

Mental Health and NDIS  
Facebook Support Group

17 February 2017

Joint Standing Committee on the National Disability Insurance Scheme  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Sir/Madam,

The Mental Health and NDIS Facebook Support Group thanks the committee on the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition, to allow us raise serious concerns we have with submission by the National Disability Insurance Agency, and also contained within the Submission by the Department of Social Services Submission. Both appear to have been based on the same source data, after the closing date for submissions.

To discuss any of the information in the following Supplementary Submission please contact Greg Franklin, a Group Administrator,

We would also welcome the opportunity to personally present input to the Committee

Yours Sincerely

Greg Franklin  
Administrator  
Mental Health and NDIS Facebook Support Group

# The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

## Mental Health and NDIS Facebook Support Group Supplementary Submission Supplementary

### About the Mental Health and NDIS Facebook Support Group

The Mental Health and NDIS Facebook Support Group was created in November 2016 to assist those with a mental illness, their families and carers in navigating the NDIS. The need for the group is profound, due to the many inconsistencies in its implementation, a lack of practical support from the NDIA, and to assist those whose mental wellness was being seriously compromised by the application, planning, and review process. Knowledge sharing forms a key component of the group, with those few having success in their transition to the NDIS sharing the strategies they used. The group currently consists of 723 members and is growing quickly. It is limited to only people with a mental illness, their family members, carers and Australian Citizens. Each applicant is screened before being accepted, to try and ensure that members can speak freely about experiences with the NDIA and Service Providers, without fear of retribution, that some have experienced, after complaints to the NDIA on staff behaviour, and Service Providers.

### Late Submission in Response to Submissions by DSS and NDIA

The Mental Health and NDIS Facebook Support Group is very alarmed by numerous inaccuracies, in the Submissions by the National Disability and Insurance Agency, and the Submission by the Department of Social Services. We will limit our concerns to the National Disability Insurance Agency's Submission. The Department of Social Services Submission appears to have used the same data set as the NDIA, and contains similar inaccuracies. We will address the major concerns we have under each of the terms of reference.

Rather than highlight every erroneous point we will raise only our major concerns. The other issues can be dealt with by cross referencing to other submissions, or if required, we can organise for a representative to address the issue with the Committee.

1. The most major statement that has caused anger and frustration for group members is the following under terms of Reference 1b

"The NDIA ensures that participants who are not eligible for the NDIS are provided with information about relevant supports in their community and are connected to a Local Area Coordinator (LAC) or are funded to have a support coordinator who is able to assist to link them to services within their community when required.

The commitment to the continuity of support for current service participants who are not eligible for the

NDIS has been agreed to by all Commonwealth, state and territory governments as part of bilateral agreements, noting that detailed operational arrangements to achieve this objective are still under

negotiation with all jurisdictions, excluding Victoria. The NDIA assists the Commonwealth in this planning with the provision of data as available and regular meetings (i.e. Commonwealth Mental Health Transition Committee, NDIA, DoH and DSS Data Committee)”

Of all the group members not one has had this occur. A form letter is either sent, or people are told via telephone that they did not meet the criteria. In addition PHaMs and PIR are not accepting new clients as they prepare to shut down. It should be worth noting that only 30% of the group were aware of either of these two Services. The only remaining supports are those provided by State Health Systems. And only then when the person is in crisis.

In addition, NDIS representatives are informing people the following, quoted by a group member:

“At a Commonwealth Respite Service Conference for Carers in Ballina last week, the attending NDIA fellow said "if you haven't had a reply to whether your plan was successful in being funded after 3 weeks, you should assume it hasn't been accepted for funding."

Just like that. Not even a rejection letter. Given this, I highly doubt they are linking those who they see as not meeting NDIS criteria to anyone or service. The Conference I refer to was 1/3/17 at Ballina RSL Club, organised by Commonwealth Respite at Alstonville NSW”

2. The NDIA is literally forcing the number of applicants to be maintained at 64,000. This is highlighted in our original submission. The NDIA appears to base their evidence of those rolled in via PHaMs and PIR. As pointed out t in item 1, only 30% were aware of these services. The number obtaining assistance was in the order of 20%. Those receiving the assistance were informed that their information had been automatically sent to the NDIA. This proved not to be the case. One group member recently rejected was told over the telephone that a PHaMs report would have helped!  
In addition a major NGO in the Southern NSW region has informed a group member, who’s application was rejected after they submitted with the assistance of the NGO, that all Psychosocial applications they have helped prepare are now being rejected within 3 days, via a form letter. The NGO has asked for clarification from the NDIA, but the NDIA refuses to respond. The applications are all very similar, taking into account the applicants conditions, to those submitted successfully in the past.

It would be safe to assume that the NDIA deems that any more acceptances within that region will place the 64,000 figure in Jeopardy, and are therefore simply rejecting any further applications. As a result of this the group is aware of 4 suicides in the region.

In Conclusion I would ask the Committee to accept this late addendum to our original submission, as we believe it important that erroneous information in the referred submissions be made known to the Committee. As stated there are other aspects of the submissions we could comment on, but trust the committee will take into account the overwhelming data supplied in the other 110 submissions. As previously stated we would welcome the opportunity to appear before the committee

Yours Sincerely

Greg Franklin  
Administrator  
Mental Health and NDIS Facebook Support Group