Australian Association of Psychologists incorporated (AAPi)



NDIS Consultation Questions: Access and Eligibility Policy with independent assessments

Introduction

The Australian Association of Psychologists incorporated (AAPi) thanks the National Disability Insurance Agency for the opportunity to provide information and recommendations on the NDIS Access and Eligibility Policy.

AAPi represents psychologists traversing a wide range of areas of practice around the country, including working within the National Disability Insurance Scheme, who are on the front line of dealing with the increasingly fragile mental health of Australians.

Using these insights, we would urge the NDIA to strongly consider our recommendations to address a developing national mental health crisis.

Sincerely,



Tegan Carrison

Executive Director

Australian Association of Psychologists Inc

Phone 0488770044

Email admin@aapi.org.au

Website [www.aapi.org.au](http://www.aapi.org.au)

Postal Address PO Box 107 North Melbourne, Vic 3051

About AAPi

The AAPi is the leading not-for-profit peak body representing all psychologists Australia-wide. Our members include psychologists from all areas of endorsement as well as those who have chosen not to pursue endorsement, from graduates through to university lecturers and leaders in their field.

A group of passionate psychologists formed our organisation in 2010 to:

* Represent a united voice for psychologists to government and funding bodies
* Promote the recognition, professionalism, skills, and expertise of psychologists
* Improve access and equity to psychological services in Australia by removing barriers to effective treatment
* Advocate for the removal of the two-tier funding system and reinstate one Medicare rebate for the clients of all psychologists
* Uphold the value of all psychological expertise and pathways to registration
* Serve the professional needs of all psychologists by providing members with quality professional development opportunities, expert support, and guidance

By advocating for equality for psychologists, the AAPi is also fighting for equitable access to mental health services for all Australians.

AAPi represents the interests and integrity of all psychologists regardless of endorsement status, with members in all States and Territories of Australia.

AAPi opposes the introduction of mandatory Independent Assessments. If there are additional assessment measures that the NDIA requires, they need to be communicating this clearly to providers so that they can be included in reports, removing the need for independent assessors.

The likely impacts for people with disability if Independent Assessments are introduced are:

* Being forced to explain their situation/history/needs to an unfamiliar ‘independent assessor’ each year (and when a review is required for change of circumstance);
* Facing the review without their allied health team’s involvement or recommendations (this is particularly concerning for people with rarer diseases and syndromes);
* For people with social, cultural and language barriers as well as those with complex communication or sensory needs, unfamiliar ‘independent assessors’ are unlikely to be able to understand and assess their needs;
* Higher likelihood of being denied access or having a reduction in funding due to the standardised ‘tick and flick’ one-size-fits-all approach being adopted by the NDIA;
* The proposed assessment instruments are unlikely to capture the complex and diverse needs of all people with disabilities; and
* Participants could lose access to the long-term professional supports who have completed tailored plans and treatments for them. A therapeutic relationship is paramount in any therapy and takes time to develop - even more so with people with disabilities who have histories of abuse, neglect, or rapid and unexplained changeover of support staff. Psychologists and other medical professionals spend time earning the trust of patients, so that they can open up and share their true health and wellbeing realities. A short Q&A with a stranger is not going to uncover debilitating mental illness or negative circumstances that might be embarrassing or deeply personal to share, yet these are important insights to have when assessing needs.

# Consultation Questions

##### Learning about the NDIS

1. **What will people who apply for the NDIS need to know about the independent assessments process? How this information is best provided?**

People with disabilities who are applying to access the NDIS need to know what the process is; what the assessments are; how they will be administered; who the assessor is and what qualifications they have, as well as what their rights are regarding Independent Assessments. They also need to know how they can appeal if the assessment results in adequate funding or the plan that has been developed does not meet their support needs. There is increasing anxiety around not being able to access or challenge independent assessments. Clients need to be informed of their rights to appeal and what this process will involve. This information is best provided in many different formats so that it is accessible to all disability types.

##### Accessing the NDIS

1. **What should we consider in removing the access lists?**

It is important to consider whether this creates a barrier for people with disabilities accessing supports that they require. Some of the disabilities identified on the access lists have disabilities that require high level supports and waiting long periods of time for access to NDIS or being denied access based on inaccurate assessment will create decline in their function and create health emergencies or increase risk of harm for some individuals.

1. **How can we clarify evidence requirements from health professionals about a person’s disability and whether or not it is, or is likely to be, permanent and life long?**

Currently this is identified in the Supporting Evidence Form through the question – is the impairment likely to be lifelong?

If the treating professional has indicated yes on this form further clarification is not needed. Professional opinion should be sufficient evidence if the clinician is qualified to offer such an opinion.

1. **How should we make the distinction between disability and chronic, acute or palliative health conditions clearer?**

If their condition causes disability, functional deficits, is permanent and they are able to achieve functional improvements through NDIS supports they should be included in the scheme.

##### Undertaking an independent assessment

1. **What are the traits and skills that you most want in an assessor?**

It is of great concern that the allied health professionals who are known to participants will have little input (if any) into the participant’s eligibility determination, plan development and reviews.

Simplistic assessment by unfamiliar assessors will likely be traumatic for participants and their families, as will the use of one-size-fits-all assessment tools, will most likely result in people with complex disabilities not being assessed properly. Poor assessments are likely to lead to people being denied access to the Scheme and for those deemed eligible, they are likely to be granted inadequate funding.

NDIA appointed independent assessors will not have the depth or breadth of knowledge about a range of disabilities, particularly uncommon disabilities, to be able to adequately understand the complexity of various participant needs.

It is the position of AAPi that functional assessments and access assessments should be undertaken by providers who are assessors, are specialists in the disability being assessed, and have experience in treatment of that disability in a community setting. The most appropriate assessor may indeed be the treatment provider as they have an in-depth view of the functional capacity of the individual, they have been providing therapeutic support to and would have an existing professional relationship, thereby reducing stress for participants and their carers’. We disagree with the viewpoint that there is inherent compassion bias and challenge the validity of this concept in its entirety. The term compassion-bias appears to be pejorative and is used to undermine effective and efficient assessment and treatment. It appears to be utliised by people who do not understand the benefits of compassion and connection as part of the assessment process, and who believe that lack of humanity is somehow more actuarial and economically astute. Compassion is the ability to be present (highly attentive) and listen deeply. Compassion bias appears to be confused with unprofessional sentimentality. Psychologists and other professions providing therapeutic supports are bound by their registration to be ethical and evidence-based in their decision-making processes particularly around treatment choice and efficacy. It would be unethical and psychologists would not remain registered if they were inappropriately inflating treatment needs of clients.

1. **What makes this process the most accessible that it can be? For example, is it by holding the assessment in your home?**

Being able to choose whether you participate in the assessment or not and being able to choose a provider of your choice would be the most respectful and accessible option. Being able to choose where the assessment is to take place is also important. For some participants the requirement to participate in an independent assessment will cause extremely high levels of distress. They will not be able to participate fully in the assessment process due to their distress. Some participants with health vulnerabilities will not be safe to meet with unknown assessors due to the current COVID-19 pandemic. Many with such vulnerabilities are choosing to engage in therapeutic supports via telehealth and this needs to be an available option as well.

1. **How can we ensure independent assessments are delivered in a way that considers and promotes cultural safety and inclusion?**

Assessors of their own choice or from their own cultural group; interpreters present during assessment; and/or an allowance for a support person from their own cultural group being present during assessment, would be the most respectful option in these cases. Be mindful that some disability types may have their own identified community (e.g. deaf community and autistic community) and prefer their inclusion in this process.

##### Exemptions

1. **What are the limited circumstances which may lead to a person not needing to complete an independent assessment?**

Participants with communication difficulties will likely need access to assistive technology during the assessment process. For some individuals, they may be unable to participate meaningfully in the assessment process. This needs to be interpreted as an inability to participate rather than a refusal to participate, although it may look like the latter if the individual is distressed by the process. This requires a high level of disability specific knowledge and experience to navigate from an assessment perspective. Their treatment provider may need to be present during the assessment to facilitate assessment and even then, the individual may not be able to participate.

Participants should be given the power to choose to either undergo the ‘independent assessment’ process or use reports from their trusted allied health providers. People living with disabilities are often subjected to the prejudice and quick judgement of others, as well as loss of control and choice (a central tenet of the NDIS). This change cements that experience for participants. It takes away the participant’s right to have a tailored assessment and treatment program to improve their function and achieve goals of their choice.

##### Quality assurance

1. **How can we best monitor the quality of independent assessments being delivered and ensure the process is meeting participant expectations?**

We do not support Independent Assessments being mandatory. Allied health professionals appreciate that it takes a considerable amount of time to understand an individual’s specific disability and support needs. These practitioners have taken the time to build rapport and trust with participants before discussing personal issues and their complex disability-related needs. Other areas such as communication difficulties and sensory differences can also impact on the quality of the assessment process.

##### Communications and accessibility of information

1. **How should we provide the assessment results to the person applying for the NDIS?**

In every other service, particularly health and disability services, the client has the right to access their records unless doing so would be harmful to their health and well-being. This should also apply to assessment results. If the assessor considers that the participant or applicant needs to be supported to understand their results they should be provided with that support in a timely manner and with the support that they request.