



6 August 2019

Dr Karen Hooper  
Principal Commissioner

By email to: [enquiry@qpc.qld.gov.au](mailto:enquiry@qpc.qld.gov.au)

Dear Dr Hooper

**Re: Inquiry into the National Disability Insurance Scheme market in Queensland**

Thank you for the opportunity to provide feedback to the Inquiry. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch would like to commend the Productivity Commission for its commitment to investigating this important element of the National Disability Insurance Scheme (NDIS).

The RANZCP is the principal organisation representing the medical speciality of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists in policy issues.

The RANZCP Queensland Branch notes the many benefits the NDIS has brought to people with disability in Queensland. However, there remains opportunities to strengthen several areas within the NDIS including data collection and service mapping and training of support staff.

*Data collection and service mapping*

There remain ongoing issues with disability care being market driven as many gaps remain in service provision for people with disability across the state. The RANZCP Queensland Branch appreciates the NDIS is designed to enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports. However, while need may be identified there remains many instances where services are not available, particularly for those with complex behaviours or in rural and remote areas.

There remain opportunities for creativity and development of service provision in many areas especially supporting those with complex needs and child mental health. An assessment of available service providers regionally would be helpful in recognising and addressing the gaps with the potential for creativity in this space. This could be combined with education and training in business skills to support the creation of local disability support services to meet the needs of local NDIS participants, particularly in rural and remote areas.

The development of a tool which identifies likely prevalence and areas of regional need would assist service and accommodation providers in planning and provision. Currently service access is negotiated on an individual level which impacts access and availability. Without this level and type of data being available to the disability sector, service gaps will continue, negatively impacting on the lives of people with disability.

As such, the collection of data would be a valuable tool in helping improve services for people with disability, allowing for planning to support overall health and wellbeing through better service access.

*Training of support staff*

The RANZCP Queensland branch recognises that service provider support staff are an important part of the NDIS. Ensuring appropriately skilled, supported and remunerated staff are caring for people with disability will improve care and provide NDIS participants with the ability to work towards their goals more effectively.

As seen in the recent NDIS Quarterly report, 63% of people with psychosocial disability in Queensland who applied to the NDIS during this period were found eligible. [1] Members of the RANZCP Queensland Branch are concerned that there remain issues around consistency in NDIS access. Members have noted examples where people have attempted to access the NDIS with similar conditions and severity but have had very different NDIS assessment outcomes.

Mental Health Australia noted in its report on psychosocial disability pathways that health professionals report confusion of eligibility due to inconsistent information received from NDIA staff. [2] While acknowledging that the NDIS is a large scale reform with many elements, it is important a more robust process is developed to reduce inconsistencies and to reduce difficulties among psychiatrists when referring patients to the NDIS due to uncertainty of outcomes and eligibility and to circumvent negative impacts on the therapeutic relationship.

To discuss any of the issues raised in this letter, please contact Amelia Rhodes, Policy Manager (Branches) via [amelia.rhodes@ranzcp.org](mailto:amelia.rhodes@ranzcp.org) or by phone on (03) 9601 4921.

Yours sincerely



Professor Brett Emmerson AM  
**Chair, RANZCP Queensland Branch Committee**