



**SUBMISSION to Productivity Commission Report–  
Disability Care and Support – Introducing the National  
Disability Insurance Scheme (NDIS)**

## **1. Summary**

The NDIS has the potential to deliver supports to people with mental illness to recover from the disabling impacts of illness. The MHCSA strongly supports the inclusion of disabling impacts of mental illness in the scope of an NDIS on a rights basis and argues that it would be discriminatory to exclude this group. The MHCSA also argues that the health system currently primarily delivers medical type interventions to some people with mental illness. A strong NDIS that includes supporting people to overcome the disabling impacts of mental illness would complement the health system. A rights based NDIS could provide more equitable access to support for people currently not accessing, unable to access or unable to get their needs met through the health system.

The MHCSA asserts that specific assessment tools are required for people who have disabling impacts from their mental illness. If these are not developed then people with mental illness may get a lower priority than those with more easily assessed physical or cognitive disability. There is evidence that psychosocial rehabilitation can be effective in reducing the long term disabling impacts that can arise from mental illness. Given that support needs decline within a relatively short period, but the benefits are potentially lifelong it is argued that a cost-benefit analysis is likely to show a strong positive return on investment in this area.

## **2. Background**

The Mental Health Coalition of SA Inc is the peak body for mental health in SA. Our membership includes the major non-government mental health service providers in SA.

The Vision of the MHCSA is that everyone in SA with mental illness and their family will get the support they need to assist them to recovery in the community.

It appears that through the Productivity Commission's latest report and the tone of the consultations that have been held across the country that disability arising from mental illness is not given sufficient weight and attention, despite being a leading cause of disability.

## **3. Why the health system needs the NDIS – the right to access support to overcome the disabling impacts of mental illness**

The present system of public mental health only delivers treatment to a relatively small proportion of the people with mental illness and access is often via presentation during an acute or crisis phase of illness. The historic approach of our state mental health system is to deliver diagnosis and treatment to people with mental illness. The triage approach to resource allocation in the health sector tends to limit access to people with the most chronic, severe and disabling conditions. The funding pressure and high level of demand has restricted the scope of treatment options available through the public system to

the less time intensive interventions such as diagnosis and medication with more time intensive treatments being more severely restricted.

It is therefore incorrect to assert that it would be inappropriate for the NDIS to deliver support for people with mental illness. The NDIS just needs to be clear that the services that it would deliver are to support people to overcome the disabling impacts of illness. This should be done in partnership with and not instead of the more medical-type interventions provided by public and private providers in our health system.

An NDIS scheme could deliver the support that people need to overcome the disabling impacts of their mental illness and access the full rights of citizenship as per the UN charter on people with disability.

The current public mental health system does not have a rights based approach to access and largely is focused on more medical interventions.

There are many people with mental illness who are unable to access the public mental health system.

**An NDIS could be established to deliver services with access on a rights basis and focused on supports people to overcome the disabling impacts of their illness.**

The UN convention on disability includes disability arising from mental illness in it. It would be discriminatory for a national scheme for disability insurance to exclude the disabling impacts of mental illness.

An NDIS could improve the effectiveness of the mental health system as we know that approximately 90% of the burden of illness in mental health relates to the disabling impacts of the illness. The evidence is clear that supporting people effectively to reduce the disabling impacts of illness also reduces the incidence of crisis and use of acute care services.

A modern recovery-focused approach to mental illness and the disabling impacts is to aim to support the individual to recover. This means access to the same rights of citizenship as the rest of the population around factors such as mental health treatment, employment, education, housing, income and social participation.

The current health system does not deliver the supports necessary to enable people with mental illness to access the full rights of citizenship.

An NDIS which aimed to support people with mental illness to recover could and should deliver this. The lack of such support is a human rights issue.

#### **4. Defining the disabling impacts of mental illness and potential benefits of investment in supporting people to recover**

It appears clear from the Productivity Commission's latest report and the tone of the consultations that there is a fair amount of disagreement and reluctance to include the disabling impacts of mental illness.

The current health system, as is argued above, is more focused on medical type interventions and does not support people with mental illness to overcome the full range of disabling impacts of their illness.

People with lived experience of mental illness developed the concept of 'recovery'. This concept advocates that people with mental illness should be supported to 'recover' in the community and the meaning of this is basically to access the full rights of citizenship. In the words of Pat Deegan, a pioneer of the recovery concept: 'We want what you've got.' This means employment, income, education, housing, social inclusion at the same level as the rest of the population.

Inherent in the recovery approach is that the disabling impacts of mental illness can be overcome to the extent that people can lead good lives in the community. Much of what was previously considered lifelong disability arising from mental illness is now known to be able to be overcome with the right treatments and supports.

The NDIS has the potential to deliver massive economic benefit to Australia through timely and effective support to the many people who are impacted by mental illness. A cost-benefit analysis may show that the long term returns on investment in this area may be strongly positive, particularly if it results in a higher level of employment. Currently Australia compares poorly with its OECD peers in the rates of employment of people with mental illness in the workforce. We also know from the evidence base of ngs providing psychosocial rehabilitation support that an individual's support needs decline dramatically within the first 12-24 months. Therefore the investment required over the long term may not be as great as it may seem, however as stated above 90% of the illness burden of mental illness is the disabling impacts. With the early age of onset for most mental illness the investment in supporting people to recover will result in life long benefits and is quite different from the other major illnesses, such as cardiovascular disease and cancer which have onset at a later age.

There is currently not a good definition regarding the disabling impacts of mental illness. A promising term is 'psychosocial disability' however this is where the 'recovery' approach appears at odds with a 'disability' approach.

This is problematic and if not attended to, will result in additional discrimination against people dealing with the disabling impacts of their mental illness and their families.

The approach suggested by the Queensland Alliance for Mental Health is supported whereby the assessment tools are developed with the input from people with lived experience and family carers. The disabling impacts of mental illness may be psychological, social, cognitive, vocational as well as the physical ability to care for oneself. Fortunately there is a growing track record in the field of non-government provided psychosocial support services are demonstrating that people with mental illness can be supported to overcome much of the disabling impact.

Therefore, the lack of an appropriate assessment tools and/or processes should not be seen as an impediment to inclusion of people with mental illness. Indeed, failure to develop tools specifically for people with mental illness is likely to lead to discrimination if the focus of more 'generic' tools is on physical inability to look after oneself or particular definitions of cognitive functioning.

MHCSA urges the Productivity Commission to develop tools specifically to assess the disabling impacts for people with mental illness and to investigate the potential benefits of investing in supporting Australians to recover from the disabling impacts of mental illness.