



WAAMH

**Western Australian Association
for Mental Health**

Submission

Review of the National Disability Advocacy Program

June 2016

Western Association for Mental Health
1 Nash St, Perth, WA 6000

ABN: 15 165 640 637

T: 08 6246 3000 E: info@waamh.org.au W: waamh.org.au

Background

Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing the community-managed mental health sector in WA. With around 150 organisational and individual members, its vision is 'as a human right, every one of us who experiences mental health issues has the resources and support needed to recover, lead a good life and contribute as active citizens.' WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery. Further information on WAAMH can be found at waamh.org.au

Introduction

The need for independent advocacy for people with psychosocial disability is evident. Power imbalances between mental health consumers and services due to historical approaches to mental health services and supports and ongoing stigma and discrimination, contribute to the need for effective, independent advocacy for many people with mental health issues.

Carers and family members may provide significant family advocacy for mental health consumers, and there is sometimes an assumption that this will be available. Family advocacy can be very effective, but can also be subject to conflict of interest, and may not be available when relationships are strained or distant.

WAAMH supports the National Disability Advocacy Program (NDAP) Review's attention to how the arrangements for independent advocacy should occur in the context of changes to the disability and mental health sectors, including the introduction of the National Disability Insurance Scheme (NDIS).

WAAMH particularly welcomes the assurance in the 'Review of the National Disability Advocacy Program Discussion Paper' (Discussion Paper) that the Commonwealth Government commits to maintaining a strong and effective program of independent advocacy for all people with disability into the future.

WAAMH supports the vision for NDAP outlined in the Discussion Paper; that the NDAP will provide accessible, timely, appropriate and independent advocacy support to people with disability irrespective of their age, disability type, cultural background, or place of residence.

This submission provides information about how best to ensure that people with psychosocial disability have access to independent advocacy, with a particular focus on those consumers accessing or seeking to access the NDIS.

Models of Advocacy

WAAMH strongly supports the availability of the various models of advocacy identified in the Discussion Paper: individual advocacy, systemic advocacy, citizen advocacy, family advocacy, self-advocacy and legal advocacy. Ideally all models would be available in all locations.

WAAMH further supports the model of peer advocacy outlined in Consumers of Mental Health WA 'Submission to the Review of the National Disability Advocacy Program'. Peer support and peer advocacy are contemporary approaches that can deliver improved outcomes for people with disability; this should be explicitly recognised by NDAP.

Recommendation:

- 1. That peer advocacy is recognised as a distinct and valued approach to advocacy across all advocacy models.**

Improving Access to Advocacy Supports

Access

WAAMH provided a submission to the review of the National Disability Advocacy Framework in which we argued for more consistent inclusion of and access to independent advocacy for people with psychosocial disability.¹

It is evident from the NDAP service directory, that not all people with disability can equitably access NDAP. Some NDAP services are only available to people with certain kinds of disability or cultural background, and there is no specific NDAP funded service for people with psychosocial disability. There are serious gaps in services for people in rural and remote areas and Aboriginal and Torres Strait Islander peoples.

It is also evident, that except for one part of metropolitan Perth, there is no choice of provider even where NDAP is available. In keeping with the principles of consumer choice, more than one provider and advocacy type should be available.

Experience with the NDIS shows that not all disability providers have the staffing, skills and knowledge to most effectively support people with psychosocial disability. To further equity of access to independent advocacy, capacity building may be required for NDAP providers.

Recommendation:

- 2. NDAP funding increases with attention to equity of access and provider choice across Western Australia**
- 3. Capacity building needs of NDAP funded providers be considered in the Review of NDAP.**

The NDAP funding increases should be informed by consultation with people with disability including those with psychosocial disability, and Aboriginal peoples.

¹ WAAMH, 2015, 'Submission to the Review of the National Disability Advocacy Framework'
<https://waamh.org.au/assets/documents/systemic-advocacy/waamh-submission-review-of-national-disability-advocacy-framework.pdf>

Experience with the NDIS shows that people with psychosocial disability are less likely to identify as having a disability, and less likely to seek out disability services. It may therefore be necessary that NDAP service models provide outreach and information to mental health consumers accessing the health system, which is the traditional service system for mental health, to ensure that services are accessible to people who may be less likely to seek out disability specific services.

NDAP Eligibility

WAAMH is pleased to see that the NDAP target group continues to include people with psychiatric impairment and we support the continued inclusion of this group.

However, WAAMH is concerned that both the NDAP and the NDIS have eligibility criteria that specify that a person's disability must be permanent or likely to be permanent. This is particularly restrictive for people with psychosocial disability.

While permanency is often intrinsic to definitions of other disabilities, most people with psychosocial disability have support needs that fluctuate over weeks, months or their lifetime, often related to the episodic nature of their illness. Further, many people with mental illness recover, although it is difficult to predict which people will require long-term support and which will recover sufficiently to no longer require it.² The recovery rates identified in research vary widely, in part due to the nature of the research, the illness and the definition of recovery used. Nevertheless, it is clear that people with severe and persistent mental illness can recover.

Language is also important for other reasons, well-articulated by the Mental Illness Fellowship:

“... the language of permanent impairment [is] stigmatising and disempowering. It takes away hope and undermines personal recovery. We have been told by consumers that engaging with a program where evidence of permanent impairment is required presents major barriers to engagement.”³

WAAMH's reading of the *Disability Services Act 1986* is that all people with disability should be equal to each other and to people without disability. Yet the requirement for a permanent disability to access NDAP disadvantages potential advocacy recipients with psychosocial disability compared to those with other disability types.

As NDAP is the only Commonwealth funded advocacy for people with psychosocial disability it is essential that this service be inclusive, rather than holding tight eligibility criteria that both excludes and stigmatises mental health consumers.

The same requirement for permanency is in place to enable access to the NDIS. With this requirement in place in both programs, it is likely that many people with psychosocial disability will have access to neither. Given that NDAP providers have reported to us that the demand for advocacy by people with psychosocial disability is increasing in order to support their access to and engagement with the NDIS, this is a serious and significant gap.

² 2014, Centre for Mental Health, University of Melbourne, 'Mental health and the NDIS: A literature review'

³ Ibid , p. 3

Recommendation:

- 4. That the NDAP eligibility requirement for permanency is removed, and amended to simply ‘people with disability’, as broadly recognised in the UN Convention of the Rights of Persons with Disabilities.**

Improving the Evidence Base and Coordination in Systemic Advocacy

WAAMH welcomes the Commonwealth’s recognition in the Discussion Paper of the importance of both individual advocacy and systemic advocacy, and the need for a strong connection between the two.

The importance of individual and systemic advocacy has been repeatedly raised by consumers, carers, family members and service providers in the context of people with psychosocial disability wishing to access the NDIS in the Western Australian trial sites.

NDIS and NDIS My Way Capacity Building projects in Western Australia have been in place for the past twelve months. These include WAAMH’s NDIS My Way [Community of Practice](#), WAAMH’s NDIS Peer Support Project, and Consumers of Mental Health WA [NDIS My Way Consumer Carer Peer Network](#). The need for advocacy at individual and family levels has been a strong theme in all of these projects⁴.

NDIS systemic issues for mental health consumers and carers have been well documented by WAAMH, mental health consumers, carers and organisations.⁵

With the introduction of the NDIS, access to disability supports will increase for people with disability across Australia. Within this context, that of a growing population, and the limits of current access to independent advocacy outlined earlier in this submission, there is also a need for continuing and increased funding for systemic advocacy under NDAP.

We support the intent in a reformed NDAP’s vision that a data collection system would contribute to the evidence base and provide information on systemic issues to policy makers. WAAMH believes that this information should also be made publicly available to enable people with disability, their families, carers and organisations that support them also have access to these learnings.

Recommendation

- 5. That this evidence base and information be made publicly available.**

It is critical that systemic advocacy is informed by individual advocacy, however WAAMH has had feedback that the coordination between organisations funded to provide individual advocacy and systemic advocacy may not be consistent across Australia. The challenges of resourcing the various activities required to enable effective collaboration between organisations and individuals at the coal face and those working systemically include time, resourcing, skills, and priorities. The role of

⁴ Psychosocial Supports Projects – Three Projects Reference Group meeting 8 June 2016.

⁵ For example, <https://waamh.org.au/assets/documents/projects/psychosocial-disability-support-through-the-wa-ndis-my-way-trials.pdf> and as previously cited in this submission

systemic NDAP providers to facilitate collaborative working with other NDAP providers should be clarified and extended.

Recommendation

- 6. That the Commonwealth include and resource collaborative working to inform systemic advocacy in all NDAP funded services.**

The Interface with NDIS and Addressing Conflicts of Interest

WAAMH supports the Productivity Commissions recommendation that advocacy is funded and delivered separately from the NDIS.

WAAMH also supports the role of NDIS and other disability and mental health providers to assist clients with 'advocacy', but wishes to distinguish this from independent advocacy. This less formal advocacy, sometimes provided under the banner of care coordination, remains critical to support and enable consumers to access mental health and disability supports, as well as those from broader health, social, housing and justice service systems. It can result in improved outcomes for consumers, and could reduce the potential demand for independent advocacy. For example, Partners in Recovery (PiR) providers are supporting PiR consumers to become an NDIS participant, to represent their interests and to secure an NDIS funded plan.

WAAMH has received reports that the NDIS System in particular is designed around the flawed assumption that the individual is able to advocate for themselves. There is an assumed capacity and knowledge including that: individuals understand the new system, can articulate personal requirements and goals, understand what services are available, and have good self and/or family advocacy skills. This is however often not the case for mental health consumers.

We also note that the broader NDIS context includes the roll in of the mental health programs Personal Helpers and Mentors, and Partners in Recovery, which will likely result in reduced access to the informal advocacy provided by these services. In this environment we expect to see an increased demand for independent advocacy.

Recommendation:

- 7. That the NDAP Review consider the likely increased demand for independent advocacy associated with the NDIS roll out.**

As described earlier in this submission, WAAMH received strong input from consumers, carers, family members and organisational members that independent advocacy is required. There remains a concern that NDIS providers can provide both NDIS plan services and supports, and NDAP funded advocacy. The conflict of interest here is evident, and we remain concerned that the proposed conflict of interest mechanisms identified as required in the Discussion Paper and endorsed by COAG will be insufficient to guarantee independent advocacy.