



**WAAMH**

**Western Australian Association  
for Mental Health**

22 February 2021

**Mr Martin Hoffman**

Chief Executive Officer  
National Disability Insurance Agency  
GPO Box 700  
Canberra ACT 2601

Dear Mr Hoffman,

**RE: Access and Eligibility Policy with Independent Assessments**

The Western Australian Association for Mental Health (**WAAMH**) is the peak body for community mental health in Western Australia. WAAMH influences community attitudes, mental health priorities, policy and practice through mental health promotion, systemic advocacy and development so Western Australians have the rights, resources and support needed for mental wellbeing, recovery, and citizenship. One of the main change priorities of our Strategic Plan 2019-2024 is to influence NDIS implementation in WA to ensure its responsive for people with psychosocial disability, in order to achieve our organizational vision. WAAMH welcomes the National Disability Insurance Scheme's invitation to lodge a submission in relation to the [Access and Eligibility Policy with Independent Assessments](#).

This submission to the Access and Eligibility Policy with Independent Assessments (**IAs**) is focused on the needs and experiences of NDIS participants, or prospective participants, with psychosocial disability. It has been informed by our NDIS Mental Health Sector Reference Group which includes NDIS participants and family members, lived experience peak bodies and service providers; formal and informal consultations; and WAAMH staff with expertise in psychosocial service provision, policy, advocacy, workforce development and quality assurance processes.

**Learning about the NDIS**

1. What will people who apply for the NDIS need to know about the independent assessments process? How is this information best provided?

The NDIS should be as transparent with participants and potential participants as possible, clearly outlining, in plain language, why the independent assessments have been introduced, the importance and role of the independent assessment, who will undertake the assessment, and how it will be undertaken.

**Recommendation:** WAAMH suggests this information could be provided as part of the Participant Information Pack and should be provided well in advance of the assessment occurring, to allow the participant sufficient time to understand what will happen and ask any questions they may have. This could include a dedicated email or phone number through which they can contact for more information or have someone contact on their behalf to answer any questions they have or seek additional information.

### **Accessing the NDIS**

3. How can we clarify evidence requirements from health professionals about a person's disability and whether or not it is, or is likely to be, permanent and life long?

In the NDIA's consultation paper on Access and Eligibility Policy with Independent Assessments, it is said that all NDIS applicants are required to provide evidence of their disability and its permanency before they are even offered an independent assessment<sup>1</sup>. As it is common knowledge that gathering evidence is difficult and often very expensive for people with psychosocial disability, it is hard to see how this will create equity for access into the Scheme. This creates a barrier to access before the barrier to functional assessments is even considered. The introduction of the Independent Assessment process and need for a permanency diagnosis, are not in line with a Recovery-Oriented approach.

**Recommendation:** WAAMH recommends the NDIA take a more Recovery-Oriented and strengths-based approach to access, eligibility and assessment for people with psychosocial disability, to instil a sense of hope and recovery within these participants.

### **Undertaking an independent assessment**

5. What are the traits and skills that you most want in an assessor?

For those undertaking assessments of people with psychosocial disability, assessors should possess deep understanding of the range of experiences and needs of people with psychosocial disability, and skills of Recovery-Oriented practice and Trauma-Informed care to ensure that the assessment are done with a strengths-based focus and do not retraumatize a Participant due to having to repeat their story again, to a stranger.

WAAMH regularly receives reports from providers and participants about the varied level of understanding of psychosocial disability amongst planners and that this results in significant inconsistency in plans, both in the types of supports funded and the amount of supports funded. Recently these reports have focused most on the lack of understanding of Recovery Coaching, with planners incorporating funding for Recovery Coaching into

---

<sup>1</sup> <https://www.ndis.gov.au/community/have-your-say/access-and-eligibility-policy-independent-assessments>



Western Australian Association  
for Mental Health

participants plans, where psychosocial disability is their primary disability. This often happens but the details may not fully be explained to participants, meaning the supports go unused or they lose their existing Support Coordinator relationship, for example. Providers have also reported receiving participants' plans that include Recovery Coaching, but the details are not in keeping with the role of that support. Examples include complex support coordination described as recovery coaching, and at the other end of the spectrum take away meal pick up and other core supports described as Recovery Coaching.

While this is a new and not yet well understood support, this is merely the latest example of NDIA staff and their delegates not understanding psychosocial disability, resulting in inequitable plans and access issues.

As such WAAMH is concerned that similar lack of depth in understanding psychosocial disability will occur amongst independent assessors, which may result in inequitable access to supports for people with psychosocial disability.

**Recommendation:** *The Independent Assessment for Participants with psychosocial disability should be done by a health care professional whom they are already familiar with.*

**Recommendation:** *The NDIA or its delegate should require all independent assessors to have extensive skills in working with and assessing people with psychosocial disability, and to undergo in depth training in understanding psychosocial disability, and in trauma informed care, and provide access to this training (perhaps through state and territory peak bodies that hold this expertise).*

6. What makes this process the most accessible that it can be? For example, is it by holding the assessment in your home?

Due to the episodic nature of psychosocial disability, ideally the assessment would take place over several weeks/days to adequately capture the nature and impact of the psychosocial disability on the participant. Conducting an assessment on a single day by an unknown individual to the participant is unlikely to adequately capture the full impact of that person's disability.

WAAMH supports the NDIS's decision to include someone else who knows them well to attend the independent assessment, such as a family member or support person. However, participants with psychosocial disability may suffer from increased isolation and not have this support person available to them.

7. How can we ensure independent assessments are delivered in a way that considers and promotes cultural safety and inclusion?

**Recommendation:** WAAMH proposes that assessors should be educated and trained in cultural awareness and safety, ensuring they can appropriately facilitate assessments, catering to, and maintaining awareness of cultural needs and preferences. Interpreters and/or translators of the correct language should be included throughout the entire process, identifying the participants needs and preferences from the very beginning. The NDIA or its delegate should consider ways to resolve these challenges, through for example, partnerships with local Aboriginal communities, facilitating independent assessments within local communities, to meet the unique needs of these participants, and uphold participant choice and control.

### **Exemptions**

8. What are the limited circumstances which may lead to a person not needing to complete an independent assessment?

Whilst WAAMH understands that the functional assessments are to be done in order to decide on funding's and budgets, the IA's are only offered after the individual has already proven they have a disability and its permanency. The WHODAS 2.0 (which will be the most likely used tools for IA's on people with psychosocial disability) may often already be used by treating medical professionals and therefore used as evidence of disability/permanency, meaning doing it again may be both re-traumatising for the Participant, financially wasteful and provide a completely different result when done by an independent assessor, creating confusion as which one is correct, and which information can therefore be relied on.

Additionally, the episodic nature of psychosocial disability should mean that the opinion of the participants treating professional should be highly regarded in the assessment process, to help protect against the potential for gaps in assessment, particularly if the assessment is conducted in one session. WAAMH further submits that a process for exception for an IA should in place, particularly if people are unwell at the time. People experiencing severe mental health issues, where there is a well-documented history of the illness and supporting evidence from their treating specialists /team, should not be required to undergo an independent assessment. Assessments under these circumstances can present risks to the participant.

**Recommendation:** Those who have submitted evidence that includes one of the IA assessment tools, should be exempt from having to retake an IA. This includes those who have recently be hospitalised and have undergone a functional assessment as part of their hospitalisation.

**Recommendation:** The IA takes into account the opinion of the treating professional.



**WAAMH**

Western Australian Association  
for Mental Health

**Recommendation:** A process for exception from IA should be in place and readily accessible to people with psychosocial disability and/or severe mental health issues.

### **Quality assurance**

9. How can we best monitor the quality of independent assessments being delivered and ensure the process is meeting participant expectations?

WAAMH supports the introduction of quality assurance measures to ensure the ongoing sustainability and suitability of the NDIS.

**Recommendation:** regular supervision of independent assessors undertaking assessments will ensure they continue to be person-centred and of a high-quality. In addition, seeking regular feedback from participants and their support networks, including participants with diverse disabilities, ages and cultural backgrounds, about the process will ensure they continue to be delivered in the best possible way. Independent assessors should also undertake ongoing professional development, to ensure their skill set remains current and responsive to the needs of individuals interacting with the NDIS and the broader disability sector.

Most participants with psychosocial disability are very socially isolated and have few informal supports. It is a common experience for people with longstanding mental health challenges.

A functional assessment may assist in identifying areas for development/capacity building in a person's life. However, it doesn't capture the lack of informal supports, relationships, connection to formal services and/or the lack of social presence in the community. While an individual's recovery/NDIA plans will differ (depending on their goals and aspirations), provider experiences suggest that a frequent element of Recovery plans is to reconnect with family, friends, their community and formal supports. An eco-map of the participant's supports, relationships and social presence would provide rich information about the support needs and quantum of supports required either as an adjunct to the IA or instead of the IA, as would a recovery plan developed with the participant alongside trusted others.

**Recommendation:** Eco-maps of the participant's supports, relationships and social presence, or a recovery plan, be developed alongside the IA or instead of the IA.

### **Communications and accessibility of information**

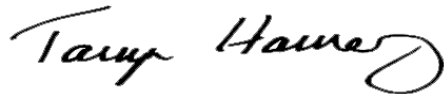
10. How should we provide the assessment results to the person applying for the NDIS?

WAAMH encourages increased transparency and communication between the NDIA and participants to ensure the Scheme remains person-centred.

**Recommendation:** *In line with participant choice and control, assessment results should be provided to participants and their support network before final submission to the NDIS, to ensure any questions can be asked or changes can be made prior to informing decisions about budgets and funding.*

WAAMH looks forward to continuing to work with the NDIS and NDIA to ensure that people with mental health issues and psychosocial disability, their families and carers, receive the high quality and safe service that the Scheme intends to deliver.

Sincerely,

A handwritten signature in black ink that reads "Taryn Harvey". The signature is written in a cursive style with a large, looping flourish at the end.

**Taryn Harvey**

Chief Executive Officer

WA Association for Mental Health