

National Mental Health Commission: Submission to the Joint Standing Committee on the National Disability Insurance Scheme inquiry into NDIS planning (September 2019)

The National Mental Health Commission (NMHC), established in 2012, has a national remit to provide insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention system, and act as a catalyst for change to achieve these improvements. The NMHC takes a broad approach to assess the impact of mental health on individuals by looking at the social determinants of mental health which include education, housing, employment, justice, human services and social support. There are three main strands to the NMHC work: monitoring and reporting on Australia's mental health and suicide prevention systems; providing independent advice to government and the community; and acting as a catalyst for change.

The NMHC welcomes the opportunity to make a submission to the Joint Standing Committee on the National Disability Insurance Scheme inquiry into NDIS planning, particularly as it relates to participants with psychosocial disability.

NDIS planning issues affecting participants with psychosocial disability

NDIS planning has been identified as an area of concern for participants with a psychosocial disability. For example, during the 26 February 2019 hearings to the Joint Standing Committee on the National Disability Insurance Scheme, inconsistent planning outcomes for people with psychosocial disability was reported to be driven by a lack of clarity around the eligibility criteria, an overreliance on diagnosis over functional needs within the assessment and planning process, and the absence of a validated assessment tool for planners.¹ The NMHC has also heard that there are gaps in the NDIS planning process. This view was commonly connected to a perceived lack of understanding of psychosocial disability by the NDIA workforce. Evidence across several sources highlights the following NDIS planning issues for people with psychosocial disability:

- Planning outcomes are inconsistent, with similar participants receiving different access decisions, review decisions, or different levels of funding.¹⁻³
- Family, carers, and health professionals are often not included in the planning process.^{1,2,4}
- Plans and plan reviews are inflexible and do not account for the episodic nature of psychosocial disability.^{1,3,4}
- Plans are inappropriate for people with psychosocial disability, with insufficient funding allocated to capacity building.^{1,3}
- Inappropriate plans compound issues faced by participants, as once they have a plan they can no longer access state and territory services.¹
- People with psychosocial disability are more likely to require additional assistance to manage and implement their plans.^{2,4-6}
- People with psychosocial disability are less likely to use the funding in their plans because they receive insufficient support to access services, or because they do not understand how to access support.^{2,4}

There are three key ways in which NDIS planning may be improved. The first is to build the capacity of those working with NDIS participants with psychosocial disability to ensure that plans are responsive to the episodic nature of mental illness. The second is to ensure that NDIS participants with psychosocial disability have access to appropriate support during the planning and review process. And the third is to identify, evaluate and report on what works and does not work for people with psychosocial disability, and use this evidence base to improve the planning and review outcomes for NDIS participants with psychosocial disability.

Meeting and understanding the planning needs of participants with psychosocial disability

The nature of severe and complex mental illness means that people with psychosocial disability experience additional barriers to accessing and implementing NDIS plans. As such, it is important that those working with and supporting NDIS participants during the planning and plan review process have a good understanding of psychosocial disability. This knowledge will inform the development of plans that are appropriate and account for the episodic needs of participants with complex and severe mental illness.

The NMHC acknowledges recent work by the National Disability Insurance Agency (NDIA) to build the capacity of the NDIS workforce and improve the experience of NDIS participants with a psychosocial disability. This includes implementing psychosocial disability training for NDIA staff, training for health professionals including general practitioners and psychiatrists, rolling out the complex support needs pathway, and implementing service improvements to the psychosocial disability service stream.⁵

The complex support needs pathway and psychosocial disability service stream have the potential to address some of the issues relating to NDIS planning, particularly as both initiatives include specialised planners and Local Area Coordinators with specific knowledge about complex and severe mental illness. The NMHC has heard that the complex support needs pathway program and psychosocial disability service stream are working to improve the participant experience for people who have accessed these pathways, including providing faster decision making and approvals. In contrast, participants not accessing the pathways were more likely to be subjected to inconsistent decisions and continued to face delays in accessing plans.

The complex support needs pathway began expanding to all states and territories in March 2019, and the NDIA reported in June 2019 that service improvements to the psychosocial disability service stream have occurred.⁵ There are benefits to understanding learnings from the complex support needs pathway and psychosocial disability service stream as they are rolled out, but there is currently no publicly available information about participant outcomes under either initiative.

Recommendation 1: The NMHC recommends that the NDIA publishes information about the outcomes of the complex support needs pathway and the psychosocial disability service stream, including information about the impact of specialised planners on NDIS planning outcomes for people with psychosocial disability.

Providing appropriate assistance through support coordination

People with psychosocial disability are more likely to require additional support to implement their plans. Support coordination is one mechanism through which participants can receive this assistance. Effective support coordination can help participants exercise choice and control over the design and deployment of support packages, and assist families and carers efforts in supporting participants to gain the greatest possible benefit from the NDIS.

Support coordination is funded through participant plans, but is not a standard inclusion in NDIS packages.⁷ According to the NDIA, 42% of all active participants between March and June 2019 included support coordination in their plan. But there is no recent publicly available data on the use of support coordination in NDIS plans for people with a psychosocial disability. Despite its potential, it appears that support coordination is being underutilised by participants with a psychosocial disability. NDIA data from 2017 revealed that participants with a psychosocial disability committed an average of 8% of their plan to support coordination.⁸ Evidence provided to the Joint Standing Committee on the National Disability Insurance Scheme also highlighted that it was common for support coordination to not be provided or adequately funded in plans.¹

A 2018 report by Mental Health Australia identified support coordination as a concern for participants with psychosocial disability.⁴ The report recommended that support coordination should be included in every planning discussion with NDIS participants with psychosocial disability, and should be part of a more extensive set of “assertive outreach and personalised NDIS engagement support functions” that should start with assisting potential NDIS participants to understand the Scheme and continue through access, planning, implementation and review processes⁴. The NMHC supports recommendations by Mental Health Australia for support coordination to be incorporated in planning discussions and as part of efforts to support participants through all stages of the NDIS.

Recommendation 2: The NMHC recommends that the NDIA include support coordination as a standard item in all plans for people with psychosocial disability.

Information sharing and data transparency

An understanding of outcomes in relation to different aspects of planning is required to successfully address issues and improve the planning and review outcomes for NDIS participants with psychosocial disability. The NDIA quarterly report to the Disability Reform Council is currently the primary source of information about NDIS participants with a psychosocial disability.⁹ Although useful, the reports do not provide the level of detail required to understand impacts of the NDIS for people with a complex mental illness.

Information about NDIS planning for people with psychosocial disability is either limited or not available. For example, recent data from NDIA shows that an average of \$63,000 has been committed in plan supports for people with psychosocial disability.⁵ But, there is currently no publicly available data about how participants with psychosocial disability use their funding. Similarly, as noted above, there is no recent information about allocated funding for, and use of, support coordination in plans.

Greater transparency and access to information about NDIS participants with psychosocial disability is essential, particularly in relation to the NDIS application, access, and planning and review outcomes for people with psychosocial disability. This includes information about how long it takes to get access to the scheme, the extent to which participants use their funding, and the extent to which participants with a psychosocial disability are accessing and using support coordination.

Recommendation 3: The NMHC recommends that the NDIA routinely publish data about participants with psychosocial disability including information about planning and review outcomes by population groups, plan utilisation, the extent of support coordination in plans, and current rates of expenditure on supports in plans.

References

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