Submission to the Review of the National Disability Advocacy Framework

WAAMH

Western Australian Association for Mental Health

Peak body representing the community-managed mental health sector in Western Australia

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Background

The 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, our vision is to lead the way in supporting and promoting the human rights of people with mental illness and their families and carers, through the provision of inclusive, well-governed community-based services focused on recovery. 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 http://www.waamh.org.au

WAAMH welcomes the opportunity to contribute to the Review of the National Disability Advocacy Framework (the review). Our submission focuses on the extent to which the Framework requires change to enable it to better meet the advocacy needs of people with psychosocial disability, in the fast-changing context of the disability and mental health sectors, including the roll-out of the NDIS.

Definitions of disability and eligibility issues

Definitions of disability in Australian policy vary widely. The National Disability Advocacy Framework (the Framework) itself contains no definition of disability. Although people with psychosocial disability are included in the UN Convention of the Rights of Persons with Disabilities, in practice people with psychosocial disability and people with other disabilities are generally treated separately in Australian social and government policy, funding and services. This is changing in some program areas, most notably with the inclusion of psychosocial disability in the National Disability Insurance Scheme (NDIS).

The Review's discussion paper notes that the National Disability Advocacy Program (NDAP) is also being reviewed in consultation with advocacy agencies. The Operational Guidelines for the NDAP does not include a definition of disability; rather it includes a target group. The target group includes people with psychiatric disability, where the disability is permanent or likely to be permanent and results in substantially reduced capacity for the person for communication, mobility or learning and results in the need for support services.[1]

There are many problems with this target group. It is well established that people can and do recover from severe mental illness, yet access to NDAP programs requires permanency of disability. Such a requirement for permanency does not fit with Australian government policy in mental health which is centred on the notion of recovery which can be understood as a:

[1] Department of Social Services, 2014, Operational Guidelines for the National Disability Advocacy Program

> *"deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness*". (Anthony 1993, p.13)

The National Mental Health Consumer & Carer Forum notes that disability support services for people with a psychosocial disability need to acknowledge the unique role that recovery plays in the experience of mental health consumers and carers and work with them to achieve recovery focussed services. Importantly, recovery is a journey involving hope and optimism; the requirement for a permanent disability to access advocacy is the antithesis of this.

To best achieve outcomes for people with disability, including people with psychosocial disability, the Framework and NDAP should align with the key reforms in mental health including earlier intervention (rather than requiring permanency) and a recovery orientation.

We also heard feedback from our members that the way in which disability advocacy is delivered and conceptualised needs to encompass a fuller understanding of the range of disabilities and their interactions with learning disorders and mental health issues. Not all of these are diagnosable or permanent, and although a diagnosis is often sought by families and individuals in part to enable access to funding and services, a diagnosis is not always desirable within the context of stigma, discrimination and the family and individual's very real need for hope.

To enable the Framework to encompass advocacy in the NDIS environment, it is important that the Framework explicitly include a definition of disability that is inclusive of psychosocial and psychiatric disability. It is essential that people with lived experience of mental health as consumers, carers and family members are consulted in this process. To assist with the development of this definition WAAMH commends to the Review the report 'Unravelling Psychosocial Disability' developed by the National Mental Health Consumer and Carer Forum.[2]

Principles, Outcomes and Outputs

WAAMH is broadly supportive of the principles outlined in the Framework. We recommend adding to these a principle about impartiality, and strengthening the principles' focus on person centred approaches and responsiveness to Aboriginal people and people from non-English speaking backgrounds.

We recommend changing the outcome 'people with disability enjoy choice, wellbeing and are supported to pursue their life gaols' to 'people with disability enjoy choice,

[2] National Mental Health Consumer & Carer Forum (2011). *Unravelling Psychosocial Disability, A Position Statement by the National Mental Health Consumer & Carer Forum on Psychosocial Disability Associated with Mental Health Conditions*. Canberra: NMHCCF.

wellbeing, are supported to pursue their life gaols and are supported on their recovery journey'.

We recommend adding 'mental health services' to the output that 'disability advocacy that is planned and delivered in a coordinated manner and supports communication between disability advocacy support, disability services, mainstream services and governments'.

Advocacy and the NDIS

Mental health consumers, carers, their representatives and sector organisations have highlighted some of the issues regarding the NDIS for people with psychosocial disability. These include:

- That the NDIS needs to recognise the unique and specific language, history and culture of mental health.
- The challenge the NDIS has in engaging with and ensuring access for people with psychosocial disability.
- The need for the NDIS to recognise and respond effectively to the often episodic nature of mental illness and fluctuating support needs that result.
- The continuing lack of clarity regarding the operation for people with mental health issues of the Information, Linkages and Capacity Building and who it will be accessible to.
- Uncertainty about how the NDIS will effectively support carers of people with psychosocial disability.
- Challenges in effectively integrating clinical and individual psychosocial supports given the unique service structures that exist in mental health.

Our members report that consumers with psychosocial disability are experiencing difficulty accessing the NDIS and that plans do not always meet the consumers' needs as well as they could. WAAMH members have also noted that many of these individuals are historically disenfranchised and as a result have limited advocacy capacity, with many also lacking family support and family advocates. Currently, case managers and clinical teams are being relied upon to advocate for people. This is problematic, not least because these workers lack impartiality due to their dual role.

It is becoming clear that both individual advocacy and systems advocacy for people with psychosocial disability as they attempt to navigate the NDIS environment is a major gap. That these issues are being identified in the early days of the inclusion of people with psychosocial disability in the WA NDIS trials indicates that the need for advocacy will increase substantially.

As NDIS eligibility for people with psychosocial disability is particularly tight, we would be extremely concerned if these people were also not eligible for disability advocacy. We therefore support recommendations by the Productivity Commission that individual and systemic advocacy be kept separate from the NDIS.

Individual and systemic advocacy

There is a significant lack of clarity in how individual advocacy will feed into systemic advocacy in the Framework and this needs further consideration. Funding of systemic advocacy is often more haphazard than individual advocacy, and we recommend the Review attend to the roles and responsibilities of who and how systemic advocacy is funded, including in the context of the NDIS.

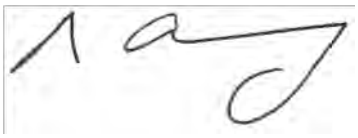
Consultation with mental health consumers and sector

Given that the Framework is expected to be fit for purpose within the NDIS environment, it follows that the Framework should explicitly include people with psychosocial disability. It is thus essential that the Review consult proactively and extensively with people with a lived experience of mental health issues including consumers, carers and family members. This would support the review to meet the outcomes of the Framework that people with disability are actively involved in all aspects of the development, delivery and evaluation of disability government policy.

Consultation with mental health organisations is also a priority; these include state and national peak bodies, mental health service providers, consumer and carer representative organisations and government departments such as Mental Health Commissions. In particular, we suggest that the Review consult those organisations involved in the NDIS trials.

Authorised by:

Rod Astbury



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