



Queensland Alliance for Mental Health

A New Act to Replace the Disability Services Act

Submission

February 2023

Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Background

QAMH welcomes the opportunity to provide a submission to the Department of Social Services (the Department) on *A New Act to Replace the Disability Services Act 1986*. We believe this review and replacement is an important part of ensuring the Act continues to provide strong protections for Queenslanders with disability.

Our response to this submission will explore:

- The language of disability when referring to people with mental health challenges
- Quality and safeguarding arrangements – reducing regulatory burden
- Broadening the types of services funded under the Act
- Disability Employment Services

It is informed by our extensive knowledge of the Mental Health and Wellbeing Sector in Queensland, along with valuable insights provided by our NDIS Advocacy Group.

The Language of Disability

QAMH has considered both the social and legal definitions of disability put forward in the consultation paper and finds neither wholly satisfactory.

The **social definition** uses the words ‘long term’ and ‘impairment’ – both of which are contentious for people who have lived experience of mental health challenges. Mental distress, with its fluctuating/episodic nature and ongoing attempts to achieve personal recovery is distinct from physical and intellectual disability. In fact, the disability model that underpins the NDIS is diametrically opposed to a wellness and recovery framework, which instead emphasises hope, social inclusion, community participation, personal goal setting and self-management irrespective of ongoing symptoms of mental illness. This focus on permanency and functional impairment is stigmatising and does not align with how the sector sees mental distress and the recovery journey.

The **legal definition**, while acknowledging the fluctuating/episodic nature of psychosocial disability, still emphasises its permanency and is therefore in opposition to recovery-oriented practice. An alternative definition of disability could refer to people who require significant functional support to live their best lives.

Other language used within the objects of the new Act, which is contentious within the Mental Health and Wellbeing Sector includes the term “empower”. A recovery-oriented approach recognises that we cannot empower or motivate people, but rather we provide opportunities for people to reclaim their own power, voice and direction.

In addition, the term “in conjunction with people with a disability” runs counter to the sector’s view that people with mental health challenges should “lead” the planning, development and review of their services.

Quality and Safeguarding Arrangements

QAMH welcomes the Department’s exploration of various ways to reduce regulatory burden for providers. There are currently multiple standards against which community mental health services are assessed, each involving a lengthy, resource-intensive process. The preparation required for a single accreditation process is substantial. Anecdotally, members tell us they may need to allocate a staff member to focus on the collation of material for at least six months before a site accreditation visit. Clearly this regulatory burden is problematic for smaller organisations with already stretched resources.

It is essential that there is a marrying of the National Standards for Disability Services with others including the National Standards for Mental Health Services, the Digital Mental Health Standards, the Aged Care Quality Standards, the Human Services Quality Framework, the NDIS Practice Standards and the new National Safety and Quality Mental Health Standards for Community Managed Organisations. Detailed mapping of a mutual recognition framework which shows overlay between various standards would be highly beneficial so services are not required to meet the Standards multiple times.

Similarly, it is essential that assessors who are already engaged with a service in an accreditation process would be able to assess that same service against multiple standards. This would reduce the burden of having to familiarise a new assessor with the service’s practices and internal processes.

Types of Services Funded Under the New Act

QAMH believes that the list of services funded under the new Act should be broadened to include those specific to psychosocial disability. While support workers working with people with mental distress certainly provide the services listed in the consultation paper (accommodation support,

employment and training, independent living, and information and education), they also provide recovery coaching which is specific to psychosocial disability.

Through their expertise in coaching people with severe complex mental health issues, recovery coaches assist people to build on their strengths and increase their capacity to live a full and meaningful life. The inclusion of this important service in the NDIS was an acknowledgement that people with psychosocial disability have different needs to those with physical or intellectual disability. We therefore strongly recommend that recovery coaching is included as a service funded under the new Act.

QAMH would also suggest the removal of the term “recreation” which is a relic of the old Act and replace it with more contemporary language such as “community access to leisure activities”.

Disability Employment Services

QAMH welcomes the Department’s current review of disability employment supports, including a co-designed approach to replace the current DES program. However, we would hope that new services include the Individual Placement and Support programs which have a strong evidence base to support their continued use.

The links between employment and good mental health are well established. There are a number of ways that employment can improve mental health:

- “Working can give people a sense of identity, and provide regular interaction and shared experiences with people outside of an individual’s immediate family;
- The collective effort and purpose of work can provide a sense of personal achievement;
- Structured routines associated with work help give direction to the day and promote the need for prioritisation and planning; and
- Increased employment of people with mental illness can reduce the stigma of mental illness throughout the workforce.”¹

The Productivity Commission specifically recommended that people with mental illness have access to Individual Placement and Support (IPS) programs as a priority reform. These are supported by a large body of evidence and involve rapid job search for competitive employment, on-the-job training

¹ Australia. Productivity Commission. (2020). Mental Health Inquiry Report, 1(95), p49.

and ongoing case worker support. IPS programs are delivered by a number of QAMH members, with excellent results. WorkWell is a program run by NEAMI, which fuses the principles of IPS with the Collaborative Recovery Model (based on a person's strengths, values and ongoing search for meaning in life, and an enduring hope for recovery). A recent evaluation conducted by the University of Sydney and La Trobe University demonstrated its success. Almost half of participants gained a competitive employment position. Average employment duration was 21.6 weeks and average weekly wage was \$478. The findings underestimated the job tenure period because at the end of data collection 29 of the 48 people who had gained employment were still working.²

Stepping Stone Clubhouse is another QAMH member who provides a range of employment services to people experiencing mental distress, including transitional, supported and independent employment. Their transitional employment program, where people work in part-time roles for six months to gain confidence and reintegrate into the workforce, has been particularly successful. The ultimate goal is to transition out of these roles and into the competitive workforce, a process which is further supported by their independent employment programs.

Thank you for the opportunity to comment on this consultation paper. We look forward to reading the Department's response. Please do not hesitate to contact QAMH should you require any further information.

² Scanlan, J.N., Feder, K., Ennals, P., & Hancock, N. (2019). Outcomes of an Individual Placement and Support Programme Incorporating Principles of the Collaborative Recovery Model, *Australian Occupational Therapy Journal*, 66(4), pp519-529.