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Submission to the Joint Standing Committee  
on the National Disability Insurance Scheme:  
General issues around the implementation and  
performance of the NDIS

16 October 2020

**President: Mick Reid**

## Introduction

We would like to thank the Joint Standing Committee on the National Disability Insurance Scheme for the opportunity to provide input into the Committee's Inquiry into general issues around the implementation and performance of the NDIS.

MIFA is a federation of not-for-profit mental health organisations who each year deliver specialist services to approximately 20,000 people with mental illness and their families and friends. We work closely with people to assist their journeys to recover mental health, physical health, social connectedness and equal opportunities in all aspects of life. Our members build community, value peer support and lived experience, and support recovery. With over 55% of our workforce having a lived experience as a consumer or carer, we know from experience that a better quality of life is possible for everyone affected by mental illness.

MIFA is committed to working with the NDIA to ensure that NDIS participants with psychosocial disability experience quality care, better outcomes, enhanced choice and control, and recovery-oriented psychosocial supports in the NDIS. The number of NDIS participants with psychosocial disability continues to grow. At the end of 30 June 2020, 41,277 people with psychosocial disability as their primary disability type had been granted access to the NDIS.<sup>1</sup> The NDIA expects this number to grow to 64,000 people with a primary disability type of psychosocial disability over the next two to three years.

MIFA contends that NDIS service design and development for people with psychosocial disability, now and into the future, needs to be considered and conducted separately. There are issues unique to this cohort of people that must be addressed as part of NDIS service planning, design and development. Indeed, there are fundamental principles that apply in the delivery of services for people with psychosocial disability that must be understood and embraced to support the effective implementation and performance of the NDIS for people with psychosocial disability.

We recognise that significant improvements have been implemented within the NDIS, whilst others are underway, to enhance the NDIS experience for participants with psychosocial disability. These improvements include the NDIS Participant Service Charter, the Service Improvement Plan, the introduction of Psychosocial Recovery Coaches and the commitment to develop an NDIS Psychosocial Disability Recovery Framework. We commend the NDIA for recognising that improvements needed to be made in these areas to promote better experiences and outcomes for participants with psychosocial disability.

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<sup>1</sup> National Disability Insurance Agency, 2000. *Quarterly Report: 2019-20 Q4*. Available at: <https://www.ndis.gov.au/about-us/publications/quarterly-reports>, at p. 104.

Whilst these improvements are a step in the right direction, MIFA asserts that there are still fundamental changes required in NDIS service design, delivery and processes to support participants with psychosocial disability. For MIFA, fundamental improvements are still necessary in the following areas:

1. Enhancing consultation with the NDIA;
2. Understanding psychosocial disability in an NDIS context;
3. Understanding the key needs of people with psychosocial disability;
4. Understanding the complexities of supporting individuals with psychosocial disability;
5. Understanding the need for increased flexibility in service model design for participants with psychosocial supports;
6. Addressing current pricing structures for psychosocial disability;
7. Supporting NDIS Workforce development; and
8. Enhancing the role of the NDIS Quality and Safeguards Commission.

We will address each of these areas below in this submission.

## Recommendations

MIFA provides the following list of recommendations for consideration by the Joint Standing Committee on the NDIS in response to the inquiry into general issues around the implementation and performance of the NDIS. These recommendations apply solely to the cohort of NDIS participants with psychosocial disability.

### **We recommend that the Joint Standing Committee on the NDIS:**

1. Support broad ranging and regular opportunities for consultation with the NDIA to convey the needs of people with psychosocial disability and severe and complex mental illness.
2. Support MIFA in joining the NDIA Mental Health Working Group to provide specialist advice on psychosocial disability and severe and complex mental illness.
3. Recognise that the unique needs of participants with psychosocial disability must be acknowledged and considered as part of NDIS service system design and development to better support people with psychosocial disability.
4. Recognise that NDIS system design principles must enable appropriate levels of flexibility in the type, range and length of supports offered to individuals with psychosocial disability to address the fluctuating needs of individuals over their lifetime.
5. Recognise that reforms must be implemented to the NDIS funding model to support the development of separate pricing structures for psychosocial disability.
6. Support research to understand how a recovery-oriented practice approach can contribute to greater impact and cost efficiencies for people with psychosocial disability who are eligible for the NDIS.
7. Acknowledge the Psychosocial Disability Lived Experience Workforce as an essential component of the NDIS Workforce that requires recognition, growth and development.
8. Consider the development of a Psychosocial Disability Lived Experience Workforce Plan that is developed in the context of the NDIS Psychosocial Disability Recovery Framework (once developed).
9. Explore the possibility of the NDIS Quality and Safeguards Commissioner providing advice and guidance to the NDIA about the importance of, and impact on, quality and safety considerations for participants with psychosocial disability resulting from policy reforms and the ongoing design of the NDIS for people with psychosocial disability.
10. Establish a mechanism for the NDIS Quality and Safeguards Commission to consult on quality and safety matters that relate to the Annual Price Guide Review, the introduction of new support items and the introduction of new support frameworks, such as the Recovery Framework and the Recovery Coach line item.

## Enhancing consultation with the NDIA

MIFA represents the needs of seven community-managed mental health organisations around Australia and, through them, the individuals they support. MIFA Member organisations deliver specialist mental health services to NDIS participants with psychosocial disability. Services are delivered through a recovery-oriented and person-centred practice framework, placing the individual at the centre of service delivery and service design. Emphasis is placed on understanding the unique needs, barriers and aspirations of each person accessing services, to provide quality psychosocial supports that empower individuals to live the life they want and promote greater choice, control, resilience and personal growth.

MIFA aims to amplify the voice of lived experience. We draw upon our rich network of peers – consumers, carers, families, friends and service providers – to support mental health policy reform and improve services and service systems. We value every opportunity to consult with the NDIA to provide input that leads to improvements to better support the needs and interests of people living with psychosocial disability.

MIFA has welcomed the opportunity to be involved directly in advisory panels and working parties for psychosocial disability. These forums are valuable and have been an excellent way for MIFA to convey the needs and priorities of people living with psychosocial disability and severe and complex mental illness to the NDIA. This was particularly evident during the initial phases of the COVID-19 pandemic, when MIFA was able to provide advice directly to the NDIA about the unique needs and concerns of participants with psychosocial disability in dealing with the pandemic. We were pleased to see policy changes for access to Assistive Technology, flexible supports across core and capacity building line items, and some flexibility in plan reviews.

We have also seen benefits from being involved as a member of the NDIA Mental Health Working Group – Stakeholder Reference Group, which is considering the implementation of the Psychosocial Recovery Coach role and the development of the NDIA Psychosocial Disability Recovery Framework. Through these consultation opportunities, MIFA can speak to the nuances in supporting people with psychosocial disability and identify areas of the Scheme that need improvement. In this way, we can have a positive impact on service design and system improvements that result in a better NDIS experience for participants with psychosocial disability.

In general, MIFA is seeking broad ranging and regular opportunities for consultation with the NDIA to convey the needs of people with psychosocial disability and severe and complex mental illness. Regular and genuine consultation is essential to unpacking the unique needs of participants with psychosocial disability, understanding psychosocial disability in an NDIS context and identifying areas for improvement within the Scheme. We would be concerned with any directions that might limit the opportunity to provide advice through direct consultation.

Having seen the benefits of being involved in the NDIA Mental Health Working Group – Stakeholder Reference Group, we request that we be included as a representative of the NDIA Mental Health Working Group as a representative of the psychosocial disability sector and severe and complex mental illness. Our sector partners who are involved have a wider membership base, representing a larger number of mental health stakeholder groups, and a much broader mental health focus. Given our experience and focus on severe and complex mental illness, we believe it is critical for MIFA to participate in this forum as an expert advisor to the NDIA.

**We recommend that the Joint Standing Committee on the NDIS:**

1. Support broad ranging and regular opportunities for consultation with the NDIA to convey the needs of people with psychosocial disability and severe and complex mental illness.
2. Support MIFA in joining the NDIA Mental Health Working Group to provide specialist advice on psychosocial disability and severe and complex mental illness.

Through membership on the NDIA Mental Health Working Group, MIFA can support better understanding of fundamental principles that must apply in the delivery of services for people with psychosocial disability to support the effective implementation and performance of the NDIS.

## Understanding Psychosocial Disability in an NDIS context

Understanding psychosocial disability and the needs and interests of NDIS participants with psychosocial disability is a critical step in NDIS service design and improvement moving forward. Despite improvements being made via the new Participant Service Guarantee, the introduction of the Psychosocial Recovery Coach role, the introduction of an NDIS Psychosocial Disability Recovery Framework and enhancements to the Psychosocial Disability Access process, we believe that the NDIA is still grappling with the concept of psychosocial disability and how to effectively design services that meet the needs of participants with psychosocial disability and promote better outcomes.

Psychosocial disability associated with a mental health condition “is the result of the complex interactions between limitations in activity (related to impairments associated with usually severe mental health conditions) and the environment in which people live”.<sup>2</sup> MIFA and our sector partners, Mental Health Australia and Community Mental Health Australia, agree that

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<sup>2</sup> 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.

psychosocial disability differs to other forms of disability in fundamental ways, requiring a unique approach in NDIS policy and practices.<sup>3</sup>

Together, MIFA and our sector partners continue to emphasise that the uniqueness of psychosocial disability is that, rather than physical barriers, participants primarily experience cognitive, social and motivational barriers to activities of daily living, which can have a severe impact on daily functioning.<sup>4</sup> These barriers can stop people with psychosocial disability from engaging in education, training, employment, cultural activities and social activities.<sup>5</sup> Supporting individuals to develop skills and resources to reduce the barriers and impacts of psychosocial disability must be an essential component of our disability support system under the NDIS.<sup>6</sup> Through a personalised, recovery-oriented approach, participants with psychosocial disability can be supported to build on their individual strengths and natural resources to maximise their potential to manage everyday life and participate in the community.

### Key needs of people with psychosocial disability

Best practice in this space requires a broader understanding of the key needs of people with psychosocial disability and how supports are provided to promote better outcomes. These key needs must be considered as part of NDIS service system design and development to support people with psychosocial disability. They include:

- supporting individuals to take the time needed to develop a comprehensive, holistic and individualised recovery plan;
- understanding that, at times, greater flexibility will be needed to support individuals as they experience fluctuations in their mental health condition and level of wellness;
- supporting capacity building and wrap-around services across many life domains and systems that can be flexible, time-sensitive and responsive, especially in a crisis;

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<sup>3</sup> Mental Health Australia, Community Mental Health Australia & Mental Illness Fellowship Australia, 2020. *Submission to the Joint Standing Committee on the NDIS – Inquiry into NDIS Workforce: May 2020*. Available at: <https://mhaustralia.org/submission/submission-parliamentary-joint-standing-committee-ndis-inquiry-ndis-workforce>, at p. 3.

<sup>4</sup> Ibid at pp. 3-4.

<sup>5</sup> For more information about psychosocial disability and what it means, see Mental Health Australia, 2014. *Getting the NDIS right for people with psychosocial disability*. Available at: <https://mhaustralia.org/general/getting-ndis-right-people-psychosocial-disability>.

<sup>6</sup> Mental Health Australia, Community Mental Health Australia & Mental Illness Fellowship Australia, 2020. *Submission to the Joint Standing Committee on the NDIS – Inquiry into NDIS Workforce: May 2020*. Available at: <https://mhaustralia.org/submission/submission-parliamentary-joint-standing-committee-ndis-inquiry-ndis-workforce>, at pp. 3-4.

- promoting access to services (often across multiple agencies and with multiple stakeholders) and infrastructure that meets individuals' needs, with the understanding that people with psychosocial disability are frequently reluctant to engage with support systems; and
- enabling individuals to be supported by well-trained and supervised staff.

### The Complexities of Supporting Individuals with Psychosocial Disability

Supporting individuals with psychosocial disability is complex. NDIS psychosocial support providers have the highest proportion of clients with complex behaviour needs compared to other service providers (34.4% compared to 16.7%).<sup>7</sup> The NDIA has acknowledged that some NDIS participants might need greater assistance to effectively implement their plan. This can be for a variety of reasons, including limited formal supports and social isolation, involvement with multiple community or mainstream systems, and greater complexity arising from profound, complex and often interrelated support needs.<sup>8</sup>

Further complexities arise for NDIS participants with psychosocial disability, as they are likely to:<sup>9</sup>

- have multiple community, mainstream and health service system stakeholders at different times in their lives (such as a GP, psychologist, psychiatrist, mental health nurse, allied health professionals, State Health system, community mental health organisations, housing providers, the Public Trustee, the Public Guardian, employment providers, justice services and child protection services);
- experience greater isolation from the community as a result of their severe and complex mental health conditions and may have lost connections to family, friends and loved ones;
- experience fluctuations in their mental health stability and heightened periods of crisis, that may result in an increased need to access wrap-around support services or be admitted to hospital if individuals are not able to be supported appropriately in the community;
- need a safety net during periods of vulnerability, particularly where an individual has limited informal and/or formal supports in their life; and
- have changing support needs over time, with variations in the quantity and type of supports needed in an NDIS package from year to year.

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<sup>7</sup> AbleInsight, 2019. *Sector Summary Report: National Disability Service Providers Benchmarking Survey – Collection 3 (2017/18)*.

<sup>8</sup> National Disability Insurance Agency, 2020. *National Disability Insurance Scheme Discussion Paper Support Coordination External Consultation August 2020*, at p. 8.

<sup>9</sup> MIFA Members have provided information about the NDIS participants with psychosocial disability that they support as part of our MIFA CEOs Group consultations via videoconference in August and September 2020.

Understanding that support needs for individuals with psychosocial disability can vary over time is challenging in an NDIS context. Due to the often-episodic nature of severe and complex mental health conditions, at times, individuals with psychosocial disability may require significant and intense periods of support from multiple stakeholders. At other times, people may only require light-touch quality support. It is critical that the NDIS provides an appropriate level of flexibility in the type, range and length of supports offered to individuals with psychosocial disability to address the fluctuating needs of individuals over their lifetime.

**We recommend that the Joint Standing Committee on the NDIS:**

3. Recognise that the unique needs of participants with psychosocial disability must be acknowledged and considered as part of NDIS service system design and development to better support people with psychosocial disability.

### The need for increased flexibility

Flexibility is a core tenet of recovery-oriented service provision. Flexibility is required due to the fluctuating needs of people as their mental health state and function varies over time. Plans that are inflexible and made at a point in time may be under- or over-resourced.

The complexities of supporting people with psychosocial disability point to a critical need for flexible and responsive NDIS supports for this cohort. Access and support must be timely and crisis responsive. Support systems and processes must be flexible enough to fluctuate with the changing support needs of the individual and respond to increased vulnerability and need (e.g. in times of crisis, during significant mental health decline, or during enforced isolation or self-isolation).

To enable flexibility for NDIS participants with psychosocial disability, MIFA recommends the following broad changes in NDIS service design and delivery:

- Packages should contain adequate hours of support, including support coordination and/or psychosocial recovery coaching, to allow for flexible service delivery, such that support can be front-ended at the beginning of support and taper off. Packages should allow for a rapid increase in support during a crisis.
- Plans must be able to be reviewed rapidly where circumstances change. The plan review process needs to be more flexible and responsive with a reduction/removal of existing lengthy plan review lag times.
- Continuity of care when people are in a hospital/acute setting is essential in ensuring workers can maintain contact and be involved in the discharge process. This service must be allowed to be provided under all support line items, including core and capacity building supports.

- Flexibility could be provided through alternative funding arrangements for certain activities, such as group programs. These could include subscriptions, memberships, full course fees, bulk buying of support incidences in advance and/or much more lenient cancellation policies. Without this flexibility, service providers may choose to cease providing these services altogether.

MIFA contends that these broader systemic changes must be addressed to provide better supports for NDIS participants with psychosocial disability.

**We recommend that the Joint Standing Committee on the NDIS:**

4. Recognise that NDIS system design principles must enable appropriate levels of flexibility in the type, range and length of supports offered to individuals with psychosocial disability to address the fluctuating needs of individuals over their lifetime.

### Addressing the current pricing structures for psychosocial disability

A central issue for including psychosocial disability in the NDIS has been that psychosocial disability support does not fit easily into the current pricing structures of the NDIS. The sector has developed responsive recovery-oriented models of support over many years and has developed a workforce that is appropriately qualified and skilled to deliver this support. However, there is a mismatch between the supports people with psychosocial disability need and the types of supports provided in NDIS packages, and between the pricing of the supports and the true cost of service delivery.

The transition to market based individualised funding under the NDIS has resulted in significant challenges for psychosocial support providers. MIFA continues to advocate that the Reasonable Cost Model<sup>10</sup> fails to acknowledge the true cost of providing psychosocial disability supports to individuals with psychosocial disability. We contend there is a need to better understand the type of NDIA supports provided by psychosocial services, how recovery-oriented services function, and the interplay between the capacity building and case management roles required for people with psychosocial disability. The pricing for psychosocial disability support needs to be reformed to reflect the costs and best-practice models of providing complex, specialist psychosocial support.

MIFA and our sector partners, Mental Health Australia and Community Mental Health Australia, continue to advocate for changes to the current pricing model to support the delivery of services and quality assurance activities for people with psychosocial disability within the NDIS market.<sup>11</sup>

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<sup>10</sup> NDIA and NDS, 2014. *Final Report of Pricing Joint Working Group*. Available at: [https://www.ndis.gov.au/html/sites/default/files/documents/final\\_report\\_of\\_pricing\\_joint\\_working\\_group.pdf](https://www.ndis.gov.au/html/sites/default/files/documents/final_report_of_pricing_joint_working_group.pdf)

<sup>11</sup> See Community Mental Health Australia, Mental Health Australia & Mental Illness Fellowship Australia, 2020. *Submission to the Joint Standing Committee on the NDIS – Inquiry into the NDIS Workforce: May 2020*. Canberra. Available at:

We note that the overhead rate remains unchanged with the introduction of the Psychosocial Recovery Coach line item (from 1 July 2020) and the NDIA continues to contend that there are no additional costs for service providers in the delivery of psychosocial supports. MIFA fundamentally disagrees with this contention and continues to advocate that the NDIA and the NDIA Chief Economist engage in a discussion with MIFA and our sector partners about the cost-drivers of psychosocial service delivery that justify adjustments to the current pricing model for psychosocial supports.

There are simple cost-drivers of service delivery that are not adequately accounted for in NDIS funding. These cost-drivers are primarily:<sup>12</sup>

- hourly rate that must be enough to attract and retain people with required skills, experience and qualifications;
- level of support for workers – supervision and professional development;
- assumptions around appropriate ‘billable’ face to face hours; and
- overheads – allowing for investment in quality and improvement.

We have previously provided the Joint Standing Committee on the NDIS with more detailed information about the cost-drivers and pricing issues that are unique to the delivery of psychosocial disability supports ([see here](#) for our most recent joint submission). It is critical that we address these cost-drivers appropriately and reassess the application of the Reasonable Cost Model to psychosocial disability supports.

More broadly, MIFA contends that further work is needed to understand how a recovery approach can contribute to greater impact and cost efficiencies for people with psychosocial disability who are eligible for the NDIS. More grounded research of the impact of psychosocial support for this cohort will inform the co-design of service-types and cost drivers that can be applied to the NDIS. This will assist the sector and the NDIA to work together to develop *separate pricing structures* for psychosocial disability that achieve the objectives of the NDIS, support participants to achieve better outcomes, promote quality service provision, and support the sustainability of NDIS service providers.

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[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/workforce/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce/Submissions).

<sup>12</sup> See Community Mental Health Australia, Mental Health Australia & Mental Illness Fellowship Australia, 2020. *Submission to the Joint Standing Committee on the NDIS – Inquiry into the NDIS Workforce: May 2020*. Canberra. Available at:

[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/workforce/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce/Submissions).

**We recommend that the Joint Standing Committee on the NDIS:**

5. Recognise that reforms must be implemented to the NDIS funding model to support the development of separate pricing structures for psychosocial disability.
6. Support research to understand how a recovery-oriented practice approach can contribute to greater impact and cost efficiencies for people with psychosocial disability who are eligible for the NDIS.

## Supporting NDIS Workforce development

MIFA and our sector partners (Mental Health Australia and Community Mental Health Australia) continue to advocate for NDIS Workforce development to support the viability of a quality psychosocial disability workforce now and into the future. In May 2020, we provided a detailed [joint submission](#) to the Joint Standing Committee on the NDIS in response to the Committee's NDIS Workforce inquiry. We have since provided additional information to the Committee via hearings and through written responses to questions on notice during September 2020. Our specific recommendations on the NDIS Workforce are already before the Committee for consideration, so we shall not repeat them in this submission, and we thank the Committee for their consideration of our recommendations on this matter.

Adding to our input thus far, we wish to highlight the important role that lived experience plays in the provision of NDIS supports for participants with psychosocial disability. MIFA and our sector partners advocate that the Lived Experience Workforce is an essential component of the NDIS Workforce that requires recognition and development.<sup>13</sup> There is growing evidence for the effectiveness of a trained Lived Experience Workforce (often called peer workers).<sup>14</sup> Connecting with people with lived experience of mental health challenges, who have also undertaken training in providing mental health support, can be very helpful for people with psychosocial disability in their recovery journey.<sup>15</sup>

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<sup>13</sup> See Mental Health Australia, Community Mental Health Australia & Mental Illness Fellowship Australia, 2020. *Submission to the Joint Standing Committee on the NDIS – Inquiry into NDIS Workforce: May 2020*. Available at: <https://mhaustralia.org/submission/submission-parliamentary-joint-standing-committee-ndis-inquiry-ndis-workforce>, at pp. 15-16.

<sup>14</sup> Health Workforce Australia, 2014a. *Mental Health Peer Workforce Literature Scan*, [http://www.hwa.gov.au/sites/default/files/HWA\\_Mental%20health%20Peer%20Workforce%20Literature%20scan\\_LR.pdf](http://www.hwa.gov.au/sites/default/files/HWA_Mental%20health%20Peer%20Workforce%20Literature%20scan_LR.pdf), accessed April 2015.

<sup>15</sup> Mental Health Australia, Community Mental Health Australia & Mental Illness Fellowship Australia, 2020. *Submission to the Joint Standing Committee on the NDIS – Inquiry into NDIS Workforce: May 2020*. Available at: <https://mhaustralia.org/submission/submission-parliamentary-joint-standing-committee-ndis-inquiry-ndis-workforce>, at pp. 15-16.

We know the value and effectiveness of the Lived Experience Workforce from our own experience. Individual MIFA Members have advised us that some of their best support workers are lived experience workers who have experience in service delivery without formal mental health qualifications. They perform their duties so well because they have had similar experiences to the people they support and have been trained in how to use their experiences to support others. Lived Experience Workers are likely to be more familiar with the disability support needs of people with psychosocial disability and can use their personal experiences to identify ways to meet the needs of participants.<sup>16</sup>

MIFA urges the Joint Standing Committee on the NDIS to consider the recognition, growth and professional development of the psychosocial disability Lived Experience Workforce as an essential component of the NDIS Workforce. As identified earlier, there are still approximately 22,000 people with primary psychosocial disability yet to enter the Scheme, with additional participants gaining access to the NDIS over the next two to three years. Some MIFA Member organisations have advised that, at times, they are experiencing difficulties recruiting quality psychosocial disability support workers and team leaders to meet their growing NDIS participant numbers. With workforce challenges already arising, it is imperative that we take a proactive, collaborative and innovative approach to developing and sustaining the workforce needed to support Australians living with psychosocial disability.<sup>17</sup>

To support this, MIFA recommends that the Joint Standing Committee on the NDIS consider the development of a Psychosocial Disability Lived Experience Workforce Plan. This is an essential step to ensuring a qualified workforce to support the needs of NDIS participants with psychosocial disability when the Scheme is at full capacity. We recommend that a Psychosocial Disability Lived Experience Workforce Plan is developed in the context of the NDIS Psychosocial Recovery Framework (once developed).

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<sup>16</sup> National Mental Health Consumer and Carer Forum, 2001. *Unravelling Psychosocial Disability, Position Statement*, Retrieved from:

[https://nmhccf.org.au/sites/default/files/docs/nmhccf\\_psychosocial\\_disability\\_booklet\\_web\\_version\\_27oct11.pdf](https://nmhccf.org.au/sites/default/files/docs/nmhccf_psychosocial_disability_booklet_web_version_27oct11.pdf)

<sup>17</sup> Mental Health Australia, Community Mental Health Australia & Mental Illness Fellowship Australia, 2020. *Submission to the Joint Standing Committee on the NDIS – Inquiry into NDIS Workforce: May 2020*. Available at: <https://mhaustralia.org/submission/submission-parliamentary-joint-standing-committee-ndis-inquiry-ndis-workforce>, at p. 6.

**We recommend that the Joint Standing Committee on the NDIS:**

7. Acknowledge the Psychosocial Disability Lived Experience Workforce as an essential component of the NDIS Workforce that requires recognition, growth and development.
8. Consider the development of a Psychosocial Disability Lived Experience Workforce Plan that is developed in the context of the NDIS Psychosocial Disability Recovery Framework (once developed).

## Enhancing the role of the NDIS Quality and Safeguards Commission

In a [recent submission](#) to the Joint Standing Committee on the NDIS, MIFA recommended that the NDIS Quality and Safeguards Commission (the Commission) actively perform its core function in providing advice and recommendations to the NDIA on matters that impact the health, safety and wellbeing of NDIS participants with psychosocial disability.

In this submission, MIFA asserted that the Commission's powers enable the Commission to have a role across the broad reforms in mental health which have an impact on the health, safety and wellbeing of people with a psychosocial disability. MIFA urged the Joint Standing Committee on the NDIS to recommend that the Commission take a proactive role in assessing the impact of mental health reforms across all domains affecting the health, safety and wellbeing of people with a psychosocial disability.

This is in accordance with the Commission's core functions:

- *to uphold the rights of, and promote the health, safety and wellbeing of, people with disability receiving supports or services, including those received under the National Disability Insurance Scheme; and*
- *to provide advice or recommendations to the Agency or the Board in relation to the performance of the Agency's functions.*

As we know, there are significant reforms underway to improve the experience of NDIS participants with psychosocial disability, which have an impact on the health, safety and wellbeing of individuals engaging with the NDIS. These include implementation of recommendations from the Tune Review of the NDIS Act and the new NDIS Participant Service Guarantee, investigation into the impact of NDIS market settings on participants with a psychosocial disability, implementation of the NDIA Psychosocial Disability Capability Framework, continued development and implementation of the Psychosocial Disability Stream, and the implementation of the new Psychosocial Recovery Coach support item and Recovery Framework.

The NDIS Quality and Safeguards Commission has a unique opportunity to contribute to this developing policy environment, by providing a national governance perspective and accountability

for the *impact on quality outcomes* of individuals' health, safety and wellbeing. This contribution will only enhance the implementation and performance of the NDIS as the scheme continues to support more participants with psychosocial disability.

**We recommend that the Joint Standing Committee on the NDIS:**

9. Explore the possibility of the NDIS Quality and Safeguards Commissioner providing advice and guidance to the NDIA about the importance of, and impact on, quality and safety considerations for participants with psychosocial disability resulting from policy reforms and the ongoing design of the NDIS for people with psychosocial disability.
10. Establish a mechanism for the NDIS Quality and Safeguards Commission to consult on quality and safety matters that relate to the Annual Price Guide Review, the introduction of new support items and the introduction of new support frameworks, such as the Recovery Framework and the Recovery Coach line item.

We thank the Joint Standing Committee on the NDIS for the opportunity to provide input into their current inquiry on general issues around the implementation and performance of the NDIS for 2020. We look forward to assisting the Committee further.

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## Disclaimer

This submission represents the position of MIFA. The views of MIFA members may vary.