



# **Australian Psychosocial Alliance**

## **Consultation on the draft lists of NDIS Supports**

15 August 2024

## About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) is Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Stride Mental Health, Open Minds and Wellways Australia. We are specialist providers of community managed mental health and wellbeing services in Australia, with the majority of us being registered NDIS providers with a particular focus on psychosocial disability.

Members of the APA have extensive experience providing recovery-oriented care and support which focuses on personal goals, participation and living a meaningful life. We have evidence of what works, and combine this with service delivery wisdom, to provide recovery-oriented services that support people to manage their symptoms and build their capacity to participate in society and manage their lives. This includes support to sustain a tenancy, build the skills to live independently, find fulfilling work, and build social connections.

The people who access our supports come from diverse communities across Australia, with each of our organisations having a clear commitment to promoting community inclusion and participation. We have experience providing services to at risk groups, such as LGBTIQ+ individuals, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander people, as well as young people. We recognise the value of lived experience and seek to co-design services and approaches wherever possible.



## Introduction

The APA agencies have prepared this submission in good faith and have sought input from people with lived expertise within their agencies. The short time frame for this consultation has not allowed for proper consultation with people with disability and their carers/supporters and undermines key principles of the NDIS and its commitment to choice, control and codesign.

The APA seeks the Government's commitment that there will be full and proper consultation and process for the development of the new Category A rules, and that there will be investment in a process to articulate and agree to how the new "eco-system" of mental health care and community support will operate, including how it interfaces and integrates with the NDIS, foundational supports and the early intervention pathway. The new rules also need to provide for family focussed and carer interventions.

For people with an ongoing and significant psychosocial disability, the NDIS is a key source of specialist psychosocial disability support. While the needs and outcomes associated with this type of support are not necessarily different for people with other types of disability, the nature and delivery of the support can be quite different. Psychosocial disability support is often relationship based rather than transactional and has a recovery orientation – which means it promotes autonomy and self-determination. Psychosocial disability support also recognises the episodic and fluctuating support needs of people with an ongoing and significant psychosocial disability. A recovery focussed psychosocial support will work with an individual to identify how and what they need to achieve their goals and will tailor this support to an individual's capacity at the time.

The lists do not adequately reflect the types of supports that people with a psychosocial disability require and should expect from the NDIS, and they set up a framework for more confusion about what is and what is not a NDIS support and the potential exclusion of people with a psychosocial disability from the supports they need.

The new lists need further refinement in three ways:

- **Specialist nature of psychosocial disability support:** the descriptions of "what is a NDIS support" should explicitly include the unique aspects of psychosocial disability support. Similarly, the exclusions for health and mental health supports that are "not NDIS supports" should account for these specialist needs.
- **Definition and consistency for non-NDIS supports under the health and mental health categories:** The categories for "what is not a NDIS support" related to health and mental health need to be more clearly defined and use consistent language. The definitions should facilitate a smooth transition from mental health services to NDIS supports.
- **Criteria for therapeutic support which are not NDIS supports.** There should be clear criteria for distinguishing between therapeutic supports that are and are not covered by the NDIS, along with a process for regularly reviewing these criteria. This will prevent the exclusion of valuable or emerging therapies and ensure that all relevant supports are accessible to those who need them.

Further detail is provided below.

### 1. Specialist Nature of Psychosocial Disability Support

The NDIS categories of support have never been particularly responsive to the needs of people with psychosocial disability, reflecting that people with a primary psychosocial disability constitute 10% of

active participants in the scheme and that the original design did not include psychosocial disability. Over the years the NDIA and its partners have developed some understanding of how the categories apply for people with psychosocial disability. In that regard, we commend the NDIA's development and publication of the *NDIS Psychosocial Disability Recovery-Oriented Framework*, but note its influence on the NDIS and the NDIA is yet to be fully realised. The understanding that much of the work in psychosocial disability is in relation to capacity building needs to be better recognised and captured. It remains that people with psychosocial disability and their carers/supporters are still required to justify and explain what supports they need and why. With this list to be a legislative instrument, and the likelihood that it will take some time before the new Category A rules are negotiated, it is important that the definitions are fully inclusive.

More specifically:

- There is a lack of visibility of psychosocial recovery support in the support definitions for what is a NDIS support. The APA recommendations are to:
  - Add a new category of psychosocial recovery support. This would include peer support, consistent with current Australian Governments' mental health policy.
  - Add words such as "coaching", "prompting" and "motivating" or "encouraging" in addition to "assisting" and "supporting" in relation to **activities of daily living or daily personal activities**. It should be noted that the need for "prompting" can be as time intensive as "assisting".
  - Amend the description of **Exercise Physiology and Personal Well-being activities** to acknowledge that these activities also promote and encourage *psychosocial well-being*. It is well established that exercise improves mental health and wellbeing, and can be an important component of improving psychosocial functioning.
- That the carve out from mental health supports not in the NDIS removes the word "ongoing" from "ongoing psychosocial recovery support". The word "ongoing" is misleading as the NDIS needs to be able to respond to both capacity building and episodic needs.

Additionally, the definitions of **Therapeutic Supports and/or Disability-Related Health Supports** and the **carve outs for health supports** should specifically identify health related supports for psychosocial disability arising from a mental health condition. This is to ensure access to allied health supports, including psychologists, occupational therapists and social workers for people with psychosocial disability where this will improve functional outcomes and psychosocial wellbeing.

## 2. Definition and Consistency for non-NDIS supports under the health and mental health categories.

The new lists of what is not a NDIS support for health and mental health, although derived from the current APTOS tables, do nothing to improve understanding of roles and responsibilities of States/Territories regarding health and mental health nor support the transition from clinical treatment to the NDIS. It is not clear they accurately describe the current state or the future state.

The lack of response or commitment to the psychosocial unmet needs project or foundational supports for people with psychosocial disability compounds the issue, and until this work is undertaken and agreements made these new lists must not result in additional limitations regarding access to NDIS support for people with a psychosocial disability and/or push back responsibility for psychosocial disability support to States and Territories.

To this end, the mental health supports that are not in the NDIS need to be limited to those that are provided as part of clinical treatment for a mental health condition. Clinical treatment could be

defined as the stabilisation of mental health symptoms primarily through a combination of medication and psychological therapies; provided by and within public and private hospitals and in the community by private psychiatrists, other medically qualified staff (eg: general practitioners and paediatricians) and registered psychologists. Only psychosocial supports, including allied health, provided as part of clinical treatment, for example in a residential program or as an interim support as part of community based clinical treatment prior to transition to other (nonclinical) psychosocial supports (including the NDIS) would not be NDIS supports.

### 3. Criteria for therapeutic support which are not NDIS supports.

The lack of transparent criteria for what is not a NDIS therapeutic support and definitions of the therapies on the list is problematic. There are risks that the current list will:

- Reduce a participant's choice and control, including to reduce opportunities to be creative about how they purchase and organise supports to meet their therapeutic needs, including for example in rural or regional areas where there are limited options.
- Create incentives for markets (and/or individuals) to change terminology to create new programs or therapies not on the list creating confusion, and participants at risk of receiving penalties through "inappropriate" purchasing.
- Quickly become out of date and stifle innovation.

If a list is necessary then it must be codesigned with people with disability and their families and carers. The APA recommends that the list notes the criteria for defining what therapeutic supports are not NDIS supports and commits to a co-designed and delivered process which produces and regularly reviews a list of therapies that could be a NDIS support and those which are clearly not a NDIS support.

It is important that programs with emerging evidence and/or have a high value for participants (which may or may not be defined as therapies) remain available to all people with a disability.