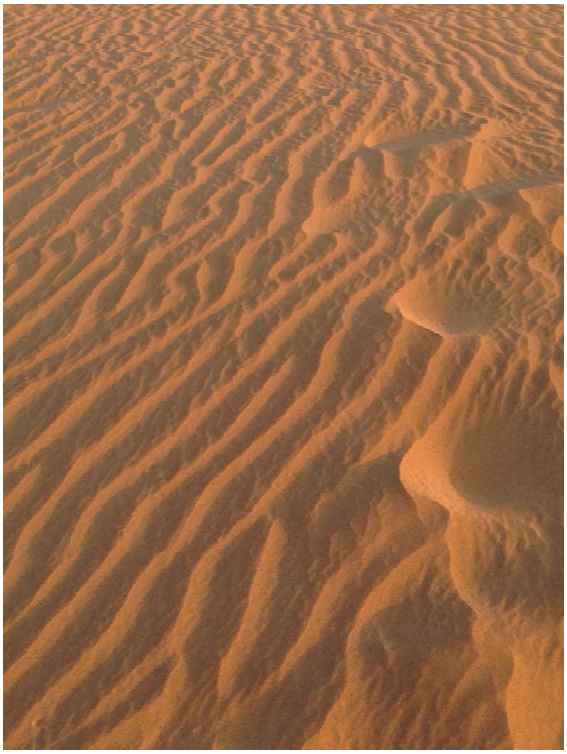
Commonwealth Mental Health Programs Monitoring Project:

Tracking transitions from PIR, PHaMs and D2DL into the NDIS

Interim report

Phase 1



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CMHA
Community Mental Health Australia

THE UNIVERSITY OF SYDNEY

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Mission Australia
NEAMI QLD
One Door Mental Health
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National Mental Health Commission

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Acknowledgements

We would like to acknowledge the contributions of the 22 mental health focused community mental health organisations around the country that participated in Phase 1 of this project. Your data and the feedback provided has given us a good initial understanding of the experiences of Australians living with psychosocial disability transitioning or not transitioning from federal mental health programs into the NDIS. With the increasing number of providers engaging in the following phases of this project, and with the insights you provided within this pilot phase regarding the complexity of data, we look forward to building upon this initial 'picture' and establishing an increasingly national and robust understanding.

Project Background

In partnership, Community Mental Health Australia (CMHA) and The University of Sydney are collating, analysing and reporting, on data available regarding the transition of Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR) and Day to Day Living (D2DL) clients to the National Disability Insurance Scheme (NDIS). Currently, data available varies significantly depending on the source and we don't therefore have available a reliable, transparent and comparable source of national data.

Why does this matter?

Policies, funding decisions and time-frames for funding reallocations are all being made based upon an assumed number of people transitioning from federally funded programs into the NDIS and an assumed speed or rate of transition. Accessible national data will facilitate policy and funding decisions to be made in-line with actual practice. This will help to ensure that reallocations of funding do not occur too rapidly, leaving those not yet ready to test their eligibility, not choosing to do so, or found ineligible for the NDIS without needed community-based mental health services and supports.

Additionally, the national government has made a commitment to the 'principle of no disadvantage' through the bilateral agreement between the Commonwealth and state governments. Accessible national data will make accountable this commitment to ensuring that 'no one will be worse off' under the scheme. Further this project will scrutinise the assumptions of eligibility rates versus the reality as it is put into practice, providing unique insight into these statistics.

Process

A set of broadly representative provider organisations from each of the three programs (PHaMS, D2DL & PIR) across each state and territory have been identified and engaged as partners in the project. Engagement in this project during Phase One means providing data regarding their clients in these three programs who are transitioning or otherwise to the NDIS. Providers were sourced through the membership of state and territory peaks – noting that the members of Community Mental Health Australia (CMHA) are the peaks and that CMHA is a coalition of these peaks. Efforts were and will continue to be made to ensure the participating providers are broadly representative and include both metropolitan and regional/rural programs.

Organisations that wanted to participate contacted their peak or the university team.
Each was provided with a data sheet based on the list below, developed in partnership between the Commission, CMHA and the university. The University of Sydney team collected, collated and analysed the data. Project governance involved a project team comprising a representative from the National Mental Health Commission, CMHA, and the University of Sydney.

This is a project that involves four iterative phases. The first phase, reported here, is a pilot phase with a smaller number of participating organisations than anticipated in the phases to follow. In this pilot phase an initial understanding of NDIS transition was gained and the most accessible, least burdensome methods for organisations to provide data to the research team in following phases established. In phases 2 – 4 the national reach will expand as will the robustness of the findings.

Quarterly interim reports based upon each of the four phases will include contextual information, and the analysis and interpretation of national data from across the three programs – PIR, PHaMs and D2DL. These interim reports will be fed back to participating organisations for reflection and engagement in the planning for the following phase and will be made publicly available. This is the first interim report.

Phase One Findings: August – October 2018

"Transparency is all about letting in and embracing new ideas, new technology and new approaches. No individual, entity or agency, no matter how smart, how old, or how experienced, can afford to stop learning." Gina McCarthy

I. Data collection

In this phase we trialled a spreadsheet provided to each organisation to populate. Feedback clarified that the diversity of operating systems used across the sector made completing this spreadsheet unduly burdensome for many. In phase 2 we will modify the process of collecting data to reduce this burden without compromising depth and quality.

The following is a summary of the data sought from provider organisations:

- The number of current clients in the program
- The number of these clients who have applied for the NDIS/chosen to test their NDIS eligibility
- For those who have applied –
    - Length of time from application to determination
    - Outcomes (number who have been deemed eligible and number who have not
- For those assessed as ineligible –
    - Reasons provided for ineligibility
    - Alternative referrals/pathways provided and reasons for these
    - The number of appeals submitted for those who were assessed as ineligible
    - Length of time between appeals being lodged and reviewed
    - Outcomes of those appeals
- For those assessed as eligible for NDIS –
    - Number who have received a plan
    - Length of time between eligibility and plan being received
    - The number for whom the plan led to an appeal for plan review
- For clients who chose not to/declined to submit an application for NDIS support –
    - Reason/s or why
    - Alternative referrals/pathways provided (if any) and reasons for these

II. An overview of participating organisations and programs

In phase 1, 22 organisations (seven providing data on more than one program type) participated. These included a diverse mix of both large, national and small single site, mental health specific and disability broader focused organisations and a Primary Health Network. They included services delivered to rural, remote and metropolitan-based communities. The programs provided by these 22 organisations spanned five states and territories. Collectively, in phase 1, we received **data on over 3000 individuals**.

III. An overview of each program type – organisations and dataset

PIR

Across **five states and territories, 17 organisations** engaged in providing PIR transition data. Data from one organisation were removed from the analyses because NDIS was not yet available in the area and thus no applications had been submitted. Therefore, **analyses are based upon the data from 2464 individual PIR consumers**. These organisations included several lead agencies and were reporting data for up to 377 clients. Other organisations were small PIR provider organisations with as few as 25 PIR consumers. Data were provided from programs spread across metro, regional and remote regions with some covering more than one ASGS-RA classification*. The majority (60%) of the PIR data came from metropolitan areas (RA1), 30% were from regional areas (RA2 or RA3), and the remaining 10% from remote areas (RA4 or RA5).

*Note: Australian Statistical Geography Standard-Remoteness Area (**ASGS-RA**) is a geographical classification which defines locations in terms of remoteness, i.e. the physical distance of a location from the nearest Urban Centre. The higher the number, the more "remote" a community is. Data is based off 2016 data collected from: http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator

PHaMs

Eight organisations across four states provided data regarding **493 individual PHaMs clients**. The program in the ACT, where NDIS has been operating the longest had the highest percentage of clients now accepted into the NDIS. A couple of the WA organisations had very low number of people who had transitioned. This was due to a number of their programs being within areas in which NDIS is yet to commence. Most programs (78%) were servicing consumers in metropolitan areas (RA1), and the remaining 22% from remote areas (RA4 or RA5).

D2DL

Data from only three organisations delivering D2DL are included in phase 1. Collectively they provided data on **181 D2DL clients**. Data from the D2DL program came from areas classified as metropolitan (67%) or regional (33%).

IV. What proportion of people have/have not applied or tested their NDIS eligibility to date?

IN SUMMARY

A LOW PROPORTION OF CURRENT CLIENTS ACROSS THE 3 PROGRAMS HAVE OR ARE CURRENTLY APPLYING FOR NDIS

54% of currently active PIR clients have or are currently applying

50% of currently active D2DL clients have or are currently applying

21% of currently active PHaMs clients have or are currently applying.

PIR

Organisation	State	# of people	# Applied	% Applied	Not Applied
RA1	NSW	288	246	85%	42
RA1	NSW	280	123	44%	157
RA1	NSW	284	116	41%	168
RA2 / RA3	NSW	302	141	47%	161
RA1	NSW	377	247	66%	130
RA4 / RA5	NT	62	11	18%	51
RA1	QLD	62	26	42%	36
RA1	QLD	163	54	33%	109
RA1 / RA2	QLD	188	161	86%	27
RA2 / RA3	VIC	25	17	68%	8
RA1	VIC	170	100	59%	70
RA1	WA	114	35	31%	79
RA1	WA	35	22	63%	13
RA2	WA	32	25	78%	7
RA1	WA	38	10	26%	28
RA1	WA	44	1	2%	43
TOTALS		**2464**	**1335**	**54%**	**1129**

Note. RA1 = metropolitan; RA2 = inner regional; RA3 = outer regional; RA4 = remote; RA1 = very remote

Overall, **54% of the 2464 individuals included in these analyses had applied for NDIS.** The percentage of PIR consumers who had applied varied greatly between organisations/PIR programs. The highest was 86% and the lowest was 2%. This large range was in part due to the length of time that NDIS had been available within the area. However, it is important to note that only 18% of NT PIR consumers had applied (this program was remote and servicing a high proportion of Aboriginal consumers). The NDIS barriers particular to Australia's first people are well documented. Other than the Northern Territory (only one program), no other noticeable trends or differences between other states and territories were apparent. Variations appear within rather than across states and territories. There

were no significant trends across metropolitan or regional areas and not enough data from remote areas to comment beyond the Northern Territory.

PHaMs

Organisation	State	# of people	# Applied	% Applied	# Not Applied
RA1	ACT	63	32	51%	31
RA1	QLD	17	3	18%	14
RA1	WA	36	7	19%	29
RA1	WA	32	6	17%	26
RA1	WA*	135	12	9%	123
RA1	WA	96	16	17%	80
RA4 / RA5	WA*	59	1	2%	58
RA1	VIC	55	25	45%	30
TOTAL		**493**	**102**	**21%**	**391**

Notes. * These organisations have a number of programs operating within areas in which NDIS is yet to commence. RA1 = metropolitan; RA2 = inner regional; RA 3 = outer regional; RA4 = remote; RA5 = very remote

The overall percentage of **people from PHaMs programs who had applied for NDIS eligibility (21%)** was lower than from PIR programs (21% verses 53%). This difference remains when programs outside of operating NDIS areas are excluded.

D2DL

Organisation	State	# of people	# Applied	% Applied	# Not Applied
RA1	ACT	26	0	0%	26
RA2	WA	66	46	70%	20
RA1	VIC	89	45	51%	44
TOTAL		**181**	**91**	**50%**	**90**

Note. RA1 = metropolitan; RA2 = inner regional;

Three services across three states provided data on 181 D2DL clients in total for this phase. Thus, in this first phase, the D2DL data is too small to provide more than an initial indication. One of these (ACT) reported that none of their clients wanted to apply for NDIS. Collectively however, **50% of clients we had data for had applied** (very similar to the larger set of PIR data).

V. Understanding the reasons for not applying for NDIS eligibility assessment

Qualitative data were provided to explained why an application had not been made for each individual. Data were coded and frequencies/percentages of are shown in the table below. While half of participating organisations were unable to provide individualized data and thus they are not included in the tables, most of them provided a collective list of most common reasons and these align with themes within the tables below.

PIR

Data were provided for 605 individual PIR clients who had not submitted an application for NDIS (57% of the dataset).

REASONS FOR NOT APPLYING *	NUMBER (%) OF PEOPLE
Evidence gathering, new client, application underway	447 (74%)
Clients doesn't want to, undecided, not ready to decide	86 (14%)
Client too unwell, disengaged	28 (5%)
Not in an NDIS operating area	23 (4%)
Out of age bracket	9 (1%)
Incarcerated	5 (<1%)
Other more urgent issues such as housing	4 (<1%)
Applying with another agency	3 (<1%)

PHaMs

Data were provided for 228 individuals (58% of the data set).

REASONS FOR NOT APPLYING	NUMBERS (%) OF PEOPLE
Evidence gathering, new client, application underway	100 (44%)
Client too unwell, disengaged, not ready	67 (29%)
Clients doesn't want to, undecided, not ready to decide	23 (10%)
Not in an NDIS operating area	21 (9%)
Applying with another agency	7 (3%)
Deemed ineligible by organisation	7 (3%)
Out of age bracket	3 (1%)

D2DL

The primary reasons reported for D2DL clients not applying were consistent with other program types and included: further gathering of evidence; client not interested because the process is too stressful; client is too unwell to apply at the moment; client is still deciding whether to apply, and client doesn't believe they will be eligible.

DISCUSSION POINT:

The high percentage of people across all federal programs who have not yet applied for an NDIS assessment because they are still gathering evidence for an application speaks to the complexity of the application criteria and the barriers that exist for this population. These many and complex barriers have been reported repeatedly elsewhere (e.g., Mind the Gap: NDIS and Psychosocial Disability Report, University of Sydney and National Disability Insurance Scheme: Psychosocial Disability Pathway, Mental Health Australia).

The new plans for a specialised Psychosocial Disability Stream or pathway announced in October 2018 (https://ministers.dss.gov.au/media-releases/3691) evidences that the NDIA are aware of the unique needs and challenges of this population engaging with the sector. This specialised stream was labelled a critical step for the NDIS in providing a better pathway and support for an anticipated 64,000 Australians with psychosocial disability, as well as their families and carers. In practice the pathway will enable the employment of specialised planners and upskilling Local Area Coordinators, enhance linkages between mental health services and NDIA, staff, and focus on a recovery-based planning and episodic needs. As

the pathway is progressively implemented during this project, we hope to see increasing numbers of clients applying for NDIS.

In December 2018 NDIA recognised the need to formally acknowledge the complex supports that are provided within preexisting programs (PIR, PHaMs and D2DL), to ensure that 'no one will be worse off' it is essential that these higher skilled staff are able to continue to deliver crucial supports. A recognised barrier to this included the higher cost to providers to retain these staff. In recognising this, an introduction of a third tier was added to the level of price controls designed to support the retention of these specialised skilled workers. This promising example suggests that NDIA are listening to recommendations of experts to enhance pathways and supports for Australians living with psychosocial disability.

The second most frequently reported reason for not applying (client doesn't want to) also highlights the ongoing work needed to demystify the Scheme, inform more consumers about the Scheme and reduce the burden of applying for the Scheme. Again, with a range of new NDIA initiatives including the Psychosocial Disability Stream, we hope to see these barriers reducing across phases 2-4 of the project.

VI. Time between application and outcome

PIR

Three organisations reported that the longest waiting periods between application and outcome was over 400 days, with one greater than 500 days. Interestingly, the longest period of waiting in the NT was only 45 days (much less than all other programs). The average waiting period (data provided by 14 organisations) was 74 days. Shortest waiting periods across the 14 organisations ranged from 1 to 20 days.

PHaMs

Six organisations reported this data. Queensland reported the longest waiting time (243 days for one person), but overall, waiting time for PHaMs clients were shorter than those reported for PIR clients. Two people had their outcome on the same day as their application. The average waiting time was 74 days.

DISCUSSION POINT:

The great variance in time to process applications has again be raised previously and highlights the variance in standards or practices across the country. This is an area that is also expected to improve as the new Psychosocial Disability Stream is implemented.

VII. Eligibility outcomes for those who did apply

IN SUMMARY

A HIGH PROPORTION OF CURRENT CLIENTS ACROSS THE 3 PROGRAMS ARE BEING ASSESSED AS NOT ELIGIBLE FOR THE SCHEME

28% of PIR clients who applied were assessed as ineligible

More than half of PHaMs clients who applied were assessed as ineligible

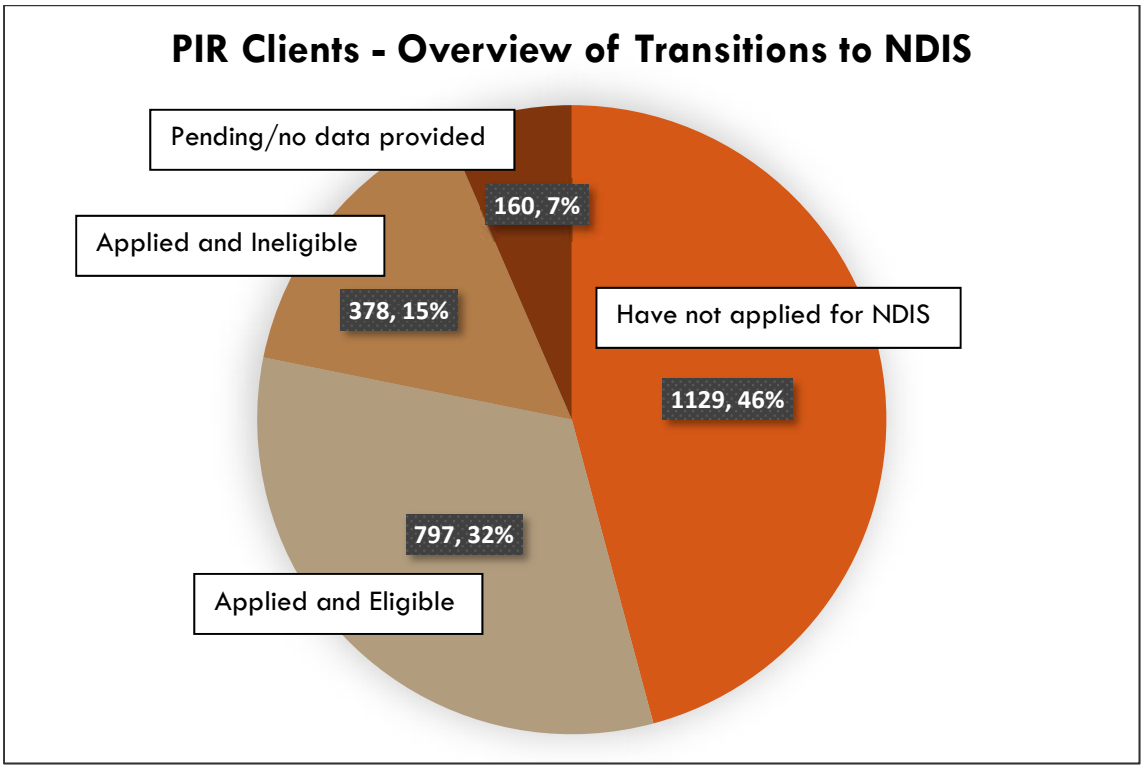
PIR

Of the 1335 (54%) of PIR consumers who had applied for the NDIS, 797 (60%) were assessed as eligible, 379 (28%) were assessed as ineligible, and 138 (12%) are awaiting a decision or the outcome was not reported in the data.

Organisation	State	Applied	Eligible	Ineligible	Pending/not reported
RA1	NSW	246	173	52	21
RA1	NSW	123	76	29	18
RA1	NSW	116	63	42	11
RA2 / RA3	NSW	141	65	60	16
RA1	NSW	247	174	73	0
RA4 / RA5	NT	11	3	3	5
RA1	QLD	26	11	8	7
RA1	QLD	54	23	27	4
RA1 / RA2	QLD	161	107	32	22

RA2 / RA3	VIC	17	14	3	0
RA1	VIC	100	52	21	27
RA1	WA	35	11	7	17
RA1	WA	22	11	7	4
RA2	WA	25	12	10	3
RA1	WA	10	2	4	4
RA1	WA	1	0	0	1
TOTALS		**1335**	**797**	**378**	**160**
Percentages		**100%**	**60%**	**28%**	**12%**

Note. RA1 = metropolitan; RA2 = inner regional; RA 3 = outer regional; RA4 = remote; RA5 = very remote



PHaMs

Of the 493 PHaMs clients reported on, only 102 (21%) had tested their eligibility for NDIS. Data from seven out of the eight organisations reported **greater numbers of ineligible outcomes than successful/eligible outcomes**. The outcomes for 26 people were still pending. We were informed of only one appeal being made regarding an ineligible assessment. This data is limited and needs to be developed and strengthened over the next phases of the project.

DISCUSSION POINT. The data are too few in this phase to make many meaningful interpretations. It does however raise questions to be interrogated in future phases. Are the lower 'success' rates from this program (PHaMs) leading to other PHaMs clients choosing not to apply, or leading to organisations shying away from encouraging clients to apply? Does the lack of reported appeals from PHaMs programs also speak to staff/consumers' despondency?

VIII. Other important aspects still to develop and delve into over the next phases

This report is based upon data provided by 22 organisations straddling 5 states and territories and reporting upon data from over 3000 individuals currently using PIR, PHaMs or D2DL programs. While an examination of this preliminary data evidences low proportions of people applying for NDIS packages and high proportions of people being assessed as ineligible, the robustness and interpretation of these findings will increase throughout the next three phases. Equally, this project will be occurring within a timeframe of anticipated changes, further roll-out and improvements to the Scheme specifically for those living with Psychosocial disability. We will be able to witness through phase 2-4 data whether new initiatives such as the Psychosocial Disability Stream have a positive impact on this transition-focused data.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