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Productivity Commission
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Submission: Productivity Commission Inquiry into Disability Care & Support: Draft Report

MHCC is the peak body representing community managed organisations (CMOs) in NSW. CMOs provide a range of clinical, psychosocial, education and information resources and services with a focus on recovery orientated practice. MHCC's membership consists of over 250 CMOs whose business or activity is wholly or in part related to the promotion and/or delivery of services for the wellbeing and recovery of people affected by mental health problems. Working in partnership with both State and Commonwealth governments to promote recovery and social inclusion for people affected by mental illness, we participate extensively in mental health policy and sector development and facilitate linkages between government, non-government and private sectors. We consult widely in order to respond to legislative reform and sit on national and state committees and boards in order to affect systemic change. MHCC also manage and conduct research projects and develop collaborative programs on behalf of the sector. We are a Registered Training Organisation delivering nationally accredited mental health training and professional development to the workforce.

MHCC welcome the opportunity to comment on the Draft Report Paper undertaken by the Productivity Commission to identify the best national disability scheme for the support of people with disabilities, and to investigate how such a scheme could be designed, administered, financed and implemented.

MHCC provided a submission to the Commission in August 2010, and whilst we do not intend to re-iterate recommendations made in that submission we are concerned that the Commission still seem to be grappling with the concept of psychosocial disability, whose responsibility it is to support people with mental illness and moreover the critical role the community sector plays in providing services to people with psychosocial disability. However, we propose that we are all presented with the dilemma as to how a national disability insurance scheme could integrate shared responsibilities across two systems.

Whilst MHCC support the proposal for a National Disability Insurance Scheme (NDIS) for people with disability as outlined in our previous submission, we do see potential for some negative impacts of including people with psychosocial disability in an NDIS. In particular we believe there is serious risk that access to a wide range of community services might rapidly deteriorate as a result of direct consumer choice and payment to suppliers which will have the impact of core funding being withdrawn from the very services in the community that consumers want to access. Community organisations provide a wide range of rehabilitation and recovery services to consumers providing supported accommodation, self-help and peer support, clinical and therapeutic programs, leisure and recreation programs, help lines, day to day living skills and education as well as employment programs and supports, and we are concerned that future funding will be severely compromised should the NDIS become the primary system through which funds are allocated to people with psychosocial disability.

Market forces have a way of advantaging large providers and ultimately dramatically reducing the range, diversity and responsiveness of providers. We are concerned that access to a diverse community based service system providing recovery orientated evidence based outcomes is not compromised by the introduction of an NDIS. MHCC suggest that whilst government characteristically prefer fewer providers, principles around community participation, local need and service variation and dynamic and responsive services may be compromised through an unregulated market approach.

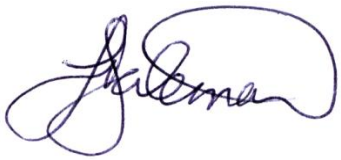
We are also concerned that a disability insurance scheme for people with psychosocial disability will be problematic particularly when determining the criteria by which people are assessed. Traditional and mainstream mental health assessments characteristically fail to identify the most disabling aspects of psychosocial disability and we strongly support the statement that: *people should be given much greater power and choice in a new system, with the objective of giving people greater control and flexibility over their lives* (Chap.6). We propose that within a model of recovery orientated practice, community managed organisations support an individualised approach to assessing the holistic needs of consumers and carers incorporating the provision of access to clinical interventions as well as the supports necessary to promote community participation and social inclusion, maximising consumer choice and enabling people to access services as and when they need them. What we advocate is for the government to follow up on its promises to improve the lives of people with psychosocial disability by dramatically increasing its commitment to a broad range of community based services, and ensuring that they are sustainably funded. A critical element to this is the establishment of an independent advocacy network to assist people in decision making so that they can be empowered to maximise autonomy and choice.

Whilst we acknowledge that the World Health Organisation has developed what is the most robust and effective assessment tool – the International Classification of Functioning Disability and Health (ICF) there is little research into the experiences of people with psychosocial disability in Australia. Existing evidence mainly centres on medical interventions and treatment. Whilst this information is important, it only forms part of the picture. Until an assessment process has been researched and found appropriate to the Australian context we are unlikely to satisfactorily meet the needs of consumers and their carers through an insurance scheme. We propose that such a scheme has the potential to put people further at risk of falling through the gaps if they fail to meet (worst case scenario) criteria when they are assessed. The ICF has been used to inform Job Capacity Assessments and there are reports that it has presented problems but we are unclear whether this is a limitation of the assessment tool or the shortcomings in its utilisation. Until assessment tools and processes are sufficiently developed in consultation with consumers and carers, any insurance scheme assessment process will be inadequate for purpose.

Disability associated with mental illness in many cases is episodic and we are concerned that an NDIS will lack the sensitivity to assess disability adequately whilst also encouraging people to achieve their recovery and rehabilitation aims. An NDIS has the potential to keep people presenting at high disability levels to avoid being financially penalised under the program. MHCC sees this as a critical dilemma for the participation of people with episodic disability as a result of mental illness under the proposed NDIS and believe it requires extensive research prior to adoption of the NDIS for people with psychosocial disability as a result of mental illness.

MHCC thank the Commission for its interest in our perspectives on their draft report and express our willingness to be contacted for any further feedback.

Yours sincerely,



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