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**Submission to the  
Standing Committee on Uniform  
Legislation and Statutes Review**

**Inquiry into Disability Services  
Amendment Bill 2014**



**WAAMH**

**Western Australian Association  
for Mental Health**

Peak body representing the community-managed mental  
health sector in Western Australia

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## About WAAMH

The Western Australian Association for Mental Health was incorporated in 1966 and is the peak body representing the community-managed mental health sector in WA. With more than 100 organisational and individual members, our vision is to lead the way in supporting and promoting the human rights of people with mental illness and their families and carers, through the provision of inclusive, well-governed community-based services focused on recovery. WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery. Further information on WAAMH can be found at <http://www.waamh.org.au>

## Disability Services Amendment Bill 2014

WAAMH wishes to make the following comment regarding the introduction of the Disability Services Amendment Bill 2014 (the Bill) to enable the trial of the Disability Services Commission My Way model and comparison to the National Disability Insurance Scheme (NDIS).

### 26H. Trial Participants

WAAMH recognises that the purpose of the Bill is to enable the NDIS My Way trial and comparison of the two models, and that in so doing the Bill uses many of the definitions and provisions of the *National Disability Insurance Scheme Act 2013* (NDIS Act). However, some of the provisions of the NDIS Act are problematic for people with psychosocial disability.

The eligibility criteria in the NDIS Act are the gatekeeper of access to the scheme. Disability Requirements, Section 24 (b), requires that “the impairment or impairments are, or are likely to be, permanent”. While permanency is intrinsic to most traditional definitions of disability, in the context of psychosocial disability arising from a mental health condition the concept of permanency is restrictive. WAAMH firmly believes that the requirement for permanency will preclude equitable access to the scheme for people with psychosocial disability.

Most people with psychosocial disability have support needs that fluctuate over weeks, months or their lifetime, often related to the episodic nature of their illness. Further, it is often difficult to predict which people will require long-term support and which will recover sufficiently to no longer require them<sup>1</sup>.

It is well established that people can and do recover from mental health conditions<sup>2</sup>. International best practice and national policy in mental health integrates the recovery model, which can be understood as:

“... a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful,

<sup>1</sup> ‘Mental Health and the National Disability Insurance Scheme Position paper’, 2013, Mental Health Council of Australia

<sup>2</sup> ‘A national framework for recovery-oriented mental health services: Policy and theory’, 2013, Commonwealth of Australia



and contributing life even within the limitations caused by illness. Recovery

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involves the development of new meaning.”<sup>3</sup>

Similarly, Section 25 of the NDIS Act requires permanency or likely permanency of impairment to qualify under the early intervention requirements. Again, this is problematic in the context of psychosocial disability. For mental health conditions, early intervention can be understood as early in illness<sup>4</sup>, where treatment attempts to reduce the duration of episodic illness on the premise that the shorter the duration the better the outcome. Similarly, early psychosocial support can have positive impact by reducing the long term impact of the disability – a key aim of the National Disability Insurance Scheme and in keeping with the insurance principle of reasonable and necessary support.

### **Development of Regulations**

WAAMH understands that Regulations for this Bill are currently in development and that these will include adoption and/or amendment of the NDIS Rules. The Rules support the NDIS Act in determining the access to, and supports provided by, the scheme. WAAMH has identified aspects of the Rules that are deeply concerning in the context of both assessments and best practice psychosocial disability supports, limiting the opportunity for equitable access for people with mental health conditions.

WAAMH seeks the Committee to note our view that open and public consultation with the Community Managed Mental Health sector must occur in the drafting of the Regulations.

Rod Astbury

Executive Director

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<sup>3</sup> W.A Anthony, *Recovery from Mental Illness: The Guiding Vision of the Mental Health Service System in the 1990s*, Psychosocial Rehabilitation Journal, 1993, 16(4), 11–23

<sup>4</sup> Carr, V.J., Whiteford, H., Groves, A., McGorry, P. and Shepherd, Al. M., 2012, ‘Policy and service development implications of the second Australian National Survey of High Impact Psychosis’, *Australian and New Zealand Journal of Psychiatry*, 46: 708