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Position paper on the National Disability Strategy
MHCC ACT submission

Mental Health Community Coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

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About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation which was established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGO) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness.

The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of the ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services
- To represent our members and provide advice that is valued and respected
- To showcase the role of community-managed services in supporting peoples' recovery
- To ensure MHCC ACT is well-governed, ethical and has good employment practices.

Preamble

MHCC ACT welcomes the opportunity to provide feedback on the consultation paper on new the National Disability Strategy (NDS). As a peak body for mental health service providers, we approach the consultation paper with a lens on the inclusion of people with psychosocial disabilities and mental health issues in the Australian community. For that reason, MHCC ACT wants to encourage DSS to incorporate the relevant findings of the report of the Productivity Commission on mental health (once released) into the new NDS. The report addresses accessibility and inclusion of people with psychosocial disabilities in various domains of their lives.

Ten years ago, the Commonwealth launched the first NDS. The NDS had a clear vision to integrate people with disability in all levels of society by improving accessibility and reducing stigma. Some progress has been made, but unfortunately, there is still a long way to go before people with disability are indeed a full part of their communities.

The NDIS has improved the lives of some people with disability and made people with disability more visible in the community. However, the NDIS is only focused on a small percentage of the total population of people with disability. The majority of people with a disability are not eligible for NDIS admission. For those people, the quality of life and support has not substantially improved and in some cases, even deteriorated. MHCC ACT wants to stress to the Commonwealth and all other governments that they have an obligation to ensure that people with disability who are not eligible for NDIS are also included in our community, provided with appropriate supports, and have their needs equally met.

In the following submission, MHCC ACT will focus on what we see as the essential issues the new NDS needs to address to meet its vision in all the six outcome areas. We will respond to the questions posed in the consultation paper but also raise some issues of concern not covered in the paper.

Consultation Paper on the new NDS

Summary

- MHCC ACT agrees with the decision to keep the vision of the 2010-2020 NDS and the action areas.

- MHCC ACT would like DSS to consider adding ‘educate’ and ‘choice and control’ to the guiding principles.

- Based on the high levels of stigma and discrimination people with disabilities still face in all domains of their lives, MHCC ACT supports the emphasis on attitudinal change in the community.

- Due to the high prevalence of mental health disorders in the population and the high level of stigma and discrimination this group encounters, we advocate that this group is explicitly mentioned in the new NDS. This will increase awareness and acceptance of psychosocial disabilities.
- MHCC ACT supports the move from implementation plans to target focused and engagement plans.
- The new NDS will not be successful without a substantial injection of funding and better compliance and reporting mechanisms.
- Engagement plans have to accessible, believable, culturally appropriate and relevant for people in the community if the NDS is to achieve community buy-in.

Questions

Question 1. Do you have any comments on the vision and outcome areas being proposed for the new Strategy?

MHCC ACT supports the view that the current vision and outcome areas are still relevant. The vision of an inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community remains a noble view.

MHCC ACT would like to make the case that the new NDS explicitly mentions people with psychosocial disabilities and mental health issues. The Convention on the Rights of Persons with Disabilities explicitly includes people with psychosocial disabilities[1]. Too often, when talking about people with disabilities, this group is excluded, both in the public and government discussions. Disability is still too often associated with physical impairments.

A prime example is the NDIS. The initial proposal for the NDIS excluded people with psychosocial disabilities. The eventual NDIS was set up in a way that was not suitable for people with psychosocial disabilities. Planners and assessors denied people with psychosocial disabilities access to the NDIS, either because they didn't fit the model or due to lack of knowledge and understanding of the nature of those disabilities. The recovery model and episodic nature of people with psychosocial disabilities are often not understood by policymakers and support services or the public. A lot more education is needed.

The 2020 National Report Card on stigma and discrimination of people with mental health issues from SANE[2] reported high levels of stigma and discrimination. Between 25% and 70% of all 1,912 participants said their experiences of stigma and discrimination in the previous 12 months had affected them the most in terms of relationships, employment,

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[1] *Guiding principles of the Convention on the Rights of People with Disabilities*

[2] SANE the National Stigma Report Card 2020

healthcare services, and social media. The SANE report covers 14 life domains[3] and looks at the impact of stigma and discrimination on people with mental health issues in each domain. We encourage DSS to consider those domains to see where they overlap with and can add value to the six outcome areas.

Astonishingly 95% of people with mental health issues encountered discrimination and stigma in their relationships. 83% reported stigma and discrimination accessing healthcare services. Even when accessing mental health services, 70% raised discrimination and stigma. In the workplace, 71% of the participants experienced discrimination and stigma, and 60% encountered this in an educational setting. These high rates of stigma and discrimination led to high levels of withdrawal[4] in their personal and professional life. It is highly concerning that stigma and discrimination has caused many people living with complex mental health issues to miss out on key life opportunities, activities and social connections that are known to contribute towards personal and psychosocial recovery.

As long as people with psychosocial disabilities and mental health issues are not automatically included when discussing people with disabilities, the NDS will not meet its vision of inclusiveness. Therefore MHCC ACT encourages DSS to refer to psychosocial disabilities and mental health consistently throughout the NDS. It will improve understanding of and reduce stigma and discrimination against people with psychosocial disabilities.

Question 2. What do you think about the guiding principles proposed here?

MHCC ACT is broadly supportive of the guiding principles but wonders whether they are too general and high level? It is hard to object to principles like ‘involve and engage’; ‘universal design’, ‘engage the broader community’, ‘addressing barriers faced by priority populations’ and ‘support carers and supporters’. The question is, what do they mean in practice? How will they be implemented and monitored?

MHCC ACT notes that the guiding principles do not mention the term ‘educate’. Lack of knowledge and understanding is often the foundation for stigma and discrimination. We want to suggest education of the public and government gets included in one of the proposed principles or added as an additional principle.

Based on the data[5] on stigma and discrimination towards people with mental health issues MHCC ACT suggest including people with mental health issues in the priority populations.

Also missing from the principles is the right to choice and control for people with disabilities. To allow for people with disabilities to have full access, and be included, they have to be able to be in control of their decision making and have options. People with disabilities should be included in decisions that have an impact on them; both at a government and individual level. Choice and control are also the basic principles of the NDIS. It makes sense that the NDS aligns itself and creates consistency.

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[3] SANE national Stigma Report Card, life domains

[4] Ibid SANE

[5] Ibid SANE

Question 3. What is your view on the proposal for the new Strategy to have a stronger emphasis on improving community attitudes across all outcome areas?

Based on the fact that people with a disability still encounter stigma and discrimination in all aspects of their lives, MHCC ACT is supportive of an emphasis on improving community attitudes towards people with disabilities in the new NDS. It is highly regrettable that ten years after the first NDS, people with disabilities still suffer due to the lack of community understanding and acceptance.

MHCC ACT would like to see some more detail of how the NDS will succeed in improving community attitudes given the big task ahead. The SANE National Stigma Report Card makes some recommendations[6] that might be of use. Three broad themes came to the fore across the life domains:

1. **Education, understanding and acceptance**.
2. **Communication and visibility.**
3. **Accessible services, fair treatment and support**.

Question 4. How do you think that clearly outlining what each government is responsible for could make it easier for people with disability to access the supports and services they need?

MHCC ACT is supportive of the suggestion that the new NDS will enhance the accountability of all government levels; explicitly describing who is responsible for what is only the first step in this process. As long as there are no real consequences of not adhering to their responsibility MHCC ACT fears not much will change.

Without a robust and transparent framework with tangible implications for not meeting requirements and targets, not much will change for people with disabilities. A fit for purpose data collection system needs to be developed, to allow the performance evaluation of various stakeholders.

The issues of intersectionality experienced by many people with disabilities means that the NDS has to acknowledge that people with disabilities are more than their disability. They often engage with various government and non-government services, unrelated to their disability. It is therefore essential that the NDS actively connects with other frameworks, governments departments and services to support access for people with disability. MHCC ACT refers to the 2017 ACTCOSS submission on the Delivery of Outcomes Under the National Disability Strategy 2010-2020 to build inclusive and accessible communities[7] for further details.

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[6] SANE, The National Stigma Report Card 2020, Recommendations

[7] ACTCOSS submission on the Delivery of Outcomes Under the National Disability Strategy 2010-2020 to build inclusive and accessible communities

Question 5. How do you think the Strategy should represent the role that the non-government sector plays in improving outcomes for people with disability?

The way the paper labels the non-government sector is too arbitrary. There is a big difference between not for profit organisations and private business, for example. The different funding models, such as NDIS, direct government grants, and charitable donations, also have significant impacts on mandates and reporting responsibilities of organisations. Often ad hoc and inconsistent objectives and reporting requirements lead to a loss of valuable data and progress. As a long time advocate for better data gathering and analysis MHCC ACT supports a central and uniform, national, relevant and consistently applied data collection approach, which will allow for better resourcing, policy development and support for people with disabilities.

For the community sector to be efficient and able to provide the needed support to people with disabilities, proper resourcing and training need to be provided. The introduction of the NDIS has shown the impact of inadequate funding on service provision and the workforce Too often, people with disabilities receive substandard service due to a casualised and under-valued workforce. MHCC ACT refers to our submission to the NDIS Joint Standing Committee[8] on the NDIS workforce and the submission on NDIS support coordination[9] for more detail.

MHCC ACT believes all stakeholders have a role to play to make the community more accessible for people with disabilities. Still, more work needs to be done by DSS to address the different accountabilities in the NGO sector and how that translates in reporting and outcome measurements. Significant inefficiency is caused by the complexity of reporting to different funding bodies and the lack of consistency in service delivery requirements.

The consultation paper suggests an annual report from the National Disability and Carers Council for Disability, including outlining government commitments. MHCC ACT is supportive of a yearly report but would like to stress that the Council needs to represent a cross-section of the disability sector, representing all states and territories. As far as we know, no ACT person has been a member of the Council to date. We would also like to make a case to include at least one person with a background in mental health issues. Mental health disorders and psychosocial disabilities are no fringe issues but highly prevalent in our communities. One in five Australians suffers from a mental health disorder. Nearly half of us will experience a mental health issue during our lifetime.[10] This combined with the high level of discrimination and stigma towards people with psychosocial disabilities justifies making sure this group is represented on the Council.

MHCC ACT questions whether an annual report and a two-yearly progress report will be enough to instigate the changes the NDS aims to achieve? We advocate embedding local mechanisms to measure progress within states and territories within the NDS.

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[8] MHCC ACT submission on NDIS Workforce to the NDIS Joint Standing Committee, April 2020. This submission list all previous submission MHCC ACT compiled on the subject.

[9] MHCC ACT Submission to the consultation paper on NDIS Support Coordination, September 2020

[10] Australia insitute for Health and Welbeing, mental health)

Question 6. What kind of information on the Strategy's progress should governments make available to the public and how often should this information be made available?

The new NDS should contain a comprehensive list of indicators per outcome area, with targets, timelines and responsibilities. This list should be publicly available and regular updates on progress provided. The indicators have to be transparent and accessible to all and have a direct relationship to the issues they address. As an example, MHCC ACT refers to the National Disability Inclusion Indicator Set 2017-2013[11] developed by the Irish National Disability Authority. It has a set of 58 indicators to measure progress against their National Disability Inclusion Strategy. Additionally, we refer to the recommendations in the SANE report card[12] as an example of how to change community attitudes.

Question 7. What do you think of the proposal to have Targeted Action Plans that focus on making improvements in specific areas within a defined period of time (for example within one, two or three years)?

MHCC ACT supports the move from implementation plans to engagement and targeted action plans as long as they will be treated as living documents flexible to adapt to changing circumstances.

MHCC ACT would argue that the probability that targets will be met is low without an injection of resources. The NDS will not be successful in achieving stated goals if it doesn't come with a commitment for funding to implement plans, programs and policies. If the Commonwealth is serious about improving the inclusion of people with disabilities, there needs to be a funding plan attached to the new NDS. Changing the physical environment to enable inclusion can be expensive, educational programs are costly, creating a skilled workforce needs funding, developing a central and consistent database requires resources.

What is also missing in the NDS is a robust compliance framework. Currently, the consequences of targets not being met are insignificant. Furthermore, the onus lies with people with disability to make a complaint when they experience discrimination. MHCC ACT argues that the Human Rights Commission should be provided an own-motion power to intervene. MHCC ACT supports the request by ACTCOSS for a robust compliance-based legal framework backed by a strong implementation authority capable of enforcing standards and regulations[13]

Question 8. How could the proposed Engagement Plan ensure people with disability, and the disability community, are involved in the delivery and monitoring of the next Strategy?

To get buy-in from the disability sector and people with disabilities, engagement plans have to be fit for purpose. MHCC ACT suggests the following:

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[11] National Disability Inclusion Indicator Set 2017-2023, developed by the Irish National Disability Authority, April 2018

[12] Ibid SANE recommendations

[13] Ibid ACTCOSS

- Make it **accessible**
  All documents related to the NDS have to be easily accessible for all.
  This means to provide all relevant documentation in various formats to caters for a variety of groups. For example publications in easy English, for the vision-impaired, in multiple languages, electronic and hard copies. Additionally, all information should be easy to find and access both online and in hard copy.
- Make it **credible**
  People have to believe that governments are serious in creating an inclusive environment for people with disabilities in all areas of their lives; that the NDS has clout and is not just a tick and flick operation. Governments should create incentives for stakeholders and a positive award system when targets are met.
- Make it **cultural appropriate**
  Different groups in society have different approaches to disability and what it means for them. Not every community has the same level of acceptance of people with disability, and the plans need to cater to that. The engagement plans also need to address the social impact of policies on people with disabilities.
- Make it **relevant**
  Targets and goals have to relevant for people with disabilities and their impact on their day to day existence. The best way to do this is to engage with relevant stakeholders and approach the plans from a co-design and co-production.

Conclusion

MHCC ACT acknowledges the difficulty of developing a new NDS in consultation with relevant stakeholders. MHCC ACT supports the vision of a more inclusive and accessible community for people with disabilities. We hope that our contribution will assist in making sure the new NDS will be a relevant and practical document embraced by the whole of Australia.

The new NDS will be the responsibility of all, but a leadership role is required from all levels of governments and peak bodies. For the new NDS to be successful, it needs to come with adequate funding to instigate the changes necessary to create an inclusive society.

MHCC ACT supports the move from implementation plans to engagement and targeted action plans as long as they will be treated as living documents flexible to adapt to changing circumstances.

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