive mapping of available service providers would be helpful in recognising and addressing the gaps with the potential for creativity in this space in regional, rural and remote areas. This could be combined with education and training in building business and care skills to support the creation of local disability support services to meet the needs of local NDIS participants, particularly in rural and remote areas.

While the Strategy acknowledges the need for data and evaluation, the RANZCP would like to highlight that there must not only be a measure of the output of services but also a measure reflecting demand, and the gaps that exist between these two areas.

The RANZCP would highlight the outcomes around data and multiple disadvantage suggested in the [Recommendations from the National Roundtable on the Mental Health of People with Intellectual Disability](#) for consideration for inclusion in the Strategy.

Under “Guiding Principles”, the RANZCP would suggest the addition of early intervention for children and families as a key principle.

THE RANZCP would highlight that, ultimately, all Strategy outcomes needs to be accountable to people with disability and their families across all Australian jurisdictions. This includes ensuring the disability sector has the resources and training it requires to provide ongoing support to people with disability regardless of external circumstances.

To discuss any of the issues raised in this letter, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely



Associate Professor John Allan
President

Ref: 19232

References

1. Dickinson H, Yates S. More than isolated: The experience of children and young people with disability and their families during the COVID-19 pandemic. Melbourne: Report prepared for Children and Young People with Disability Australia 2020.
2. People with Disability Australia. People with Disability and COVID-19. People with Disability Australia; 2020.
3. Department of Developmental Disability Neuropsychiatry. 2018 National Roundtable Communique. 2018.