Mental Health Australia

Submission to the Department of Social Services consultation on the draft lists of NDIS supports

16 August 2024

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Introduction

Mental Health Australia welcomes the opportunity to provide advice to the Australian Government on the swiftly developed draft lists outlining what is and is not a National Disability Insurance Scheme (NDIS) support. Achieving clarity on what is funded through the scheme is a critical success factor for NDIS reform achieving better outcomes for participants, family, supporters and carers.

Mental Health Australia notes the entirely inadequate timeframes for this consultation, with only 13 days initially for the Government's public consultation process on the draft list of NDIS supports (with a late one week extension). This incredibly short timeframe directly impacts the breadth of consultations we are able to undertake to inform our advice on this complex and incredibly significant policy. Further and ongoing consultation with the disability sector (and particularly with people with lived experience and family, carers and supporters) is critical in development of this transitional rule ('the draft lists').

Mental Health Australia also acknowledges the intention for this transitional rule to later be superseded by a Category A Rule, which will require agreement between the Commonwealth and State and Territory Governments. Robust consultation and further policy deliberation to inform development of a Category A Rule is essential to resolving long-standing issues in lack of clarity about what is to be delivered through the NDIS and what is the responsibility of other service systems.

According to the Department of Social Services' consultation structure, we have outlined below under questions 1 and 2 the amendments that should be made to the draft transitional rule. We have also highlighted issues which may not be addressed now, but must be considered as part of development of the future Category A Rule, under question 3.

In summary, Mental Health Australia recommends:

Recommendation 1: The 'NDIS supports list' should explicitly include a 'psychosocial recovery supports' item.

Recommendation 2: In the 'NDIS supports list' the description for 'Therapeutic Supports' should be amended to include a reference to improved psychosocial functioning alongside other types of functional improvement.

Recommendation 3: In the 'NDIS supports list' the description for the 'Exercise Physiology and Personal Well-being Activities' support item should be updated to read "Physical wellbeing activities to promote and encourage physical and psychosocial wellbeing, including exercise."

Recommendation 4: In the 'Supports that are not NDIS supports' list under the carve outs for the 'Mainstream – Mental Health' section, a new dot point should be included which states:

- Psychosocial services delivered by allied health professionals to lessen functional impairment related to a psychosocial disability.

Recommendation 5: In the 'Supports that are not NDIS supports' list, in the 'Mainstream – Mental Health' section, the words "ongoing psychosocial recovery supports" should be adjusted to instead read "ongoing (including episodic) psychosocial recovery supports".

Recommendation 6: Government should establish a robust and transparent process through which items are added to the list of supports that are 'Not value for money/not effective or beneficial' in the list of 'Supports that are not 'NDIS Supports'.

Recommendation 7: Government should identify a clear and simple operational process for extenuating circumstances to be considered that would permit a person to purchase supports from the list of 'Supports that are not 'NDIS Supports".

Recommendation 8: The Department of Social Services should extend the timeframe of this consultation to enable thorough consideration of the draft lists of NDIS Supports by people with lived experience of disability, carers, family and supporters, service providers and other key stakeholders across the disability sector.

Recommendation 9: Government should identify a clear process through which the transitional rule (the draft NDIS support lists) can be updated as it is being implemented.

Recommendation 10: Consultation around the Category A Rule related to Section 10 of the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill* should include thorough discussion on:

- the split in functions (and integration between) mainstream mental health services and psychosocial disability support
- integration across psychosocial services to be delivered through Foundational Supports; in response to the unmet needs analysis of psychosocial support outside the NDIS, led through the Department of Health; the proposed NDIS Psychosocial Early Intervention Service; and the NDIS
- responsibility for delivery of family focussed supports.

Mental Health Australia is the national, independent peak body for the mental health sector. We have over 140 members, including service providers, professional bodies, organisations representing people with lived experience of mental ill-health, family, carers and supporters, researchers and state and territory mental health peak bodies.

This submission has been developed through targeted consultation with Mental Health Australia members and informed by our **Advice to governments on evidence-informed and good practice psychosocial services** developed in collaboration with the National Mental Health Consumer and Carer Forum.

Question 1: Do you think the draft list of NDIS Supports covers the kinds of disability supports you think should be included?

The 'NDIS Supports List' descriptions are appropriately broad in an attempt to encompass all types of NDIS supports across the diversity of NDIS participants. However, **there are some crucial supports which are not mentioned, which people with psychosocial disability currently receive through the Scheme and should expect to continue to do so.** It is important that there is clear reference to these supports to avoid the risk that narrow interpretation of the lists leads to people being unable to purchase these supports. In particular, we have highlighted below psychosocial supports, therapeutic supports and exercise physiology and personal wellbeing activities as requiring updates in the draft 'NDIS supports list'.

Psychosocial recovery supports

Psychosocial recovery supports are not explicitly identified in the 'NDIS supports list'. Psychosocial services are supports which help people with mental ill-health in their personal recovery, to connect with their community and what's meaningful to them. They are non-clinical services and are provided most frequently by community-based organisations.

Psychosocial services have been shown to reduce the number of hospital admissions, reduce hospital length of stay, improve mental health and wellbeing, improve personal recovery, improve housing outcomes, improve health outcomes, improve physical health, increase social inclusion, improve education and employment outcomes and improve outcomes for family, carers and supporters.[1]

Mental Health Australia understands that, for example, psychosocial recovery coaching notionally sits under 'Specialised Support Coordination' in the draft 'NDIS supports list'. We also note that psychosocial recovery supports are mentioned as a 'carve out' on page 16 of the list of 'Supports that are not 'NDIS supports''. However, as psychosocial recovery supports are not explicitly mentioned in the 'NDIS supports list', there is room for narrow misinterpretation of the 'Specialised Support Coordination' to exclude psychosocial recovery coaching. To avoid this type of misinterpretation of intent, and given the critical nature of these supports, and the importance of the NDIS demonstrating that it understands and responds to the needs of people with psychosocial disability, Mental Health Australia recommends psychosocial recovery supports should be included as their own stand-alone support item in the 'NDIS supports list'.

Recommendation 1: The 'NDIS supports list' should explicitly include a 'psychosocial recovery supports' item.

[1] Mental Health Australia and the National Mental Health Consumer and Carer Forum, *Advice to governments: evidence-informed and good practice psychosocial services* (2024), https://mhaustralia.org/sites/default/files/docs/advice_to_governments_on_evidence-informed_and_good_practice_psychosocial_services.pdf.

Therapeutic Supports

The draft description of 'Therapeutic Supports' does not adequately account for the experience of psychosocial disability. It describes "Evidence-based therapy supports" which are "provided to assist a participant to apply their functional skills to improve participation and independence in daily, practical activities in areas such as language and communication, personal care, mobility and movement, interpersonal interactions and community living." Importantly, therapeutic supports can also benefit psychosocial functioning itself alongside other types of functional improvement. For example, Cognitive Behavioural Therapy for Psychosis is an evidence-based therapeutic support, which can result in improvements in functioning for people who experience psychosis.[2] As currently written, the 'Therapeutic Supports' description could be misinterpreted narrowly not to include therapy designed to improve psychosocial functioning itself, to the detriment of participants with psychosocial disability.

Recommendation 2: In the 'NDIS supports list' the description for 'Therapeutic Supports' should be amended to include a reference to improved psychosocial functioning alongside other types of functional improvement.

Mental Health Australia has included some related comments in response to Question 2 below, under the heading 'Allied health support for psychosocial disability'.

Exercise physiology and personal wellbeing activities

Under the support titled 'Exercise physiology and Personal Well-being Activities' the description states "Physical wellbeing activities to promote and encourage physical wellbeing, including exercise." There is evidence however that these types of interventions can also improve psychological wellbeing, and therefore could lessen the impact of functional impairment experienced by people with psychosocial disability.

There are a large range of physical health interventions designed to improve both the psychosocial and physical wellbeing of people with mental ill-health.[3] For example, exercise has been shown to be moderately effective in reducing negative symptoms of schizophrenia.[4] Aerobic exercise, strength exercises and yoga have all been shown to reduce psychiatric symptoms, state anxiety and psychological distress in people with schizophrenia.[5]

Leaving this section as currently written could have the unintended consequence that people with psychosocial disability miss out on these effective supports, because they require them to address psychological wellbeing (and therefore lessen the impact of their impairment) rather than solely to improve their physical health.

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[2] Anthony Morrison and Lisa Wood, "Cognitive Behavior Therapy for Psychosis (CBTp)," (2023), accessed 13 August 2024, https://oxfordre.com/psychology/display/10.1093/acrefore/9780190236557.001.0001/acrefore-9780190236557-e-329?d=%2F10.1093%2Facrefore%2F9780190236557.001.0001%2Facrefore-9780190236557-e-329&p=emailA6Hw8YK5rfksk.
[3] Sax Institute, Initiatives to improve physical health for people in community-based mental health programs (2020), https://www.saxinstitute.org.au/wp-content/uploads/21.04_Evidence-Check_physical-health-in-mental-health-in-CMOs.pdf.
[4] Paul Gorczynski and Guy Faulkner, "Exercise therapy for schizophrenia," *The Cochrane Database of Systematic Reviews* (2010), https://pubmed.ncbi.nlm.nih.gov/20464730/.
[5] Davy Vancampfort, Michel Probst, Liv Skjaerven, Daniel Catalan-Matamoros, Amanda Lundvik-Gyllensten, Antonia Gomez-Conesa, Rutger Ijntema and Marc De Hert, "Systematic review of the benefits of physical therapy within a multidisciplinary care approach for people with schizophrenia," *Physical Therapy* (2012), https://pubmed.ncbi.nlm.nih.gov/22052946/.

Recommendation 3: In the 'NDIS supports list' the description for the 'Exercise Physiology and Personal Well-being Activities' support item should be updated to read "Physical wellbeing activities to promote and encourage physical and psychosocial wellbeing, including exercise."

Question 2: Are there goods and services on the draft exclusion list that you think shouldn't be there?

Allied health support for psychosocial disability

In the 'Mainstream – Mental Health' item, "supports related to mental health that are clinical in nature, including acute, ambulatory and continuing care, rehabilitation" are identified as not a NDIS Support. However, there are some important services currently delivered by allied health professionals for NDIS participants with psychosocial disability which could be misinterpreted to fall into this category. For example, therapy delivered by occupational therapists, social workers, psychologists and other allied health professionals that focus on improving psychosocial functioning. Mental Health Australia understands these services are currently delivered under Specialist Behavioural Intervention Support or therapy related support items.

Recommendation 4: In the 'Supports that are not NDIS supports' list under the carve outs for the 'Mainstream – Mental Health' section, a new dot point should be included which states:

- **Psychosocial services delivered by allied health professionals to lessen functional impairment related to a psychosocial disability.**

Defining the 'carve out' for recovery supports

In the 'Supports that are not NDIS supports', the list under 'Mainstream – Mental Health' includes a carve out for 'ongoing psychosocial recovery supports'. Mental Health Australia strongly supports the delivery of psychosocial recovery supports through the NDIS and this carve out. However, the use of the term 'ongoing' on its own is concerning. Psychosocial disability is often episodic in nature and accordingly the intensity of need for psychosocial support can fluctuate over time. As currently worded this section risks misinterpretation where a support could not be funded through the NDIS if it is not stable across time.

Recommendation 5: In the 'Supports that are not NDIS supports' list, in the 'Mainstream – Mental Health' section, the words "ongoing psychosocial recovery supports" should be adjusted to instead read "ongoing (including episodic) psychosocial recovery supports".

A transparent process for the list of supports that are 'not value for money/not effective or beneficial'

It is important that the NDIS identifies clear boundaries around what it will and will not fund. But this should be balanced against ensuring choice and control is protected to the greatest

extent possible for NDIS participants. There are two steps government should take to strike a better balance.

First, there is a need to identify a transparent process for items to be added to the list of supports that will not be funded as they are 'Not value for money/not effective or beneficial'. It is important that government is accountable for decisions it makes about what not to fund through the NDIS and provides the public with information about how robust decisions are made around certain supports which Government perceives to be lacking an evidence base. Including items on this list limits the exercise of choice and control by participants, so it is important that there is a robust process in place and careful decisions are made about inclusions of items on this list. In addition, strict adherence to such a list could result in the unintended consequences of stifling innovation or limiting access to supports that are beneficial for some people but not the majority of people. It is important that programs that are of high value to participants, but for which the evidence is building, are still available to NDIS participants.

One example of a support proposed to be included on this list, which requires careful consideration, is Yoga Therapy. A recent systematic review and meta-analysis found that for people living with schizophrenia "Yoga was associated with significant reductions on negative and positive symptoms, and significant improvements in [Quality of Life] as well as social functioning in patients".[6] Given the potential for yoga to support minimizing the impact of functional impairment and that there is building evidence for this support, it is important that Government has a robust and transparent process for deeming this and other supports as 'not value for money/not effective or beneficial', or that Yoga Therapy be removed from this list.

Recommendation 6: Government should establish a robust and transparent process through which items are added to the list of supports that are 'Not value for money/not effective or beneficial' in the list of 'Supports that are not 'NDIS Supports'.

Secondly, governments should establish an explicit and simple process whereby extenuating circumstances are explored to enable participants to purchase supports from the list of 'Supports that are not 'NDIS supports". This is crucial to maintain individually tailored supports which is at the heart of the NDIS, while providing overall clarity and consistency.

For example, while the purchase of a smart watch may not be considered a disability support for most NDIS participants, the context a participant lives within and the functional impairment/s they are managing, may deem it to be a disability support for their specific situation. For some participants who require prompting regarding medication management, smart watches (currently included in the list of 'Supports that are not 'NDIS supports") can be used to assist with setting reminders about taking medication, which for some people could lessen the time needed for a support worker to be present. The NDIS should continue to support the innovative use of everyday items as cost-effective disability related supports.

Another example is implementation of NDIS plans in rural and remote areas or other areas where there are thin markets. Where there are very limited options, for some participants, this means acting creatively with the supports that are available to implement their specific plans.

[6] Jingyu Yin, Yuqi Sun, Yikang Zhu, Hairulajiang Alifujiang, Yi Wang, Siyoa An , Huiqun Huang, Xi Fu, Hong Deng, and Ying Chen. "Effects of yoga on clinical symptoms, quality of life and social functioning in patients with schizophrenia: A systematic review and meta-analysis," *Asian Journal of Psychiatry* (2024), https://pubmed.ncbi.nlm.nih.gov/38342034/.

It may be that the best option available to someone living in a remote area happens to be a support listed in the 'Supports that are not 'NDIS supports" list. In this case, and if the support is helpful to the person, there should be a simple process in place whereby they can seek to purchase the support due to extenuating circumstances.

Further, there is a concern that these detailed lists of supports will inadvertently decrease access to cost-effective 'mainstream' items and supports people use to manage the functional impacts of their disability, in favour of more costly disability-specific supports. This has the risk of both greater financial cost to the Scheme, and exclusion for people with disability from mainstream community supports and activities. For example, the Supports that are not 'NDIS supports' list excludes purchasing gym memberships as a NDIS support. We have highlighted above the benefits of exercise for people with psychosocial disability. While NDIS participants could arguably use facilities through an exercise physiologist (which is included in the 'NDIS Support Lists'), for some people this would be a more expensive (and perhaps unnecessarily intensive) alternative. It also inadvertently pushes people into disability specific services and away from a mainstream alternative, the latter of which could potentially aid social inclusion.

A clear and accessible process for exemptions to utilise NDIS package funding for items on the 'Supports that are not 'NDIS supports" list is clearly needed.

Recommendation 7: Government should identify a clear and simple operational process for extenuating circumstances to be considered that would permit a person to purchase supports from the list of 'Supports that are not NDIS Supports'.

Question 3: Do you have any further feedback or concerns with the draft NDIS Supports lists?

Mental Health Australia understands the intention of this transitional rule is to set out what is currently accepted to be a NDIS support and exclude specific items which are not NDIS supports. However, there is a need for a more thorough public consultation process around what should and should not be a NDIS support. Such a conversation should occur both now in relation to the transitional rule and through development of the Category A Rule relating to Section 10 of the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill 2024* ('the Category A Rule').

As noted in the introduction to this submission, the process and timeframes for this consultation are entirely inadequate. At a minimum, more time should be provided to allow the disability sector (including people with lived experience, carers, family and supporters) the opportunity to thoroughly consider the transitional rule, which will have a profound impact on peoples' lives. In addition, given the rapidity with which the transitional rule has been developed and the potential need for amendments as lessons are learned through implementation, there should be a clear process through which the transitional rule can be updated.

Recommendation 8: The Department of Social Services should extend the timeframe of this consultation to enable thorough consideration of the draft lists of NDIS Supports by people with lived experience of disability, carers, family and supporters, service providers and other key stakeholders across the disability sector.

Recommendation 9: Government should identify a clear process through which the transitional rule (the draft NDIS support lists) can be updated as it is being implemented.

Mental Health Australia's view is that it is critical that there is also a genuine and thorough consultation process around the development of the Category A Rule.

There are significant issues that have not been addressed in the draft lists that must be further considered and consulted on in development of the future Category A Rule. The split in what is delivered through mainstream mental health services and what is considered a psychosocial disability support and funded through the NDIS needs further consultation and clarification. One example as highlighted above, is that allied health professionals should be able to deliver psychosocial support to reduce functional impairment through NDIS funded supports. While we have recommended changes to the lists to ensure these services continue to be delivered through the NDIS, there is more work to do to clarify the interface between the NDIS and mainstream mental health more broadly. Issues at the interface between these two systems are so complex that the NDIS Review recommended the establishment of "an integrated complex care coordination approach with public mental health systems for participants with complex needs".[7] It also recommended the NDIS and state and territory governments develop Memoranda of Understanding to "operationalise the approach to psychosocial disability supports."[8] There is a clear need for concerted efforts to clarify the roles and responsibilities at the interface between mental health and NDIS and improve integration across this system interface.

In addition, development of the Category A Rule will also need to take into account services to be delivered through NDIS Foundational Supports; psychosocial supports funded in response to the unmet needs analysis of psychosocial support outside the NDIS, led through the Department of Health; and the proposed NDIS Psychosocial Early Intervention Service. It will be important for there to be integration between all of these services to achieve a seamless experience for people accessing them, which minimises interruption of supports and retelling of potentially traumatic personal histories. This will also be necessary to avoid duplication of service across these funding streams. Well integrated administrative arrangements across these services will also assist service providers (who often deliver services across multiple funding streams) to operate efficiently and therefore more effectively.

Finally, appropriate funding for family focussed supports should be considered as a part of the consultations around the development of the Category A Rule. Psychosocial recovery is inherently relational in nature. Psychosocial services should help to nurture the key positive relationships in a person's life. This includes the provision of family focussed services. For example, in recent consultations undertaken by Mental Health Australia and the National

[7] NDIS Review, *Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme: Final Report* (2023), 8, https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf.
[8] NDIS Review, *Working together to deliver the NDIS: Independent Review into the National Disability Insurance Scheme: Final Report* (2023), 137, https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf.

Mental Health Consumer and Carer Forum,[9] key stakeholders identified the practice of 'Open Dialogue' (a family focussed psychosocial support) as a key family focussed service for which the evidence base is building.[10] As currently written it is unclear whether this type of support is considered a NDIS support or not.

Recommendation 10: Consultation around the Category A Rule related to Section 10 of the *National Disability Insurance Scheme Amendment (Getting the NDIS Back on Track No. 1) Bill* should include thorough discussion on:

- **the split in functions (and integration between) mainstream mental health services and psychosocial disability support**
- **integration across psychosocial services to be delivered through Foundational Supports; in response to the unmet needs analysis of psychosocial support outside the NDIS, led through the Department of Health; the proposed NDIS Psychosocial Early Intervention Service; and the NDIS**
- **responsibility for delivery of family focussed supports.**

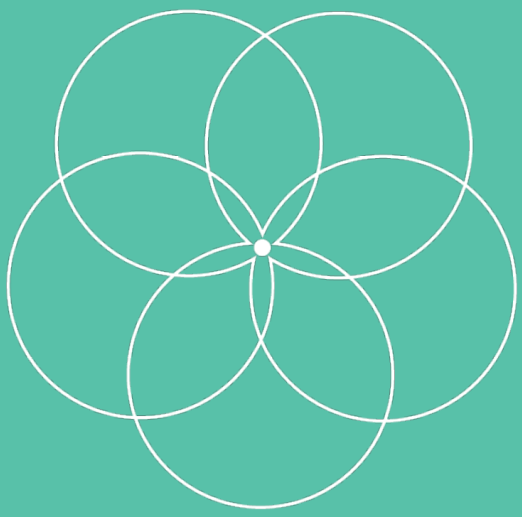
Conclusion

Mental Health Australia welcomes the opportunity to provide input on these crucial lists that describe what will and won't be funded through the NDIS, until the development of a future Category A Rule. Mental Health Australia calls on the Australian Government to implement the recommendations made in this submission, to ensure people with psychosocial disability have ongoing access to evidence-based supports designed to improve psychosocial functioning through the NDIS. Implementation of these recommendations will also assist with safeguarding the exercise of choice and control by people with psychosocial disability.

Mental Health Australia looks forward to continuing to work with government to improve the NDIS so that people with psychosocial disability, families, carers and supporters achieve the best possible outcomes.

[9] Mental Health Australia and the National Mental Health Consumer and Carer Forum, *Advice to governments: evidence-informed and good practice psychosocial services* (2024), https://mhaustralia.org/sites/default/files/docs/advice_to_governments_on_evidence-informed_and_good_practice_psychosocial_services.pdf

[10] Abigail Freeman, Rachel Tribe, Joshua Stott, Stephen Pilling, "Open Dialogue: A Review of the Evidence," *Psychiatric Services* (2019), https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201800236.



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Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

Mental Health Australia Ltd
9-11 Napier Close
Deakin ACT 2600
ABN 57 600 066 635

P 02 6285 3100
F 02 6285 2166
E info@mhaustralia.org