12 April 2017

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6101
Parliament House
Canberra ACT 2600

Dear Joint Standing Committee on the National Disability Insurance Scheme

On behalf of the Australian Healthcare and Hospitals Association (AHHA), the national peak body representing public hospitals, Primary Health Networks, community health centres, and other health service providers, I am pleased to provide the following information as part of the inquiry being undertaken by the Joint Standing Committee on the National Disability Insurance Scheme into the provision of services under the National Disability Insurance Scheme (NDIS) for people with psychosocial disabilities related to a mental health condition.

The NDIS funds disability support and a range of related services designed to maximise the independence of a person with a disability. While the NDIS is not a health scheme, it does intersect with the health system on a number of levels. To ensure the NDIS does not lead to fragmented care for participants, the Department of Health, the Department of Social Services and the NDIA need to work closely to monitor and resolve issues arising from this intersection.

Integrated care across sectors
The complex needs of people accessing services under the NDIS with psychosocial disability related to a mental health condition are often diverse and multifaceted. These individuals often require input from multiple and various service providers across the human service sector. These care systems and funding streams can be notoriously difficult to navigate—both within and across.

The rules specify that the NDIS will be responsible for "supports that are not clinical in nature and that focus on a person's functional ability, including supports that enable a person with a mental illness or psychiatric condition to undertake activities of daily living and participate in the community and social and economic life." [1]

It is necessary to note that the NDIS does not cover "(a) supports related to mental health that are clinical in nature, including acute, ambulatory and continuing care, rehabilitation/recovery; or (b) early intervention supports related to mental health that are clinical in nature, including supports that are clinical in nature and that are for child and adolescent developmental needs; or (c) any residential care where the primary purpose is for inpatient treatment or clinical rehabilitation, or where the services model primarily employs clinical staff; or (d) supports relating to a co-morbidity

[1] Australian Government 2013, 'National Disability Insurance Scheme (Supports for Participants) Rules 2013', *Federal register of Legislation*, p. 15, available at: https://www.legislation.gov.au/Details/F2013L01063, accessed: 10 April 2017.

with a psychiatric condition where the co-morbidity is clearly the responsibility of another service system (for example, treatment for a drug or alcohol issue)." [2]

The disconnect arising between health and disability creates problems for those accessing services from both sectors or when transitioning between services across sectors, for example when transitioning back to home following an acute exacerbation of a mental health condition requiring hospitalisation.

The complex intersection between disability, mental health, and acute, primary and community health compels services to provide integrated and coordinated care. This must consider the full spectrum of mental, physical and social wellbeing rather than just specific diseases/conditions, impairments or disability alone. Services and programs must ensure that care is provided using a person-centred approach with improved integration to minimise the fragmented care caused by the health and disability silos. This will require active, joint collaboration to develop appropriate policy responses to enhance the provision of integrated support and care.

Eligibility and transition

People with psychosocial disabilities related to a mental health condition may have limited access to the NDIS due to the strict eligibility criteria. Those with severe episodic or prolonged disease, but not permanent disease, are excluded from the NDIS. Concurrently, federal and state funding for current mental health psychosocial services is being rolled into the NDIS. This includes the federally funded Partners in Recovery and Personal Helpers and Mentors programs. Individuals with severe disability who have previously been eligible for these programs may no longer be able to access the psychosocial support they provide due to NDIS ineligibility—leaving these individuals and their families to potentially fall between the cracks.

While the NDIS has much to commend it in its approach to improving funding arrangements for people with disability, there are significant negative consequences for people who do not meet eligibility criteria. It is the AHHA's view that no person with a mental health condition should be worse off as a result of the NDIS. Those individuals requiring psychosocial support must be able to obtain the care they need, either via greater access to the NDIS for these individuals (i.e. relaxing the permanent requirement of disease) or via continued funding of current programs, or new programs that could provide equivalent service, outside of the NDIS. Addressing this issue is now a matter of considerable urgency, both for people with mental illness and their families and carers, and for the health and social services sectors, where the impacts of poor program design are likely to be realised.

Yours sincerely

Alison Verhoeven
Chief Executive

[2] Australian Government 2013, 'National Disability Insurance Scheme (Supports for Participants) Rules 2013', *Federal register of Legislation*, p. 15, available at: https://www.legislation.gov.au/Details/F2013L01063, accessed: 10 April 2017.