

Can the NDIS now offer a human face to mental health issues?

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The NDIS is more inaccessible for people with mental health issues. What will a new Labor government do to amend this issue?

Bill Shorten, the newly inaugurated Minister for the NDIS said he wants to “defend” and “restore trust” in the [beleaguered NDIS](#).

The new policy platform includes sorely needed reforms that would address the scheme’s key issues, but will it address the problems with mental health issues?

There’s a lot of good news but more needs to be done.

The NDIS has been widely criticised for its relative inaccessibility to those with mental health issues, also known as psychosocial disabilities.

A 2019 independent [report](#) found there is “significant confusion” about demonstrating permanency for psychosocial impairments.

In 2018, The Guardian reported that while 97% of people who requested support for intellectual disabilities, cerebral palsy or autism were accepted, [less than 82%](#) who requested support for psychosocial disabilities were accepted.

Proving “permanence” of a disability is vital for anybody to gain access to the NDIS. This can be incredibly difficult for people with severe psychosocial disabilities, as many experience fluctuating symptoms, like with schizophrenia, bi-polar disorder and depression.

Nicholas Bieber, a qualified social-worker, psychotherapist and NDIS provider said of the scheme; “the view is that you can manage disabilities and you can manage mental health”, but if you can get treatment, and it’s successful, “you don’t get to go on the NDIS, because you have to prove that it is *permanent*.”

Bieber said the current NDIS should be significantly changed, recommending a separate insurance scheme aimed at those with mental health issues.

For many people with mental illness, it can be impossible to afford to pay for treatments out of pocket. According to a [2018 study](#), among the poorest fifth of Australians, a quarter have high psychological distress, as opposed to a twentieth of the wealthiest fifth of Australians.

While medicare can subsidise up to ten sessions with a counsellor every six months, Bieber said this is not adequate for the people who need it the most, “people who are really unwell will burn through those ten sessions in as many weeks”.

Despite its many success stories, the NDIS would benefit from significant changes to fill in any remaining cracks in Australia’s social safety-net.

According to Bieber, one NDIS paradox is that, in lieu of getting funding for other treatment elsewhere, those with fluctuating symptoms must attempt NDIS access meant for maintaining “permanent” psychosocial disabilities - applicants must accept a plan that will aim to only maintain their condition, rather than improve it.

“You have to talk about yourself and all your flaws? All of the things that are broken with you? But you're not broken. It's just what's going on.”

The Guardian reports the NDIS’ administrative agency, the NDIA is [“on track” for \\$50M](#) in fees to private law firms. The number of new cases entering the scheme’s Administrative Appeals Tribunal each quarter has more than quadrupled since 2020, according to the [latest quarterly report](#).

Labor promises to decrease the use of external lawyers and consultants in order to cut down on expensive hearings. Minister Shorten said that “carpet-bagging” consultants are wasting tax-payer money that could be better invested in participants.

The ALP said it will “streamline” the service by “cutting red tape” for those seeking care and will invest \$10M into disability advocates while raising the scheme’s staffing cap to address its [staff shortages](#).

Zarinah Adam, an NDIS participant who has suffered a “lifetime of severe mental illness” said she owes much of her success with the NDIS to effective advocacy by her support coordinators: “if you try and do it yourself, which I have done, then it's a shit-show. They'll just run you around.”

Maintaining an adequate level of support and funding once accepted can also be challenging for those with psychosocial disabilities. NDIS plan revisions are common and can result in entire plans being [arbitrarily cut](#).

Labor has promised an expert review that will ["guarantee plans will not be arbitrarily cut"](#)

Navigating the NDIS' bureaucratic and legal system can be confusing for anybody, but it can be particularly challenging for people with psychosocial disabilities, where the stigma and conditions of a mental health issue means obtaining support can be especially difficult.

Bieber said "when you know that you need help but you can't articulate what that help actually is ... and you are being assessed for mental health issues, you have to tell how bad your life can really get, which is pretty traumatic."

Bieber says mental health stigma extends to clinicians as well; that there is a sense of humanity being "denied" by diagnoses. "I diagnose you and tell you what's going on for you", Bieber said, but "I don't want to be too transparent about who I am", "I'm terrified of becoming like you."

Bieber said returning to some level of block-funding where large providers could tender to run sets of programs that were not dependent on individual attendance, would help. This means that clients, rather than having a paid friend to take them out for coffee once a week, could go to an art class or learn a skill and make real friendships.