The National Disability Insurance Scheme (NDIS) is being built on a combined total of more than 500 years of experience of the many no-fault accident compensation schemes in Australia. However, extending these schemes to a much wider array of disabilities and taking a functional rather than a diagnostic approach redesigned and built as it is being expanded.

One of the key challenges is to ensure the NDIS is person-centred, able to respond to the diverse needs of participants, including co-morbidities such as psychosocial and intellectual disability, and takes account of functional impairments, rather than diagnostic labels.

Under the legislation, the scheme is designed to cover people with a significant and permanent disability that substantially reduces their ability to participate effectively in activities or perform day-to-day living tasks or actions.

This means that, for the first time in Australian disability policy, equity is at the centre of policy design. The NDIS will not discriminate based on cause or type of disability or where or how a disability occurred; need will determine support.

Yet it is also clear that this creates particular challenges in the area of mental health and psychosocial disability.

This article explores those challenges and how the current trials of the NDIS and the work of the National Disability Insurance Agency are seeking to address them.

**Tides of change: the NDIS and its journey to transform disability support**

Bruce Bonyhady, Chairman of the National Disability Insurance Agency

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**Rolling out the NDIS**

In 2011, the Productivity Commission called for an NDIS after conducting its largest inquiry ever. It compiled a 1,400-page report and – in language perhaps unusually colourful for economists – labelled the existing disability support systems unfair, fragmented, underfunded and inefficient. The case for an NDIS was and is clear. The NDIS is core government business and received support from both sides of politics. It is an exemplar of governments doing what people cannot do for themselves.

It is one of Australia’s most significant social policy changes so it is being trialled in sites across the country so the NDIA can learn from experience and apply the lessons in the full-scheme rollout.

These trials began at four sites on July 1 last year: Tasmania (for young people aged 15–24), South Australia (for children aged 0–14), and in the Barwon area of Victoria and the Hunter area of New South Wales (for adults up to 65).

From 1 July this year, the NDIS will commence throughout the ACT, the Barkly region of the Northern Territory and the Perth Hills area of Western Australia. Rollout of the full scheme across the rest of Australia will commence progressively from July 2016.

The sheer scale and logistical challenges of building the full scheme – once rolled out across Australia it will have an annual cost of $22 billion – makes it essential that it is accountable, transparent and financially sustainable.
Bridging the medical model of the health sector (which, for example, treats the symptoms of psychosocial disability) and the social model of the disability sector (which focuses on how a person can be assisted in participating in the community) is a challenge for both the NDIS and the health sector.

Most importantly it must also seek to address the unique needs and aspirations of thousands of people who have been failed by a succession of inadequate disability support systems.

Central to the solution to these challenges is establishing the NDIA as a learning organisation and recognising that everyone from consumers to service providers and subject experts have a valuable contribution to make to its co-design.

**Challenges for psychosocial disability support**

The concept of a permanent impairment, that is central to the framing of the NDIS, does not sit easily with the framework and language of recovery which are the basis of current best practice in mental health.

While the legislation specifically includes impairments that are episodic or vary in intensity, the intention is to focus on those people with significant and persistent support needs across their lifetime. This is necessary to ensure equity and the long-term sustainability of the scheme.

Similarly the NDIS cannot take on responsibility for medical or health needs. These remain the responsibility of the health system.

Bridging the medical model of the health sector (which, for example, treats the symptoms of psychosocial disability) and the social model of the disability sector (which focuses on how a person can be assisted in participating in the community) is a challenge for both the NDIS and the health sector.

It is vital that the disability and health sectors are coordinated and complementary in providing support to people with psychosocial disability – anything less is inefficient and not in the interest of the person concerned.

The NDIS has an ongoing role in supporting the community and carer support services that the Productivity Commission defined as Tier 2 services. These include the very necessary services for people affected by lesser or shorter-term functional impairment.

These community based services, which are not based on individualised packages, are particularly important in the area of mental health, as they can prevent the development of mental illness into full psychosis and psycho-social disability.

The ACT launch in July this year will be the first experience in moving a whole jurisdiction from a state or territory-based disability support system to the NDIS. This is expected to shed further light on the best way to go about establishing and supporting the connections between the NDIS and these community-based Tier 2 services.

Through all of this, the NDIA is committed to working with the mental health sector through ongoing dialogue with industry experts as well as participating in specific events and research.

**Looking to the future**

The staged implementation of the NDIS means the NDIA is learning valuable lessons and building a rich evidence base of what works for people and cost drivers. There is still a lot more work to do, as the NDIS builds from launch sites to 460,000 participants when the full rollout is complete.
In late 2012, before my appointment to the NDIA, I addressed the VICSERV annual general meeting, because of the importance I saw in engaging with key participants in the mental health sector. In October last year, as Chairman of the NDIA, I convened a ‘Roundtable on Mental Health in the NDIS’. This panel of experts and industry leaders will meet again later this year.

The Mental Health Council of Australia has also received funding through the scheme to run a series of NDIS workshops for the mental health sector.

The NDIA will be regularly reviewing and updating procedures, guidelines and the way in which the scheme works to ensure it is fair, equitable and financially sustainable.

**How it works**

The scheme works on an insurance principle, the idea being that anybody can be affected by disability. It might be from birth or it might be acquired later in life.

One of the most important elements of these insurance principles is that the NDIS will seek to minimise costs of support and maximise opportunities over participants’ lifetimes and invest in people through evidence-based early intervention.

The NDIS is therefore very consistent with best practice in mental health.

The scheme covers people with a significant and permanent disability that substantially reduces their ability to participate effectively in activities or perform day-to-day living tasks or actions.

People aged over 65 will be covered by the existing aged-care system and will not be able to access NDIS support. Those who are under 65 when they make a successful access request will be able to choose whether to stay with the NDIS or transfer to the aged-care system when they turn 65.

The NDIS will enable people with disability and their families, for the first time in the history of disability support in this country, to have choice and control over the implementation of their reasonable and necessary supports.

Where people might have difficulty accessing the NDIS or cannot manage their own supports independently, there is provision in the legislation for them to be supported in these activities too.

The knowledge and contribution of those involved in psychosocial support at this critical launch stage – whether through formal feedback and input or simply familiarising yourself with the NDIS so you can inform your friends, colleagues or loved ones – will help ensure its future success.

I look forward to feedback and engagement from the community managed mental health sector to ensure that the NDIS best meets the needs of people with significant and persistent psychosocial disability and works seamlessly with the mental health sector.

**Accessing the NDIS and further information**

The NDIA website, [www.ndis.gov.au](http://www.ndis.gov.au), is the first port of call for information about the NDIS.

It outlines when the scheme will roll out in each area and the My Access Checker allows prospective participants to check their ability to access the scheme.

The website is continually updated with new information so it is helpful to check in regularly to keep up-to-date or, even better, sign up for our regular newsletter.

Once a person has been determined as able to access the scheme, an NDIS planner will listen to their goals and aspirations, and work with them to determine the most appropriate, reasonable and necessary supports that will help them achieve these goals.

Plans are designed to enable participants to engage in education, employment and their community and become independent, to the best of their abilities, and receive necessary equipment.

These plans include capacity building to help people learn skills needed to enter the workforce and live more independently.

For example, plans to date have included 1-3 hours a week of intensive, one-on-one lessons about handling money or cooking, or help in identifying and entering mainstream employment.

If a person does not meet access requirements for an individual plan, Agency planners and local area coordinators will help them find and connect to community supports, activities and organisations.