



## Private Mental Health Consumer Carer Network (Australia) Limited

*engage, empower, enable choice in private mental health*

### National Secretariat,

PO Box 542, Marden S.A. 5070  
Phone: 1300 620 042  
Email: [admin@pmhccn.com.au](mailto:admin@pmhccn.com.au)  
[www.pmhccn.com.au](http://www.pmhccn.com.au)

### Patrons:

Professor Alan Fels AO  
Ms Barbara Hocking OAM  
Mr John McGrath AM

### SUBMISSION

## Inquiry into the National Disability Insurance Scheme Savings Fund Special Account Bill 2016

To: Parliament of Australia, Senate Standing  
Committee on Community Affairs, Legislation Committee

Sent via email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

### 1 Introduction

We thank the Parliament of Australia, Senate Standing Committee on Community Affairs, Legislation Committee for the opportunity to provide input into this Inquiry.

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who have private health insurance and/or who receive their treatment and care from private sector settings for their mental illnesses or disorders and their carers. As our title implies, the Network is the authoritative voice for consumers and carers in private mental health settings.

The Network is committed to working with the Parliament of Australia and relevant others in addressing the needs of people with a mental illness and their family or carers. We bring to this Submission, a mental health consumer and carer perspective.

### 2 Comments

The Network has concerns that the remuneration to service providers through the NDIS is not at an amount which fully covers the costs of the services provided to eligible NDIS consumers. This has serious repercussions on the wellbeing of the consumer as the service provider organisations need to consider a number of scenarios. Some of these factors are:

- whether to provide the service at a loss to the organisation which inevitably is not a good business model.
- provide the service with less qualified personnel.
- Provide less services for shorter periods.
- Or refocus their service provision on other areas and not include NDIS consumers.

None of the above are acceptable to the Network and the following is an example of some of the concerns we have about how well the NDIS will meet the needs of people with psychosocial disability. We recognise that it is early days for the NDIS and that it genuinely seeks to

make things better for people with significant psycho-social disability. Having said that the 'Partners In Recovery' model which has been a wonderful service for the last few years, will discontinue.

The Network continues to support the transition process to the NDIS because although the PIR has served people well, this is not continuing and we certainly do not advocate for the old days of people with severe and persistent mental health disability unable to seek or receive care or to be homeless.

One of the best ways in which we can articulate our concerns is to provide a Case Study herein:

This has been supplied by a carer (on 21<sup>st</sup> September, 2016) with names changed for anonymity. We can provide an email or phone link should you wish to speak directly to her.

### **Case Study**

*Lyn (NDIS service provider within her own Company) was contracted to provide pre-planning advice and support to Paul (NDIS Consumer) who had been allocated \$1000.00 to pay for Lyn's services.*

*There has only been two meetings during this year (2016), with the last contact from Lyn in mid-May. Paul and his mother Sharon had been trying to contact Lyn in recent days to see what was happening about Paul's plan because Sharon was concerned that no pre-planning activity had occurred. Paul said that Lyn had told him she would just be asking for the 'default'. Paul did not know what this meant and seems completely unaware of what would be happening to his NDIS plan request.*

*After leaving messages, Lyn finally contacted Sharon at 8.30am in the morning to say she would be attending today's planning meeting. Sharon spent the previous night putting together the carer statement setting out Paul's mental health progression as much as she could. When Paul and Sharon arrived to meet with Lyn to discuss what to expect from the meeting, she had no information and no plan. What she scribbled on paper was information Sharon provided to her as she and Paul were waiting, she did not even have the names of Paul's family supports.*

*What concerns Sharon (Paul's mother) most is that Lyn then proceeded to talk about how she would be putting in a request for fortnightly meetings with Paul for an hour at a time. This had not been discussed with Paul or Sharon and she had previously talked to Paul about contracting another person (Julie) from Richmond Fellowship to be the support co-ordinator.*

*When Paul made contact with Julie through Partners in Recovery, life for Paul at that time could hardly have been worse. Julie spent months patiently working with Paul to get him to the amazing stage of wellness that he now has.*

*Sharon believes it is a conflict of interest on Lyn's side to put it to Paul in this meeting that she plans to be his support co-ordinator. Her aggressive demeanour and lack of interest in Paul during these months leads Sharon to believe Lyn would not be good for Paul in this role and Sharon suspects Lyn would not fulfil her contact role.*

*Paul is vulnerable and non-worldly and was put into a situation of feeling that he had to choose Lyn rather than Julie because he would not want to hurt Lyn's feelings so directly.*

*The other instances of concern to Sharon were Lyn's statement that she had a cleaner lined up to work for Paul – again with no reference or discussion with him. Sharon believed Lyn's behaviour about the mobility allowance was appalling and her statement that she would talk to her contact in Centrelink about Paul's circumstances raises great concerns for Sharon.*

*Paul may appear well, but he is able to put on a good show of confidence and competency when required, but he has not miraculously been cured of the schizophrenia he was diagnosed with 15 years ago. Sharon is not sure where to go with this and she is seeking guidance.*

*Sharon now wonder in what capacity Lyn attended the meeting and whether she can claim a payment from the funds Sharon is holding when she was contracted to be the pre-planner only. Does the pre-planner role preclude her from putting her company's services forward in the plan when Paul was not given the opportunity to choose his supports?*

*Should Sharon pay for Lyn's attendance at the meeting when she had not put together a plan for Paul and claimed she had tried to make contact with both of them, but was having 'problems with her emails'. She had both Paul and Sharon's phone numbers and to have made no attempt at contact since May is very unsatisfactory.*

*Sharon feels upset about the way Lyn behaved in their meeting and very guilty about not taking more involvement in this situation, but she had been trying to allow Paul to make decisions and take more control over his life.*

*At the last meeting Paul and Sharon had with Lyn in May, Lyn told Paul that he would probably not be accepted, but that she would fight to have this reversed on appeal. Sharon was shocked and dismayed at this statement and distressed that she could put such negativity to Paul so early in the process. Sharon did try to gently convince Paul that he would be better off asking Julie to progress his application, but he felt a loyalty to Lyn and it was Julie who had suggested he use this particular company because they knew more about NDIS and would assist him to get a good package.*

*The activities of the service provider company have not given Sharon any hope or confidence that they would be right to help Paul achieve his amazing goals and aspirations.*

*Sharon is so distressed and concerned about this situation, but doesn't know how to go about getting Paul's interests best managed.*

*She recognise that NDIS is about choice for the participant, but when the person has not learned how to make the right choices, or know when someone is taking advantage of his naiveté, how is he able to know if he is being manipulated? Paul's young-adult, formative years of learning were severely disturbed by the effects of his severe mental illness.*

Carers also need support and given our concerns around sufficient remuneration for NDIS consumers, we strongly recommend carer issues and needs also be supported.

Thank you for the opportunity of providing this Submission. We would be very happy to provide further details on the phone number or email address

Yours faithfully,

Ms Janne McMahon OAM  
Chair and Executive Officer  
5<sup>th</sup> October, 2016