

Please accept my contribution to the NDIS for the review process:

I am the mother and carer of a 28 year old son with paranoid schizophrenia, a severe and profound disability, diminishing the quality of life even when strict adherence to medication applies. The afflicted require long term care and support; the alternative is often homelessness.

- Why is mobility, a physical ailment, apparently given greater priority in this scheme compared with mental health?
- Mental disability is generally far more restrictive than most physical ailments because people can look so normal but are really quite unable to participate in the main stream of society.
- Accommodation and assistance with decision making and day-to-day living, financial protection and ongoing workplace supervision are required.
- After reading the NDIS Draft Report, it is still unclear whether persons with chronic paranoid schizophrenia meet the eligibility criteria to be fully protected by this scheme.
- Can people who are currently on the DPS with chronic mental illness e.g. paranoid schizophrenia, choose to remain on the DPS?
- Mental illness makes it very difficult to impossible for the scheme claimants to appeal and review processes applied to them. Who would speak on their behalf if there is no family to do so? A mental health patient and participant of the scheme should be accompanied by a person able to speak on behalf of that client's welfare e.g. treating psychiatrist, general practitioner, work place colleague/employer.
- Should a client inherit monies to assist with his/her living expenses, what percentage will be taken for co-payment fees and who will access these monies on the client's behalf? Mental health patients are extremely vulnerable to financial roting! They need financial protection laws above and beyond the mainstream citizen.
- It is unclear what the role of the family carer will be and if there will still be financial assistance for that role. It currently looks like the carer will be taken out of the equation rather than given greater assistance. The family is often the best place for care to be given.
- Paid work for the mentally disabled is often very difficult to find. Mentally ill people, even with treatment, cannot produce as much as able bodied workers and require more assistance in the workplace. Thus, employees cannot afford to pay award rates. How can this be overcome? Even added financial assistance to the employer from the Government is often insufficient incentive to entice them to employ the mentally disabled.
- How are clients selected for the NDIS long-term high quality care and support placement? Would a person who has suffered with chronic paranoid schizophrenia for the past 16 years automatically comply with requirements for this scheme?
- Most people with schizophrenia would not be able to or would at least have great difficulty navigating their way through the various agencies. Their ability to make decisions is severely impaired. Having 'a disability support organization (an

intermediary) to assemble the best package on their behalf' is idealistic but totally impractical. Mainstream services are frequently not appropriate/ applicable to mentally ill people.

- Not all people with schizophrenia are drug addicts, alcoholics or smokers. To be lumped into commercial housing with such individuals would be very stressful and could easily induce a relapse of the illness. Safe and secure independent, supported accommodation is far more desirable.
- Where possible, the disabled person should remain the responsibility of both natural parents e.g. if the mother remains as the primary carer, a father who is financially able should be made to contribute financially. Remarriage should not preclude this obligation. Lengthy, costly court cases should not be required. The age of the disabled person should not be a factor i.e. payments should continue past the age of 18 years as caring continues often for life. Many carers die still performing this role. Legislation should be made retrospective to ensure that a parent who is financially able, but has not been contributing previously, must now do so. I feel very passionately about this.

Thank you for accepting and reading my comments. I wish to commend the Government for undertaking to review and overhaul the mental health system.

Yours faithfully,

Ms Sandra Sanders.