



Australian Psychosocial Alliance

Submission to Australia's Disability Strategy Review

September 2024

About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) includes Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Stride Mental Health, Open Minds and Wellways Australia. We are specialist providers of community managed mental health and wellbeing services in Australia, with most of us registered as NDIS providers with a particular focus on psychosocial disability.

Members of the APA have extensive experience providing recovery-oriented care and support which focuses on personal goals, participation and living a meaningful life. We have evidence of what works, and combine this with service delivery wisdom, to provide recovery-oriented services that support people to manage their symptoms and build their capacity to participate in society and manage their lives. This includes support to sustain a tenancy, build the skills to live independently, find fulfilling work, and build social connections.

The people who access our supports come from diverse communities across Australia, with each of our organisations having a clear commitment to promoting community inclusion and participation. We have experience providing services to at risk groups, such as LGBTIQ+ individuals, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander people, as well as young people. We recognise the value of lived experience and seek to co-design services and approaches wherever possible.

Website: psychosocialalliance.org.au



Australia's Disability Strategy Review – APA Response

Introduction

The Australian Psychosocial Alliance (APA) welcomes the opportunity to contribute to the review of Australia's Disability Strategy (ADS) and understands that the context for the review is the recommendations arising from the Disability Royal Commission (DRC), including to update the ADS by the end of 2024. The APA identifies with the shared commitment to an inclusive society and is supportive of the proposed recommendations. However, while the ADS is appropriately designed to be inclusive of all disabilities it is important that it represents the unique and specific needs of, and puts in place processes which engage with, people with a psychosocial disability.

Policy and program development, including across service design and inclusion support for people with psychosocial disability, has not traditionally sat within the disability portfolios but rather within Health/Mental Health. While the interface between disability and health/mental health has always been weak, the advent of the NDIS has fragmented decision making and responsibility. We note that people with a lived experience of psychosocial disability, their carers, family and other supporters, the organisations who support them and the government officials who make policy, are not engaged in the same way as for other disabilities in the development and implementation of disability focused policy work such as the ADS.

People with a psychosocial disability are more likely to find themselves marginalised and excluded across all aspects of citizenship – with this often compounded by being Aboriginal and Torres Strait Islander, culturally and linguistically diverse, LGBTQI+ or a younger or older person. Such marginalisation can be different for people with psychosocial disability than for other disabilities. This is because the disability may not be visible or obvious. There is also a broad lack of understanding of how the experience of mental ill health impacts on day-to-day functioning, a key limitation that impacts on how society views and responds to people with mental illness.

People with psychosocial disability also experience marginalisation and exclusion within disability services. In the last quarter people with a psychosocial disability received access to the NDIS at a rate of 34% (compared to 83% across all disabilities)¹, and at the same time the psychosocial unmet needs project identified that there are 493,600 people across Australia who require psychosocial support (including disability supports) but are not receiving it². With rates of mental ill health on the rise and that the factors that impact mental health such as financial stress, loneliness and discrimination are not improving,³ the rate of psychosocial disability will only increase.

Considering this background, the APA makes the following overarching recommendation for the review process:

Recommendation 1: That a psychosocial disability lens be applied across all aspects of Australia's Disability Strategy to ensure that the actions appropriately target inequity and discrimination faced by people with a psychosocial disability.

¹ Quarterly Report to disability ministers Q4 2023 – 2024 (<https://www.ndis.gov.au/about-us/publications/quarterly-reports>)

² Health Policy Analysis (2024) Analysis of unmet need for psychosocial support outside the NDIS. Final Report.

³ National Mental Health Commission (2024) National Report Card (2023)

The APA makes the following recommendations in response to the key questions.

Implementation Mechanisms

Recommendation 2: That a nationally coordinated approach to implementing the ADS is pursued. However, this should occur across portfolio areas as well as across jurisdictions.

The APA agrees that there is a need to refine ADS mechanisms to support a nationally coordinated approach to implementing the ADS (finding 1); and similarly to support a unified ecosystem of supports as envisaged by the NDIS review. It should be part of a broader approach to developing not just a “disability ecosystem of care”, but an integrated “ecosystem of care and support” which recognises how mainstream (health and community) services are instrumental to addressing needs.

The APA identifies that not only does this require coordination across levels of government, but across portfolios including at a state/territory level. Disability and Health and Mental Health Ministers should meet with each other at least annually, to discuss the interface points, and ensure consistency and collaboration across their portfolios and between the National Mental Health and Suicide Prevention Agreements and the proposed new Disability Agreements.

Recommendation 3: That there is an increased representation of people with a psychosocial disability on the Disability Advisory Councils, and there is consultation and collaboration with mental health consumer and carer peak bodies.

The Disability Advisory Councils have minimal explicit representation from people with psychosocial disability, and the links between these councils and the mental health/ psychosocial disability lived experience groups is not well established.

The APA would welcome a more rigorous approach to ensure that the voices of people with psychosocial disability are heard and elevated. It is necessary to ensure that those with the quiet voices, including those who are the most marginalised, are heard. This includes those with a psychosocial disability who are service users, who are socially isolated or where there are other factors which may impact on their capacity to contribute to consultations such as being Aboriginal and Torres Strait Islander, culturally and linguistically diverse or LGBTQTI+.

Each of the APA organisations employs people with lived experience and lived expertise who are well placed to facilitate input and involvement of users of our services. Similarly, the newly established mental health consumer and carer national peaks, along with Community Mental Health Australia as the Disability Registered Organisation for psychosocial disability and the National Mental Health Consumer and Carer Forum, should be engaged to facilitate input from people with psychosocial disability.

Recommendation 4: That for each of the proposed Targeted Action Plans (finding 2) that a psychosocial disability lens be applied to ensure that the actions also benefit people with a psychosocial disability.

For example, in relation to housing and inclusive communities, this must necessarily include discussion about the social determinants of health and ensure that the notion of accessibility goes beyond physical accessibility to also include affordability, community support and inclusive practices.

Recommendation 5: That work continues to progress the development of the National Disability Data Asset, and that the Data Asset is used to:

- ***Monitor and report progress against the ADS outcomes.***
- ***Support identification of issues such as systemic discrimination across different types of disability and intersectional experiences.***
- ***Identify and report positive change and what is working well.***

The APA supports better transparency in all reporting, and continued effort to develop data reporting mechanisms which increase understanding of the issues, including in relation to the Targeted Action Plans. The APA agrees with the DRC that it should represent intersectional experiences.

The National Disability Data Asset has great potential for improving awareness and understanding of the experiences of people with disability, including to identify systemic discrimination, including intersectional experiences and by disability type. The APA looks forward to it being developed further and for the data to be able to be also used by organisations and advocates in understanding the experience of disability and improving outcomes.

Outcome and Priority Areas

The APA is broadly supportive of the seven existing outcomes areas. These align with both Human Rights principles and the social determinants of health.

In line with the recommendations above, the APA believes that it is important that a psychosocial disability lens be held to the priority areas. We do not speak for people with lived experience of psychosocial disability but note that the specific priorities expressed by people we support, and/or the means by which they could be addressed, are not obviously evident.

For example, a focus on accessible housing would be seen through a social determinants of health lens. It would recognise the impact of the specific stigma and discrimination that arises from fear of mental illness, affordability and how psychosocial disability impacts on ability to maintain housing. A focus on community attitudes would be underpinned by a concept of social citizenship, which includes identifying and supporting the roles of others so that they can assist people with a disability to engage in social citizenship and claim it for themselves.