

**Hon Kevin Andrews MP**

Chair

Joint Standing Committee on the National Disability Insurance Scheme

PO Box 6100

Parliament House

Canberra ACT 2600

12 March 2019

Dear Mr. Andrews,

Thank you for the opportunity to appear before the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) at the public hearing in Melbourne on Tuesday 26 February 2019.

Further to the issues raised before the Committee, I would like to provide some supplementary commentary regarding the following matters: Planning process and packages; Data and reporting; Thin markets; and Commonwealth community mental health services.

#### **Planning process and packages**

I am pleased to report that our Victorian stakeholders have reported there has been a noticeable improvement over the past 12 months in the process of a participant's transition from the state scheme – MHCSS – to the NDIS. Stakeholders have welcomed the following:

- Planning meetings can now take place at a location of the participants' choice and the problematic phone planning seems to no longer be occurring.
- The new plan format is reportedly clearer and easier to navigate.
- Participant packages seem to be improving over time with more appropriate supports and funding – although this remains inconsistent across regions.
- NDIA/LAC staff knowledge and understanding of psychosocial disability appears to be improving as the Scheme matures, albeit unevenly across roll-out regions.
- The streamlined access process for Personal Helpers & Mentors (PHaMs) has been positively received, as has the extension of the time to gather evidence beyond 28 days.
- The option for Partners in Recovery (PIR) support workers to remain as support coordinators for their clients due to the introduction of the in-kind funding.
- Plans for a psychosocial disability competency framework and training within the Agency.
- Plans for a specific psychosocial disability stream / pathway within the Scheme.

There are however considerable areas for improvement, including:

- The apparent lack of consistency and variations in the planning process across regions, which has been attributed to Planner knowledge and experience.
- The under-funding of Support Coordination in plans, despite it being flagged by participants, families and workers as a crucial line item for people with psychosocial disability to help them navigate and access their NDIS supports.
- The large number of people with NDIS plans who are (for a range of reasons) not engaging and are therefore without services. Many NFP providers are responding to hard-to-reach participants by doing unfunded outreach – a commendable response, but in no way sustainable in the longer term.
- The cases of participants reportedly receiving plans of very low amounts or 'dollar' plans.

The last point is of particular concern as participants in this situation are not in receipt of any form of service. Having been accepted into the Scheme, they receive a plan with very limited supports whilst being excluded from other services that only offer to supports to people ‘outside’ of the NDIS. In the absence of detailed statistics, it is unclear whether these cases are outliers or indicative of a broader problem.

**Recommendations:**

- *Fast track the roll-out of the psychosocial disability competency framework and subsequent training / capacity building for NDIS staff.*
- *Ensure consistency of process and understanding across regions and NDIA / LAC staff that ensures that all participants with psychosocial disability receive plans that adequately address their needs. This includes:*
  - *Adequate funding for Support Co-ordination*
  - *Adequate funding that allows for the fluctuating needs of people with mental illness*
  - *Supports (both core and capacity building) that are reflective of the needs and goals of the participant.*
- *Ensure that very low or ‘dollar’ packages are reviewed and rectified as a priority.*
- *Implement an approach that addresses the issue of ‘hard to reach’ participants and those who have disengaged from services, or provide a process and compensation for services who are doing this work unpaid.*

**Data and reporting**

As discussed at the public hearing, there is insufficient publicly available statistical information to monitor the progress of psychosocial disability participants. The data that is available covers the entire Scheme at either a national or state level – it is not granular enough to monitor how individual cohorts are faring.

- We know, for example, that as of 2018-19 Q2, 77% of Victorian participants were satisfied with their NDIS experience (down from 93% in early 2017-18 Q3). We do not know where the psychosocial disability group sits.<sup>1</sup>
- We also know that the average annualised committed supports for a Victorian participant with a psychosocial disability is in the high \$30,000s<sup>2</sup> – in NSW the average is in the high \$60,000s.<sup>3</sup> It is unclear why there would be such a large difference between the states.

**Recommendations:**

- *Publish comprehensive quarterly statistics that include a deeper level of detail for each of the different disability groups. This would include state and territory statistics that reflect such things as:*
  - *A breakdown of plan amounts into more specific funding and support categories.*
  - *A reflection of plan activity (i.e. how plans are being spent across core and capacity building supports).*
  - *Participant numbers across regions.*
  - *Participant satisfaction ratings across a range of Scheme experiences.*

<sup>1</sup> COAG Disability Reform Council Performance Report – Victoria 31 December 2018, p.22.

<sup>2</sup> Ibid., p.28.

<sup>3</sup> COAG Disability Reform Council Performance Report – NSW 31 December 2018, p.28.

### **Thin markets and the quality and safety of services and supports**

As discussed at the public hearing, metropolitan Melbourne is becoming a thin market for service provision for people with a psychosocial disability, with major providers withdrawing from core support provision.

Providers are finding that the NDIS pricing structure does not allow them to engage qualified mental health support workers to provide services. Core support funding only allows for lesser-skilled workers (often with no background or experience in mental health), placing risk on the participant, worker and the service provider. Since Scheme inception service providers, participants, families and peak bodies have been advocating for recognition of the need for a skilled and qualified psychosocial disability workforce in order to ensure NDIS supports meet quality and safety standards.

Mental Health Victoria supports the work that has been undertaken by Mental Health Australia on *Optimising Supports for Psychosocial Disability* which provides an evidence base to deliver the most appropriate support to NDIS participants with psychosocial disability.

#### **Recommendation:**

- *Introduce NDIS service items that better meet the needs of people with psychosocial disability. This includes an associated pricing structure that allows for certain supports to be delivered by people with skills, experience and qualifications in mental health.*

### **Commonwealth community mental health support**

Funding for the Personal Helpers & Mentors, Partners in Recovery, and Day to Day Living (D2DL) programs is scheduled to finish on 30 June 2019. Uncertainty around funding arrangements beyond this date is creating anxiety amongst both consumers and the mental health workforce. Mental Health Victoria recommends that funding for the Commonwealth community mental health supports is rolled over for another three years.

We note that the Productivity Commission is currently undertaking an Inquiry into Mental Health. This inquiry is expected to recommend wide changes to the way mental health is funded; but a continuation of the PHaMs, PiR, and D2DL programs will give a measure of much needed stability to the sector in the interim and help retain a skilled workforce.

Mental Health Victoria supports the previous recommendation of this Committee that clients receiving mental health services, including services under the Commonwealth programs, transitioning to the NDIS should not have to apply for the NDIS to have a guaranteed continuity of support and access to services. The Government rejected this recommendation, on the basis that the majority of clients of these services were expected to be eligible for the Scheme, and that testing eligibility would be in the best interests of existing clients. Experience has now shown that unacceptably high numbers of clients of Commonwealth-funded services are being rejected by the Scheme; and that the experience of unsuccessfully applying for the NDIS can severely negatively impact on an individual's mental health. We therefore urge the committee to again make this recommendation to government.

#### **Recommendations:**

- *Extend funding for Commonwealth community mental health supports for another three years.*
- *Reinforce the recommendation that clients currently receiving mental health services, including services under Commonwealth programs transitioning to the NDIS, namely Partners in Recovery, Personal Helpers and Mentors, Day to Day Living, and Mental Health Respite: Corer Support, should not have to apply for the NDIS to have guaranteed continuity of support and access to services.*

## **Conclusion**

Mental Health Victoria commends the Joint Standing Committee on its efforts towards shaping a better NDIS for current and future participants. The positive developments that have emerged since the Scheme commenced are an encouraging response from the NDIA and recognition of the need to make specific changes to better meet the needs of people with psychosocial disability. However, there is still much to be done with regard to the appropriateness of plans, the level of understanding of psychosocial disability at an NDIA and LAC staffing level, and initiatives to ensure that services are able to provide safe and quality supports to participants.

Mental Health Victoria looks forward to continuing to work with all necessary stakeholders to ensure that people with severe and persistent mental illness and their families and carers receive the right supports and services for them to live meaningful lives as contributing members of our communities.

Sincerely,

**Angus Clelland**

Chief Executive Officer