



MHACA

SUBMISSION TO NDIS

ACCESS AND ELIGIBILITY POLICY: INDEPENDENT ASSESSMENTS

JANUARY 2021

ABOUT MHACA

Established in 1992, MHACA offers psychosocial support services and educational programs aimed at enhancing the mental health and wellbeing of people living in Central Australia. It is the only specialist psychosocial support organisation for adults in Central Australia.

We strive to make a difference in the lives of people with a mental illness by supporting participant-driven mental health recovery, and assisting communities and organisations to actively improve mental health and well-being through:

- Individual support to people experiencing mental illness;
- Drop-in centre offering shower and laundry facilities, group activities and peer support;
- Tenancy support for people who are homeless or at risk of homelessness due to mental illness;
- Mental health promotion to reduce stigma and raise community awareness;
- Training in mental health first aid and suicide intervention;
- Advocacy for improved services at local, state and national levels;
- Suicide prevention activities developed and delivered in conjunction with remote Aboriginal communities.

In the last couple of years we have been assisting people with a psychosocial disability to access the NDIS through the National Psychosocial Measure. In that time we have assisted approximately 90 people complete the access request process. Through that process we have built a great deal of knowledge about the barriers and pathways to access.

General Comments

Mental Health Association of Central Australia (MHACA) welcomes the opportunity to make this submission to the NDIS about the use of independent assessments to support access and eligibility to the scheme.

Being based in Alice Springs and servicing remote communities across the Northern Territory, this is an issue that concerns us greatly. Whilst we understand the intention of improving equity of access to the scheme we do not see the use of independent assessment as the best way to achieve this goal. Using the same approach for everyone does not ensure equity but runs the risk of further entrenching the already significant disadvantages experienced by people in remote settings.

The notion that the independent assessment process will level the playing field seems fanciful. People with strong support networks, high levels of literacy and who know what the assessment is attempting to measure will always be in a position to use the assessment to their advantage to a greater extent than those who are disadvantaged by language and circumstances. Furthermore the tools are not adapted for the cultural or social circumstances of indigenous people in remote settings.

In the situation where we are it is highly unlikely that the people conducting the assessments will have a direct experience of working in a remote context with people with psychosocial disabilities. Whilst there is the suggestion that the assessment will be able to take into account the environment of the person, we believe that a real understanding of the compounding impacts of social and cultural factors including intergenerational trauma, poverty, homelessness, co-existing substance use and personal safety, are difficult to convey or to understand without a sound understanding of context. These issues are all highly pertinent to developing a realistic assessment of the impact of the disability on the person's life and on the type and nature of supports that are required. Three hours is an entirely unsatisfactory amount of time to conduct a culturally safe and informed assessment.

The things we know from our experience:

- Getting to know people with a psychosocial disability and understand how their disability impacts on their life is time-consuming. Good practice in this sector views the building of a therapeutic alliance with the client as the key to assessment and planning.
- Health literacy can be limited and people with disability and their families often do not have a high level of knowledge about their condition, the treatment they are receiving and prognosis.
- Assumptions cannot be made about the capacity of natural support networks to assist a person.
- People's circumstances change extremely rapidly due to the high mobility of the population.
- Cultural concepts associated with disability can be quite different to mainstream concepts. The concept of 'shame' can result in skewed answers to direct questions about abilities.
- Many people have experienced difficulties with administrative bureaucracies such as Centrelink or Territory Families and will be cautious in their responses or willingness to engage with someone they don't know

Remote context

The social determinants of the remote context needs to be understood in order to interpret a person's disability support needs. As an example a person may need someone to accompany them to the bank to get their money, not because they are incapable of using the ATM, but that they may be vulnerable or culturally obliged to give their money to other members of their community if they are alone.

People may say they know how to cook but they may not be living in a house with refrigeration, running water or power, and they may not think to mention it as this may not seem out of the ordinary to them. Many of our clients do not have a specific place to live and move from place to place, regularly sleeping rough.

Living in an area with limited public transport and lengthy periods of extreme heat creates a necessity for transport that may not exist in a cooler climate.

A person's functional capacity cannot be seen in an abstract way. The context for many of the people we have been assisting is that the lack of access to diagnostic and support services means that they have never received a comprehensive assessment of their needs and are not in a position to articulate the impact of their condition has on their lives.

Challenges

MHACA is concerned that there is potential for the independent assessment process to result in delays for the person to get on to the scheme. Finding the person, having a location that is conducive to doing the assessment, arranging interpreters and an informed person to accompany them during the assessment; particularly if the plan is to do the assessment by phone or via a videolink. There will need to be an intermediary to make this all happen.

Appointment-based approaches do not work for many of our more complex clients and it will be very difficult to work out how to get these independent assessors and the clients matched up in a way that will facilitate the best possible outcome for the participant

Assessment is a relational process

One of the premises which appears to accompany this proposal is a distrust of the existing professional relationships that a client has. In our view this is short-sighted and may mean that critical information is not obtained in the assessment process.

In our approach to assessment we build a relationship with the person through providing practical information and support until there is trust which allows us to begin to explore more deeply the person's values, needs and aspirations. People may feel shy about sharing information about themselves and it can take a while to build a sense of people's actual situations. A three hour assessment over the phone involving a barrage of questions is not going to achieve the same understanding of the person.

Professional assessment is generally informed by evidence, personal observation and the administration of assessment tools. Without an opportunity to observe the person in their context and over a number of occasions or in different contexts, there is likely to be a one-dimensional sense of the impact of the disability.

In our view an accurate assessment is not achieved through the use of a common scale alone but through the process of building a relationship of trust and through observation.

WHODAS

We have concerns about the tool most likely to be used in our context – the WHODAS. Many people live in situations of significant deprivation, and the questions on the WHODAS do not have a great deal of resonance.

The WHODAS concepts of time, as in "in the last 30 days" do not necessarily have a great deal of resonance for people who do not track time in that way or lead a routine existence.

There is also some evidence that the use of Likert scales do not translate well to an Indigenous context where the concept of the individual is not as strong as in other cultures.

MHACA also shares the concerns raised by Mental Health Australia about the adequacy of the WHODAS to accurately assess the fluctuating impact of psychosocial disability.

Conclusion

MHACA believes this “one size fits all” approach is inconsistent with the NDIS commitment to choice and control. We believe trust is an important component of ensuring a comprehensive and well-informed assessment process. There is no real commitment to how the environmental factors will be collected and understood, yet we know disability is a social construct and it is therefore critical that the results of a standardized assessment are understood in context.

At a minimum we believe face to face assessments are non-negotiable. We also believe that there must be interpreters available and that a support person and other stakeholders should be present at the assessments. Participants should also have the option of conducting the assessment over a number of sessions.

At the recent consultation it was suggested that for people with long-term plans, independent assessments only will only be undertaken when the plan is reviewed, which could be up to 5 years. Funding in these cases may be released on a monthly or quarterly basis, to avoid overspending.

Considering the likelihood of participants engaging poorly in the assessment process and an increased risk of this resulting in drastic cuts to funding, it may be worth specifying the need to uphold the legislative timeframes for reviews. The current legislative timeframe for a participant being notified if their review request has been accepted or declined is 14 days. It is very important that the agency make a commitment to uphold this legislated timeframe during the roll out of independent assessments, considering their current failure to implement this.

In our view the independent assessment process is a very blunt tool in the quest for equity and is likely to create many more problems than it will solve. We encourage a much more nuanced examination of the factors that contribute to inequities prior to the introduction of the proposed processes.

We would welcome an opportunity to discuss our concerns in more depth as we do not believe the unique circumstances of people with a psychosocial disability in very remote settings has been considered sufficiently. We can be contact on 08 89504600.

Kind regards



Merrilee Cox
CEO