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Mr Gerry McInally
Secretary
Parliamentary Joint Standing Committee on the
National Disability Insurance Scheme
PO Box 6100
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Dear Mr McInally

Thank you for the opportunity for the National Disability Insurance Agency (NDIA) to give evidence at the Committee's inquiry into services under the National Disability Insurance Scheme (NDIS) for people with psychosocial disabilities related to a mental health condition on 16 June 2017.

It became apparent in the nature of the questions and from our analysis of the issues raised at the hearings that there remains some confusion with regard to a number of the technical components of the application of the NDIS for those with a psychosocial disability

I have enclosed a number of simple explanations that the Committee may find useful as background information in their deliberations and which indicate that there is clear alignment of the NDIS to the supports needed by this cohort.

In addition, I thought I would take this opportunity to provide you with the latest National Mental Health Sector Communique from March 2017. The attachment describes key projects, key data and the ongoing collaboration with the mental health sector.

Yours sincerely

Stephanie Gunn
Acting Deputy Chief Executive Officer
Participants and Planning Group
National Disability Insurance Agency

18 July 2017

Encl.

NDIS and psychosocial disability

Background Information

Access – How do we determine and how do we undertake the access process?

Access to the National Disability Insurance Scheme (NDIS) is determined by the criteria set out in the *National Disability Insurance Scheme Act 2013* (the Act) and the *Becoming a Participant Rules 2016* (the Rules).

The role of the access assessor is to assess evidence against all of the five legislative requirements at Section 24(1) of the Act. A psychiatric diagnosis is not a requirement to access NDIS (although extremely helpful if available) as the heart of NDIS is looking at the functional impact of the impairment.

Psychiatric Impairment

The assessor must firstly determine that the potential participant has both a psychiatric impairment resulting from the condition/diagnosis of symptoms and that the psychiatric impairment has resulted in a reduction or loss of an ability to perform an activity.

The legislative requirements that require the primary focus of the access assessor are then*: likely permanence of impairment and substantially reduced psychosocial functioning in undertaking activities.*

Likely permanence of impairment

A permanent impairment is an impairment for which there is no known, available, appropriate evidence based treatment that may remedy the impairment. An impairment for which the impact on psychiatric functioning fluctuates in intensity (episodic) may still be considered permanent despite the variation.

There is no requirement at access that treatment must be completed for permanency to be demonstrated. What is required is evidence from a primary treating clinician that all appropriate treatment options that may remedy the impairment have been fully explored and the impairment is likely to remain regardless of ongoing recovery based treatment. A primary treating clinician is usually a psychiatrist or a general practitioner but in extremely rare circumstances (i.e. rural and remote), may be psychologist.

Substantially reduced capacity

A substantial reduction in capacity is an inability to effectively participate in or complete a task (much more than a person experiencing difficulty with task completion). For a reduction to be considered substantial within a domain (the legislative requirement) there must be an inability to effectively function within the whole or majority of the domain not just a singular activity.

For example a person may be unable to participate in a specific social group such as a chess club because they are unable to comply with the rules and social norms accepted by the group (thus are unable to complete the activity of attending chess club). If the person is still able to go on walks and outings with friends, go shopping (albeit at quieter times of the day) and attend dinner with friends, then capacity within the social interaction domain is not substantially reduced. When deciding whether capacity is substantially reduced within a domain the access assessor will look at what the person can do as well as what they cannot do. The six legislative domains are: *Communication, Social Interaction, Learning, Mobility, Self –care, and Self-management.*

NDIA considers the impact of the psychiatric impairment on to day-to-day functioning between acute episodes not at any given point in time. It is irrelevant whether the potential participant is acutely unwell or having a particularly good day at the time of access request.

How does the NDIS fit with the mental health system – what are the pathways?

We need to be clear about what the NDIS is designed to do — and what it is not. The NDIS was never intended to replace the mainstream mental health system and it was not intended to replace all community-based support or treatment for people living with mental health conditions.

Each year about 690,000 Australians will experience a serious mental health issue. For some that will be short term and for others this may become a long term experience, despite access to mental health treatment.

The original NDIS projections are that only 64,000 of these people experience a severe and ongoing "psychosocial disability" caused by their mental illness for which they will receive individualised plans and supports, guided by the reasonable and necessary principles under the NDIS eligibility criteria.

A further 230,000 people who now qualify to access federal and state government funded, non-medical services in the community will not qualify for individual funding under the NDIS. The NDIS was never intended to replace the current mainstream mental health system support to this group.

We need both a high-quality NDIS and a high-quality mainstream mental health system, working together.

As outlined in our submission to the inquiry, at December 31 2016, approximately 44% of participants with primary psychosocial disability were recorded as currently receiving services through State/Territory or Commonwealth programs, and 56% are not recorded as receiving services. Whilst there are limitations with this information (in particular, in determining whether supports have been received in the past), it is worth noting that there is a mix of new and existing participants.

Potential participants can come into the Scheme in two ways:

- As a person receiving services from a 'defined' program where it has been agreed that most participants would meet the evidence of disability criteria. This is not the usual pathway for most people with psychosocial disability.
- As a 'new' participant who is required to provide evidence to meet the access criteria. This is the pathway for most people with psychosocial disability.

The NDIA works closely with DSS and DoH Mental Health programs and State/Territory mental health services to assist the participants and service providers of designated programs to transition to the NDIA, as requested (noting that not all Commonwealth and State/Territory mental health programs are transitioning to the NDIS). The NDIA is also exploring ways with governments to maximise the contributions of Commonwealth and State/Territory mental health service providers to assist with access for potential participants and planning for eligible participants.

The commitment to the continuity of support for current service participants who are not eligible for the NDIA has been agreed to by all Commonwealth, State and Territory governments as part of bilateral agreements.

However, a person does not have to be an NDIS participant to receive support from the NDIS. The NDIS will connect people with disability, their families and carers, including people who are not NDIS participants, to disability and mainstream supports in their community. In the future, these sorts of connections will also be made through NDIA's Information, Linkages and Capacity Building (ILC) and/or a Local Area Coordinator (LAC) may be able to assist to link them to services within their community when required.

Staff Skills and Training

Agency staff and partners work across all states and territories. People are recruited, supported and valued for their unique skills and experiences including people with disabilities. The Agency had exceeded its target of 15 per cent of its workforce identifying as having a disability by June 2016.

The NDIA has a range of staff from many different backgrounds including mental health professionals such as mental health nurses, occupational therapists, social workers and psychologists.

All NDIA staff have access to online training in 'Recovery' and other mental health training as relevant in their region. Each NDIA staff member has a 100 day plan which enables a review of performance and looks to the next 100 days to grow performance, values, and capability. The 100 day plan identifies professional development needs and assists managers to identify the training staff may require. This may include specific training to assist people with psychosocial disability with their plans.

The NDIA has a national Mental Health team with extensive mental health expertise which includes the Strategic Adviser, Mr Eddie Bartnik, who was previously the Mental Health Commissioner for Western Australia (WA) and also had extensive disability experience. This team engages with key stakeholders, undertakes identified projects with the focus to build 'Subject Matter Expertise' across the staff network.

The NDIA has recently appointed Subject Matter Experts' within the access, planning and technical advisory teams, all who have a strong background in mental health services.

Appropriate practice guidance to assist NDIA staff to work with participants with psychosocial disability has been developed for both the Access and Planning teams and range of ways to embed the guidance in practice is being explored within teams to suit their unique regional needs.

The NDIA is will complete further work in the coming year to redevelop the Community of Practice in line with regional needs to enhance practice for people with psychosocial disability.

The Agency has a commitment to people working together to deliver quality service. The way the Agency's staff work with each other and the community they serve is important. Developing relationships with local services including mental health services is part of the role of NDIA Engagement staff and the NDIA partners. Appropriate guidance and resources for Regional Engagement teams have been developed and ways to further engage with the mental health sector in regions are currently being explored.

The NDIA will also develop a framework to further describe the psychosocial disability capability, specialisation, training and resources required for each level of staff in the next year.

What type of supports do we typically put in a person's plan- what are the things that we will fund - what will we not - and how do we use these to address episodic needs?

The Scheme will fund supports that assist a person to undertake activities of daily living. This includes:

- assistance with planning and decision making and household tasks;
- assistance to build capacity to live independently and achieve their goals, such as building social relationships, as well as financial management and tenancy management skills; and

- supports to engage in community activities such as recreation, education, training and employment.

Participants can choose to access their funded supports through centre-based services, in-home, day services, community access, and outreach services.

The NDIS also recognises it needs to take into account and respond to varying, and at times fluctuating levels of disability associated with mental health conditions. The planning process is flexible and can respond to the varying support needs of the individual. An individual will be able to access more practical support when needed and less when not required.

The health and mental health systems have responsibility for assisting participants with clinical and medical treatment. The health and mental health systems are responsible for the diagnosis and treatment of psychiatric conditions and mental illness.

This includes:

- all medical and clinical services such as general practitioners, mental health treatment by psychiatrists or psychologists;
- care while admitted in hospital, in-patient, and residential care; and
- medications and pharmaceuticals.

The health system is also responsible for other health related services such as dental care, palliative care, and nursing care.

The term “recovery” is used widely throughout the mental health sector and can refer to ‘clinical recovery’ which is about the treatment of impairments and elimination/ amelioration of symptoms of mental illness and/ or ‘personal recovery’ which refers to living a satisfying, hopeful, contributing life within the limitations caused by the illness. In the NDIA context, recovery is about achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from mental health issues.

The NDIA is committed to ensuring that recovery and hope restoring recovery practice are supported for participants with psychosocial disability through the design and implementation of the NDIS. Importantly, we understand that hope and optimism are important elements in recovery. The NDIS provides:

- Choice and control for participants: The road to recovery is best judged by the participant. Support includes capacity building for self-management, including choosing supports and who provides supports.
- A lifetime commitment to supports and funding as required: Recovery is possible. The journey is personal and support when it is needed is a key component of recovery.
- Increased independence and social and economic participation: Engaging with the community through social participation, education and employment helps build resilience and purpose.
- Support for a partnership approach: Support provided under the NDIS is disability focused but recovery oriented. It is connected to diverse supports as required.

Current thinking on Functional Assessments for people with psychosocial disability

There are no severity indicator tools or functional impairment assessments routinely used within the mental health sector. However, the NDIA has identified a number of mental health outcome measures including Health of the Nation Outcome Scale (HONOS) and Life Skills Profile 16 (LSP16) which are routinely used in the mental health sector. These outcome measures can be useful in making access decisions.

During the determination of access process, the NDIS accepts evidence of disability in the chosen format of the potential participant. The following assessments are recognised by the NDIS of providing evidence of functional capacity:

- Life Skills Profile 16 (LSP16);
- World Health Organisation Disability Assessment Schedule (Whodas)
- Health of the Nation Outcome Scale (HONOS)

The NDIA requires that functional assessments are completed by a suitably qualified person which includes:

- Mental health/allied health professional:
- primary treating clinician; or
- Australian Mental Health Outcomes and Classification Network (AMHOCN) trained worker.

Additionally, the NDIA will also accept the following information to contribute to the evidence of disability requirements:

- Assessment information provided by the participant and/or the participant's carer to Australian Government agencies such as Centrelink – for example, for the purposes of Carer Allowance, Carer Payment or Disability Support Pension.
- Assessment information provided by state/territory governments.
- Assessment information provided to or prepared by the participant's existing service provider – for example, Partner in Recovery (PIR) assessments or Personal helpers and Mentors (PHaMs) Eligibility Screening tool within the last six months.
- Other assessment-related information the participant considers is relevant and useful in describing their support needs.

The NDIA has developed a specific factsheet '*Completing the NDIA Access process: Tips for communicating about psychosocial disability'* to assist clinicians and service providers to understand the NDIS access process, access criteria, the functional assessment tools, and additional information which is helpful.

Potentially, the mental health outcome measures may also be helpful in the development of a reference package for people with psychosocial disability. In the second stage of the psychosocial reference package project, data collection is underway with up to 300 participants with psychosocial disability as part of the development of the psychosocial reference package. Data is being collected on the following measures:

- World Health Organisation Disability Assessment Schedule (Whodas)
- Health of the Nation Outcome Scale (HONOS)
- Life Skills Profile 16 (LSP16);

As there is no reference package for psychosocial disability as present, the NDIA uses World Health Organisation Disability Assessment Schedule (Whodas) as the default tool (as with other disability groups).

National Mental Health Sector Reference Group Sector Communiqué – March 2017

The National Mental Health Sector Reference Group (NMHSRG) provides expert advice from a cross section of the mental health sector to the National Disability Insurance Agency (NDIA) about the integration of psychosocial disability and mental health into the Scheme. The NMHSRG is also an important mechanism for information sharing across the mental health sector and the broader community. As such, the purpose of this Communiqué is to provide the key outcomes of the ninth meeting of the NMHSRG which took place on 6 March 2017 in Melbourne.

The meeting was well attended with members focusing on the important work underway in transitioning to a national Scheme and planning the integration of mental health and psychosocial disability into the NDIS.

The NMHSRG, chaired by NDIA Strategic Adviser Mr Eddie Bartnik, includes diverse sector representatives and is attended by expert guest presenters when necessary.

The following members, project managers and invited guests were in attendance:

Chairperson

1. Mr Eddie Bartnik, NDIA Strategic Advisor

Members

2. Mr Evan Bichara, Consumer Representative
3. Ms Arahni Sont, Carer Representative
4. Ms Janet Meagher AM, NDIS Independent Advisory Council
5. Mr Frank Quinlan, Mental Health Australia
6. Ms Joanne Llewellyn, Department of Social Services (for Mr John Riley)
7. Ms Lorraine Langley, Mental Health Drug and Alcohol Principal Committee (for Robyn Humphries)*
8. Ms Nikki Maloney, Mental Health Drug and Alcohol Principal Committee (for Amy Wyndham)*
9. Dr Anthony Millgate, Department of Health
10. Ms Amanda Bresnan, Community Mental Health Australia
11. Ms Marita Walker, NDIA Regional Manager, Western Australia
12. Mr Scott McNaughton, NDIA General Manager, Participant Pathway Design

Project Managers

13. Mr Rod Astbury, Community Mental Health Australia
14. Mr Josh Fear, Mental Health Australia
15. Ms Bronwyn James, Department of Social Services (for Ms Joanne Llewellyn)
16. Ms Belinda Krause, NDIA Actuary
17. Ms Deborah Roberts, NDIA Mental Health Section
18. Ms Elspeth Jordan, NDIA Mental Health Section
19. Ms Aisling Blackmore, NDIA Mental Health Section
20. Ms Belinda Wilson, NDIA Mental Health Section

Invited Guests

21. Mr Matt Wright, NDIA Branch Manager, Design and Inclusion
22. Ms Kristie Letheby – NDIA, National Access Team
23. Mr Cain Beckett, NDIA Branch Manager, Markets and Pricing

Dialling in

1. Mr John Feneley, Mental Health Commission (NSW)**
2. Ms Sarah Johnson, NDIA Scheme Actuary

Apologies

1. Dr Gerry Naughton, NDIS Independent Advisory Council
2. Mr John Riley, Department of Social Services
3. Ms Paula Zylstra, Department of Health
4. Ms Emma Coughlan, Mental Health Australia
5. Ms Robyn Humphries, Mental Health Drug and Alcohol Principal Committee
6. Ms Amy Wyndham, Mental Health Drug and Alcohol Principal Committee
7. Ms Julie Anderson, Consumer Representative
8. Mr Jason Leung, NDIA Program Analyst

*representative of the Mental Health Drug and Alcohol Principal Committee (MHDAPC) of the Australian Health Ministers Advisory Council
**representative of Mental Health Commissions.

Summary of the Ninth Meeting

The Chair acknowledged traditional owners and those with lived experience – families, friends, and supporters and those in the community. The Chair welcomed members to the first meeting of the NDIA Mental Health Sector Reference Group (the NMHSRG) for 2017 and thanked the members for their ongoing commitment to attending the meeting.

The Chairperson acknowledged that the NDIS gives effect to Australia's obligations under the *United Nations Convention on the rights of People with Disabilities* (2006) and noted the criticality of continuance of the National Mental Health Sector Reference Group as an ongoing partnership mechanism between the mental health sector and the National Disability Insurance Agency.

Chairperson's Report

The Chairperson welcomed new members and acknowledged invited guests:

- Mr. Scott McNaughton – newly appointed NDIA General Manager, Participant Pathway and Deign, presenting to members the Access Pathway and First Plan Update
- Mr. Cain Beckett, NDIA Branch Manager, Markets and Pricing – presenting to members the Markets and Providers Update
- Mr. Matt Wright, NDIA Branch Manager, Design and Inclusion
- Ms. Kristie Letheby – NDIA Assistant Director, National Access Team

The Chair acknowledged that this would be Arahni Sont's last meeting and noted that she had made significant contributions every meeting, as well as making a really important contribution to many other committees and groups over a long time. Frank Quinlan echoed the Chair's thanks and appreciation for Arahni's contribution as a Carer Representative. Arahni noted a wonderful 7 years on the National Register, and thanked the National Mental Health Sector Reference Group.

The Chair acknowledge the rapidly changing external environment for NDIS and Mental Health, specifically in relation to the Joint Standing Committee (JSC enquiry), Productivity Commission Review,

and the draft Fifth National Mental Health Plan. NDIA continues to change internally as well, and is moving to the next stage of operational capability.

The International Initiative for Disability Leadership and International Initiative for Mental Health Leadership exchanges in Sydney from the 27th of February to the 3rd of March 2017 were also noted, and the engagement of more than 400 people from 10 countries with an excellent range of services available for leadership exchange matches across Australia and New Zealand was commended. The next IIMHL and IIDL conferences will be held in Sweden in May 2018. Mr Bartnik shared information about meeting researcher Bevin Croft at IIDL and learning about her controlled research project on impacts of self-directed support for Mental Health consumers. (Link: HRSI - Demonstration and Evaluation of Self-Direction in Behavioral Health).

Members' Reports

The Chair introduced the agenda item as a high level overview to share perspectives from each stakeholder. Of significance, the NMHSRG heard feedback including:

- The NDIS Independent Advisory Council (IAC) had met two weeks prior to this NMHSRG meeting and had also completed a site visit to the Blue Mountains.
    - IAC members had noted how the Early Childhood Intervention model could possibly be used as a framework for the Mental Health Sector.
    - The IAC and CEO had received feedback around planning and the planning process. The IAC have discussed a more outcomes-focused approach to planning, in which plans are seen as pathways to addressing a particular need.
    - The IAC was contributing to the Joint Standing Committee (JSC) enquiry, and likely to do a response to the Productivity Commission. In addition, the IAC is currently working on a paper on peer work.
- Members of the National Register of Mental Health Consumers and Carers noting;
    - The need to advocate to the JSC to explore the scale, sustainability, costs and relationship with mainstream mental health supports to ensure a successful NDIS for all Australians.
    - Confusion regarding governance arrangements to resolve boundary issues between different jurisdictions.
    - The need for harmonised data collection across systems.
    - The potential capacity for Primary Health Networks to assist NDIS.
    - Mr Bichara shared that the current issues paper identified boundaries as the key issue raising the risk of gaps, duplication, and cost irregularities.
    - Current uncertainties are having a negative effect on providers as well as consumers and carers who are struggling to understand who, what, and where NDIS is for and what remains for others.
    - As part of the consultation for the Fifth National Mental Health Plan, noted the need for targets, and to look to the general health of individuals not just their mental health, and that people with intellectual disability need to be included and highlighted as a specific group.

- Information regarding two housing initiatives was shared: Enabled Housing (link: Enabled Housing) and Supported Independent Living Cooperative (Link: SIL Cooperative).

- Mental Health Australia noted the importance of the work of the JSC and Productivity Commission, as many concerns about NDIS aren't in the NMHSRG's domain to change. A core concern is getting a clear agreement on who will provide support to Australians who experience severe mental health challenges in a year, and those who will require ongoing psychosocial support outside of the NDIS:

    - Core work for MHA for the year will be on complex issues that don't fall exactly into any one domain of authority. There are also concerns at what looks to the sector to be a decline in governments' spending on community mental health services.

    - A report from a session on the intersection of the Fifth National Mental Health Plan and NDIS was delivered to the team within the Department of Health working on the Plan. The MHDAPC have considered the feedback and have started the process to re-draft on a longer timeframe. Mr Quinlan noted the scope of the plan must align to that of Health Ministers' responsibility.

    - The anticipated sign off date for the Fifth National Mental Health Plan is August. There is general agreement that the plan needs a larger section on NDIS, but because this is the Health Ministers' plan, it will still be focused on the health sector. Both MHDAPC and MHA anticipate there may be targeted consultations with specific groups on the redrafted version.

- Community Mental Health Australia noted that a Mental Health in the NDIS Conference is planned for Sydney in November 2017, the intention of this conference is to offer sector owned and managed initiatives. The theme of this conference is: "Towards a Good Life". The event has a conference reference group in place of 12 people from across the sector. In addition:

    - Noted their submission to JSC, and CMHA will also make a submission to the Productivity Commission, and have already made a pre-budget submission. Submissions include the need for a specific quality and safeguards framework for mental health; developing options to fund services for people who won't be eligible for the NDIS but currently access Federal Government funding; and a review of the NDIS legislation as implementation is occurring (as recommended by the 2015 Ernst and Young report on the legislation).

    - CMHA noted their attendance at a VICSERV forum on preparation for the JSC submission, and an NDS Joint Sector Forum. The impact of adjustments to plans and reviews was raised at both these forums. Noted that providers had raised issues about situations where clients are not understanding final plans and then delays that are caused after requesting a review. Providers sought guidance about how to continue providing service to participants in the absence of written advice from the Agency about funding commitments.

    - CMHA has an ongoing concern for people who won't be eligible for the NDIS.

    - CMHA also raised the decisions by the NDIA to not allow interpreter service to be included in people's packages – which impacts on CALD and Aboriginal and Torres Strait Islander people – and noted the letter sent to the NDIA by a number of groups regarding this.

- The JSC submission from the NSW Mental Health Commission highlighted issues of complexity in the justice system and the transition to the community of vulnerable individuals. Greater detail about the complexity of NSW forensic patients and the need for a 3 month period for planning to

commence is included in the submission. Mr Feneley noted that the release and integration process is different in every state and territory. This means there is a need to collaborate across borders to understand vulnerability and look at capacity for stepped, integrated care.

- The Mental Health Drug and Alcohol Principal Committee noted that their continuing focus is on the development of the Fifth National Mental Health Plan and that there is a broad consensus of the need to ensure that NDIS is better included in the Fifth National Mental Health Plan as a major sector reform. The purpose of the document is to direct the focus and attention of the Department of Health, not to direct the NDIA Ms Maloney confirmed that the 5NMPH is going to 4th August meeting of the COAG Health Council.

- The NDIA Community of Practice has not been active over the last 7 months, due to the priorities at the beginning of transition and the need to ensure the Agency brought participants in to the Scheme as per the transition schedule in the bilaterals. The Community of Practice will need to consider how it best functions during transition, and how to include the LACs due to their role with planning and implementation. Ms Walker is currently working with NDIA's learning and development area to discuss how training will be delivered to those staff and partners who work with participants with psychosocial disability.

- The Department of Health shared that the programs Partners in Recovery (PiR) and Day to Day Living have both been extended to 30th June 2019. All service providers have been informed of this extension, which is to align with roll out of NDIS.

    - As the ACT is now at full scheme, the Department of Health is continuing funding for service providers in the ACT, as they are yet to get all clients into the Scheme.

    - The Department of Health are working with DSS regarding the WA transition.

    - Dr Millgate noted that the Department of Health is committed to supporting clients' transition through programs, and the NDIS Transition Support Project via Flinders University is helping to share experiences across Commonwealth programs.

- The Department of Social Services noted that the Disability Reform Council has welcomed the new chair for NDIA Board, and agreed to provide the NDIA Board a Statement of Strategic Guidance that sets out the Council's expectations for the Board in managing transition, with a focus on participant experience and outcomes and the management of risks and the financial sustainability of the NDIS. The Council noted a key risk to participants is market supports, supply, and performance and is committed to monitoring all immediate risks. The Council agreed to reinvigorate all governments' effort to drive progress under the National Disability Strategy, including increasing access to mainstream services for people with disabilities, and agreed to add mental health to a broader work plan.

    - DSS has made a submission to the JSC and will also make a submission to the Productivity Commission.

    - DSS noted that Personal Helpers and Mentors (PHaMs) and Mental Health Respite Carer Support will continue until the 30th June 2019, but DSS still have a provision to revisit funding levels and may top up a number of providers to ensure continuity of supports on a base level whilst longer term arrangements to be developed. DSS has 17 programs transitioning, and a number need continuity of supports from the Mental Health perspective, continuity is about ensuring existing clients will get similar outcomes if they are not eligible for NDIS.

    - In November 2016, DSS participated in an access workshop in collaboration with the Agency, Flinders Transition Support Project, and Department of Health. The Department heard from number of providers about strategies to help clients transition. Transition requires a lot of effort, but providers in trial sites have an approximate 90% success rate

in helping clients to access NDIS. DSS is in the process of developing a Best Practice Access Guide, and hope to publish by the end of the year.

- The NDIA reported that a new Board Chair has been appointed, as have some new members to the Board. The focus of work is on bilateral targets, sustainability/quality, ensuring payment integrity, and a fit for purpose ICT system.
    - The Agency also has a new internal structure which incorporates a Chief Operating Officer and 3 Deputy CEOs who lead 3 divisions: one focuses on participants, one has a provider focus, and one managing stakeholders and government relations.
    - The Agency brought in 30,000 participants in 3 years of Trial, then brought in another 30,000 in the first 6 months of transition (1st July to 20th December 2016). This required significant changes in internal processes, including the new ICT system, and using LACs for first time. Currently there are 60,000 people with disabilities accessing the NDIS, and this will be 80,000 people by the end of this financial year. This will increase to 150,000 people in the third year of transition. At the same time, the Agency is reviewing people's plans each year.

Update on the Mental Health Workplan 2016 / 2017

The Chair gave an update on the Mental Health Workplan for 2016/17, including:

- The Workplan reflects the changing internal and external environment.
- The most significant opportunities are around addressing the workforce capability within NDIA/partners and engaging with Hard to Reach cohorts
- Ms Roberts noted the submissions to the JSC and that the issues around access were not significantly raised in the roundtable consultation sessions run in each State and Territory.
- The Productivity Commission initial work did not expect to see Early Intervention for psychosocial disability, however the legislation made this a possibility. This has now been clarified so that it only applies in limited circumstances, for example: School Leaver Employment Support. Work is being done on clarification, capacity building, and the data/ recording for young people entering the Scheme.
- The Chair discussed work completed on a possible gateway concept for psychosocial disability. A range of parties have been involved with analysing how a gateway could be applied. Two options became clear: create a new gateway or enhance the current pathway. The outcome of this work was a position which reflects thinking at a particular point in time ie that a new gateway is too risky with large amounts of unmet need at the boundary to the Scheme, and that the preferred option is to enhance and leverage the current pathway. This may be revisited based on JSC and PC reports. Either option comes with benefits and potential risks for the Scheme sustainability.
- One proposal is that ILC funding could be primarily used when people try to access the Scheme, but are found ineligible, specifically targeting people who have no continuity of supports. ILC funding could provide a time-limited intervention. This requires further consideration.
- Ms Roberts noted the ongoing work with the National Access Team to increase capability in assessing psychosocial disability. Other focuses include: maximising the contribution of transitioning Mental Health programs, developing access resources, capacity building for the Technical Advisory Team, Planners, LACs, and School Leaver Employment Supports staff.

- Ms Roberts noted that the national Mental Health team can't do all the events that they are invited to, but are using videos and local engagement staff to ensure coverage.
- Ms Roberts noted IAC interest in the work being done around hostels and accommodation for people with mental health conditions.
- Ms Roberts noted the progress to date on the Access Review and Support Design project. In particular, Ms Roberts noted that subject matter expects are now being appointed to the National Access Team, which is an important development for mental health in the Scheme.

Scheme Actuary's Report

- Ms Sarah Johnson, Scheme Actuary presented highlights of the quarterly report: People with Psychosocial Disability and the NDIS – as at December 2016.
- For the purposes of this communique, a Key Points summary of data - *Key Data on Psychosocial Disability and the NDIS – as at 31 December 2016* is included at Attachment A
- Ms Roberts and Ms Johnson gave an update in relation to Reference Packages.
    - Analysis of 30 people provided no discernible pattern.
    - Alternative data set belonging to a major NGO provider could not be accessed and in addition focused on needs assessment.
    - In order to inform the project, the team is planning to collect data on 300 people. Data needed for access process will be collected and recorded to generate information for the reference package.
    - Flinders Support Transition Team were the successful tender to deliver this project.

Key Scheme Updates

Markets and Providers Update

Mr Cain Beckett gave a presentation updating the NMHSRG on the work being done within NDIA to assist providers and the market. Mr Beckett noted that data in this presentation has been published previously and is available on the website (Link: NDIS - Market Information).

- As of December 2016, there are over 5000 NDIA registered providers, up from 2500 which were funded by states. 75% of these providers are in VIC and NSW.
- As the Agency moves to a national quality and safeguards framework, expect to see more market entry as providers won't need to deal with multiple state-based systems.
- Scheme will fund estimated 50% unmet need in the community and for people with disability.
- Mr Beckett shared the objectives of the Market and Providers division. The major challenge is going to a market driven sector in a short space of time.
- Mr Beckett noted that the reason for a price cap on certain items is to manage market transition and lack of supply and control for supply driven inflation. The long-term intention is that these controls will be taken away.
- NDIA is a steward of the market, with limited jurisdiction and powers to intervene. Guide and monitor role on the provider side.

- The only purpose of registering as a provider is so the Agency can pay the provider. At the moment the authority for quality and safeguards stays with the State. Self-managed participants and Plan Management Agencies take responsibility for checking quality. This changes once national safeguards come into place.

- Mr Beckett shared research on the changing demand in the market from NDS.

- Mr Beckett noted that the NDIA pricing review is getting more sophisticated. The pricing process is to set up a reasonable or efficient cost providers can charge, so participants get a good deal. There are price controls for 70% of service, but the Agency is hoping to see the market mature, and for more and more providers to set their own prices. Until this happens independently, NDIA will maintain a price model. This model includes a 4% margin on top of efficient price for transition, 5% for contingency.

- The meeting discussed the possibilities for a conflicts of interest in pricing and pricing controls.

- Mr Beckett shared the purpose of the Benchmarking project in giving all providers a snapshot of where they sit in the market. This will inform both providers and consumers. Mental Health Australia noted their interest in contributing to the Benchmarking project. Ms Sont noted ACNC data that may be relevant to this area.

- Mr Beckett noted that the key relationship in the Scheme is between providers and participants. This is reflected in the NDIS Market Approach document (Link: NDIS Market Approach - Statement of Opportunity and Intent).

- Mr Beckett noted the separation between the Planning division and the Markets division. Funding in plans is determined by the Participants and Planning area, using the reasonable and necessary framework. The Markets team determines what a reasonable cost per hour is, and combats nefarious practice, giving time for people to advocate and exercise choice and control.

- Members discussed the need for a broader view of “market” to eventually include peaks and advocacy services.

- The NDIA will shortly be releasing a discussion paper on the review of prices and members are urged to engage with that process. (Link: Pricing and Payment Review).

Participant Pathway Design Update

Mr Scott McNaughton and Ms Kristie Letheby provided a presentation on the Access Pathway and First Plan Process.

- Pathway starts with getting information out to potential participants through as many forums and channels as possible. Rolling process with messages becoming more targeted as the phasing date approaches.

- Ms Letheby detailed the access requirements and ways that access requests can be made. The definition of ‘Defined’ was shared as: a participant joining the NDIS from an existing state or territory program which the CEO has determined is likely to meet access requirements around functional impacts. Most people with psychosocial disability are from non-defined programs.

- Ms Letheby clarified that there is access to telephone interpreters as part of the access process, and the relay service for people with hearing impairment. Ms Meagher noted that some potential participants may not be able to manage a phone call when they’re unwell. Mr McNaughton noted that NDIS works through state and territory governments and non-government providers to gather information about participants, including behaviours of concern and appropriate methods of contact, as well as appropriate nominees.

- Ms Letheby detailed the verbal access request process.

- The meeting discussed the Section 55 process, and the need to have smooth data sharing to ensure the smoothest possible access process for participants.
- Ms Letheby explained the evidence of disability requirement particularly in relation to psychosocial disability. It was asked what level of health professional need to provide the confirmation of disability, eg GP or Psychiatrist and Ms Letheby confirmed that information substantiated by a health professional leads to a more accurate decision about eligibility. Ms Roberts noted that the focus of the report must be on functional impairment to be useful, and that there is work in progress on engaging GPs and on educating psychiatrists via RANZCP.
- Ms Letheby discussed the access decision process, the five criterion for eligibility, that a diagnosis is not as important as evidence of a functional impairment, and the establishment of psychosocial subject matter experts in the National Access Team.
- Ms Roberts noted the importance of the recent Administrative Appeals Tribunal decision on the Kilgallin application, in relation to the criteria of 'substantially reduced' (Link: Administrative Appeals Tribunal - Kilgallin and NDIA Jan 2017).
- Mr McNaughton covered the first plan process as a need during transition, due to the need to approve 2350 plans per week. Planning conversations are being conducted 70% phone, 30% face to face. He outlined the first plan conversation and role of the Technical Advisory Team.
- It was queried how the planning process accounts for episodic conditions. Mr McNaughton noted that this can be built in to the first plan as part of the typical support package for some conditions, and is part of the forecasting done with participants as part of the planning conversation. Ms Roberts also noted that this is part of the reason that information from providers is crucial to developing an accurate plan.
- Mr McNaughton confirmed that face-to-face first plan interviews can be available for people with a psychosocial disability and that provider information on the need for this would assist with planning.

Project Updates

Papers on the progress of key NDIA mental health projects were tabled. A summary is provided here:

Psychosocial Supports Design Project

MHA / NDIA Design of Supports for Psychosocial Disability

- The project produced a number of jointly agreed recommendations for the NDIA to consider. Some notable achievements to date include:
    - Completing the access process for the NDIS: Tips for communicating about psychosocial disability for individuals with psychosocial disability. This reference guide will also help family members, clinicians and service providers to support participants with the NDIS access process.
    - Recovery Factsheet. This factsheet helps explain Recovery in the context of the NDIS.
    - Key products and Resources: This factsheet provides links to all the key documents and resources.

Next steps of the project include:

- The NDIA has developed the Mainstream Interface Practice guidance to supplement the Working Arrangements and factsheets which are in draft and will be published when agreed. This will assist the mental health sector to understand the responsibilities of the NDIA and other service systems.
- The NDIA mental health team will develop and implement the 'Hard to reach' work plan.
- The NDIA mental health team will work closely with NDIA Regional Engagement Teams to ensure they have the skills and resources to continue to meet the engagement requests from the mental health sector.
- The mental health team will continue to work closely with DSS and DoH and the Flinders University Support Transition Team to assist with the transition of the Commonwealth programs.
- The NDIA Market and Providers division continues to act as a market steward to support the delivery of services where there is evidence of thin markets or poor market outcomes.

For further information relating to this project please contact:

Mr. Josh Fear

Ms. Deborah Roberts

NDIS Psychosocial Resources Online Project

- This NDIS Psychosocial Resources Online Project (Project) aims to assist people with psychosocial disability, families and carers on the recovery journey to understand what it means to have choice and control and build their capacity to exercise this choice and control including self-management of supports. This is done by providing quality information on and connections to the types of supports that are available, including NDIS supports and how to start preparing for the NDIS, including tools and information about NDIS access requirements and planning.

- The Project seeks to deliver a resource hosted by MHCC for a five year period that acts as an easy to use, interactive one-stop shop for people with psychosocial disability. As such, it is critical that the Project is user-led, involving people with lived experience in the designing and testing of the resource.

- The Project has utilised a co-design methodology to work with people with lived experience who are both NDIS participants, prospective participants and carers as key contributors to the decisions and design of the product that they will be using. Three co-design workshops have been held to date. These sessions have looked at the design and function of the resource/s, naming and branding and video content.

- The Project is guided by an Advisory Group made up of people with lived experience, including representatives from the National Mental Health Consumer and Carer Forum. Three advisory groups have been held to date.

- A staged approach is used to undertake the Project, with the following timeframes:

    - research and development – November 2016;
    - piloting – November/December 2016;
    - build and implementation – January 2017; and
    - Go live – April 2017.

  The project is currently in the build and implementation stage.

- The expected completion of the Project is early April of 2017 (slightly delayed on original estimates) and the online resource will be updated and reviewed by MHCC for a period of five years after which the on-going need and viability of the resource will be reviewed.

For further information relating to this project please contact:

Ms. Deborah Roberts

Meeting Close

The Chair noted the following topics were likely to be covered at the next NMHSRG meeting:

- Workforce – including DSS Workforce role, Sector issues from MHA and CMHA and peer work (IAC)
- ILC and LAC

The meetings for 2017 are expected to be in July and late November/December 2017.

For further information regarding the National Mental Health Sector Reference Group please contact:

Ms. Deborah Roberts

Attachments

Attachment A Key Data on Psychosocial Disability and the NDIS as at December 2016

Attachment B Two Page summary of the Sector Communique

Attachment A

Key Data on Psychosocial Disability and the NDIS - as at 31 December 2016

- The *Productivity Commission Inquiry into Disability Care and Support* estimated that 411,250 people who would meet the access requirements for Tier 3 funded supports in 2011-12. Further, the Productivity Commission estimated that approximately 56,880 people would be participants with a significant and enduring primary psychosocial disability (13.8%). In 2019-20 the number of expected participants in the NDIS is approximately 460,000 of which approximately 64,000 participants are estimated to be participants with a significant and enduring primary psychosocial disability (13.9%).
- Across all States/Territories 7,840 (10.2%) of all scheme participants[1] have a psychosocial disability, and 4,764 participants (6.2%) have psychosocial disability recorded as their primary disability (an increase from 2,747 participants (7.7%) with a primary psychosocial disability at 30 June 2016). Note, these numbers need to be treated with caution as NDIS States/Territories currently support specific age cohorts (for example, South Australia for 0 - 17 year olds and Tasmania for young people aged 12 - 24) or regions and not all phasing is complete.
- In New South Wales and Victoria the proportion of participants with a primary psychosocial disability is 5.6% and 10.4% respectively. In the Australian Capital Territory, Western Australian and Queensland, it is 12.4%, 8.2% and 5.6% respectively. Note: these numbers are impacted by the phasing schedule of transition participants entering the scheme and differ when only the trial site locations are considered, most significantly in the New South Wales-Hunter and Victoria-Barwon trial site locations being 13.0% and 14.1% respectively.
- The current prevalence rates of people with a psychosocial disability differs significantly between state regions. For participants aged 25 to 44 years, the trial site regions prevalence rates are lowest in North East Perth and highest in Barwon. The prevalence rate is higher for participants aged 45 to 64 years in each trial site compared with other age groups. Comparing across state regions that include the trial site locations, it is lowest in North East Perth, and highest in the Barwon. Once again these numbers should be treated with caution as psychosocial disability has only recently commenced being phased into any state region areas outside of the trial site LGAs, and potential participants continue to approach the scheme. Further, existing support arrangements and the demographics of the different geographical areas also play a part.
- 3,720 (78%) participants with a primary psychosocial disability currently have an approved plan, compared to 2,173 (79%) at 30 June 2016.
- 81% (up from 78% in June 2016[2]) of participants with a psychosocial disability submitting an access request have been found to meet the access requirements for the scheme. This varies between states and is higher in Queensland and Victoria at 89% and 86% respectively.

[1] This refers to all participants currently classified as eligible for the scheme as a proportion of those currently classified as eligible, closed, revoked, ineligible, in progress or withdrawn.
[2] At June 2016 there were a higher proportion of participants who were currently in progress or withdrawn, which is the key driver of the increase from 78% to 81%.

- Across all States/Territories, $268.7m (5.3%) of approved committed supports is for participants with a primary psychosocial disability, and a total of $495.9 million (9.8%) is for participants with any psychosocial disability. Note: this committed support spans different periods of time for different participants, depending on when the participant first entered the scheme.
- Participants with a primary psychosocial disability have a range of package values, with most participants receiving between $20,000 and $50,000.
- Considering New South Wales, Victoria, the Australian Capital Territory, Western Australia and Queensland only, 70% of supports approved for participants with a primary psychosocial disability who have an approved plan is committed for core support (both daily activities and community participation). 9% has been committed for capacity building - support coordination, and 6% to each capacity building of social/civic and daily activities. Victoria also has a higher proportion committed to capacity building - employment. Note: capacity building makes up around 26% of committed support for participants with a primary psychosocial disability.
- Considering trial site locations only, the proportion of participants with a primary psychosocial disability in each trial site has increased over time, bringing it closer to the projected Productivity Commission estimate. This is shown in Table 1 below.

Table 1 Trial site participants with a psychosocial disability as a proportion of all trial site participants[3]

	Prior to 201	31/03/2015	30/06/2015	30/09/2015	31/12/2015	31/03/2016	30/06/2016	30/09/2016	31/12/2016
Participants with a primary psychosocial disability									
NSW_HTR	8.6%	8.2%	9.0%	9.2%	9.6%	10.8%	12.3%	12.9%	14.1%
VIC	13.3%	13.7%	13.9%	14.1%	14.0%	14.0%	14.1%	14.2%	14.9%
ACT	2.5%	3.3%	4.0%	4.9%	5.7%	8.2%	11.3%	11.9%	12.9%
WA	1.1%	1.0%	1.5%	2.9%	5.1%	7.2%	7.6%	8.5%	9.9%
All participants with a psychosocial disability									
NSW_HTR	13.9%	13.2%	13.6%	13.6%	13.6%	14.6%	15.8%	17.0%	18.3%
VIC	16.7%	17.2%	17.2%	17.5%	17.3%	17.3%	17.3%	17.8%	18.6%
ACT	7.5%	9.3%	9.0%	10.3%	10.9%	12.8%	15.2%	16.6%	17.5%
WA	3.5%	2.7%	4.0%	5.3%	7.3%	9.3%	9.7%	11.0%	12.7%

[3] This includes all participants **ever** found eligible for the scheme who may be currently classified as eligible, closed, revoked, ineligible, in progress or withdrawn.

- The proportion of access requests with a primary psychosocial disability has also increased over time. This is shown in Table 2 below.

Table 2 Access requests for trial site people with a psychosocial disability as a proportion of all trial site access requests

	Prior to 201!	31/03/2015	30/06/2015	30/09/2015	31/12/2015	31/03/2016	30/06/2016	30/09/2016	31/12/2016
Access Requests for people with a primary psychosocial disability									
NSW_HTR	10.8%	10.4%	11.1%	11.0%	11.8%	12.6%	13.7%	14.4%	14.1%
VIC	14.5%	14.6%	14.6%	14.9%	14.6%	14.9%	14.9%	15.1%	14.9%
ACT	3.6%	4.3%	4.6%	5.4%	7.1%	9.2%	11.7%	12.5%	13.3%
WA	3.5%	2.9%	3.7%	5.1%	7.4%	8.8%	9.0%	9.8%	9.6%
All access requests for people with a psychosocial disability									
NSW_HTR	16.5%	15.8%	15.9%	15.9%	16.2%	16.6%	17.2%	18.4%	18.3%
VIC	18.2%	18.2%	18.4%	18.4%	18.3%	18.2%	18.0%	18.5%	18.8%
ACT	9.4%	10.6%	10.2%	11.6%	12.9%	14.3%	15.6%	17.0%	17.9%
WA	5.8%	4.7%	6.4%	7.8%	10.0%	10.9%	11.0%	12.3%	12.3%

- Tables and figures presented in the December 2016 quarterly report to the Council of Australian Governments (COAG) Disability Reform Council (DRC) for participants with a primary psychosocial disability are shown below. Note: the CRDC reports in transition years differ in style and content from what was presented in the CDRC reports in trial years.

Table 2-12 Participants by disability group – Q2 2016-17[4]

Disability group	Total access determinations	Participants	Participants as a % of total access determinations	Distribution by disability group
Psychosocial disability	1,636	1,167	71.3%	7.1%
Overall	**18,863**	**16,462**	**87.3%**	**100%**

Table 2-13 Participants by disability group - Q1 2013-14 to Q2 2016-17[5]

Disability group	Total access determinations	Participants	Participants as a % of total access determinations	Distribution by disability group
Psychosocial disability	5,851	4,763	81.4%	6.2%
Overall	**81,708**	**76,269**	**93.3%**	**100%**

Table 2-22 Participants with an approved plan by disability group – Q2 2016-17

Disability group	2016-17 Q2 Approved Plans	Distribution
Psychosocial disability	1,173	5.0%
Overall	**23,495**	**100%**

Table 2-23 Participants with an approved plan by disability group - Q1 2013-14 to Q2 2016-17

Disability group	Approved Plans	Distribution
Psychosocial disability	3,835	6.3%
Overall	**61,215**	**100%**

[4] This includes all people who have ever been deemed eligible but may have their current access request deemed eligible, ineligible, closed or revoked in Q2 2016-17.
[5] This includes all people who have ever been deemed eligible but may have their current access request deemed eligible, ineligible, closed or revoked.

Figure 2-27 Average annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – participants with first plan approvals from 1 July 2016

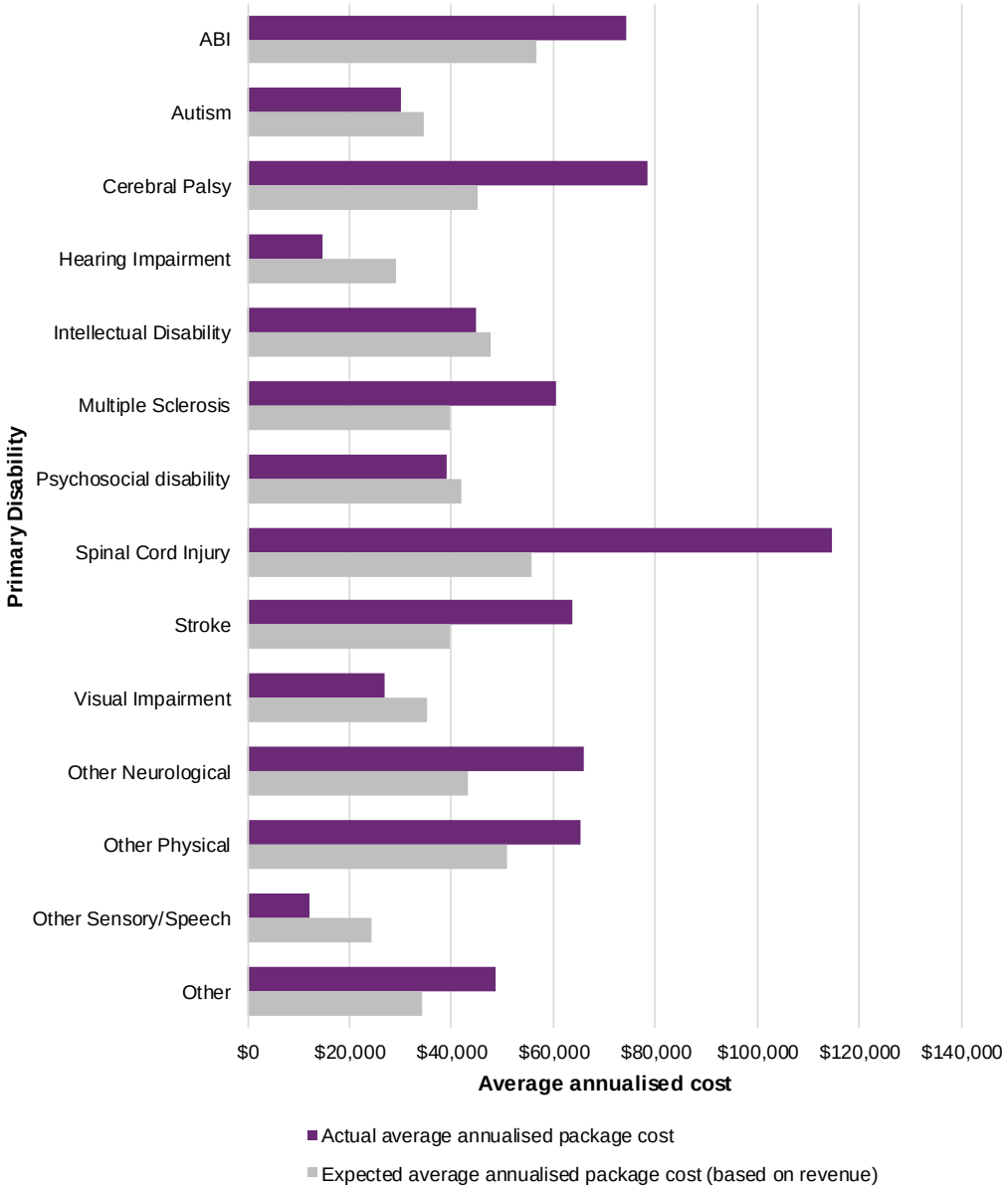


Figure 2-28 Median annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – participants with first plan approvals from 1 July 2016

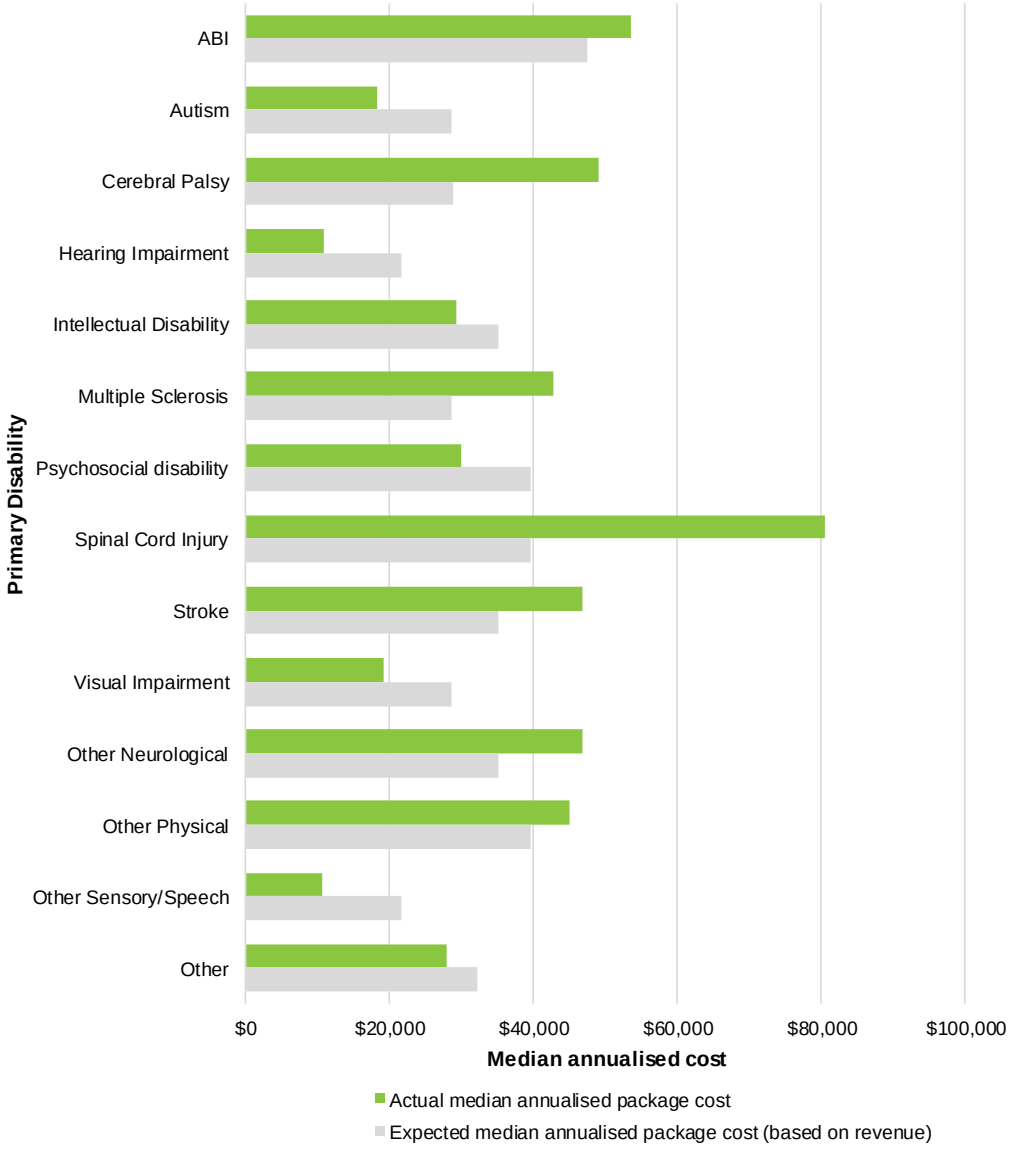


Figure 2-29 Average annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – *participants with first plan approvals in 2016-17 Q1 compared to participants with first plan approvals in 2016-17 Q2*

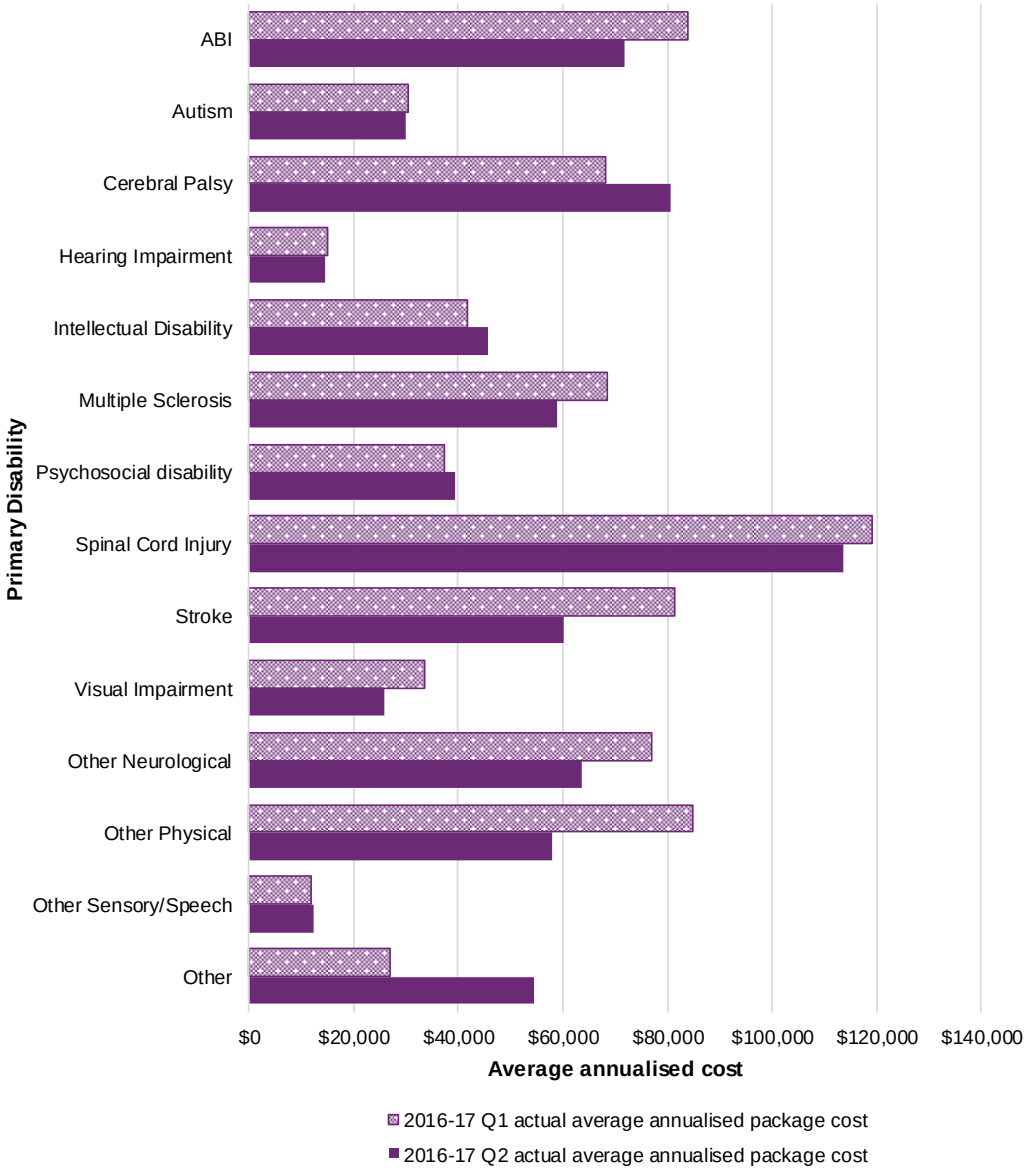
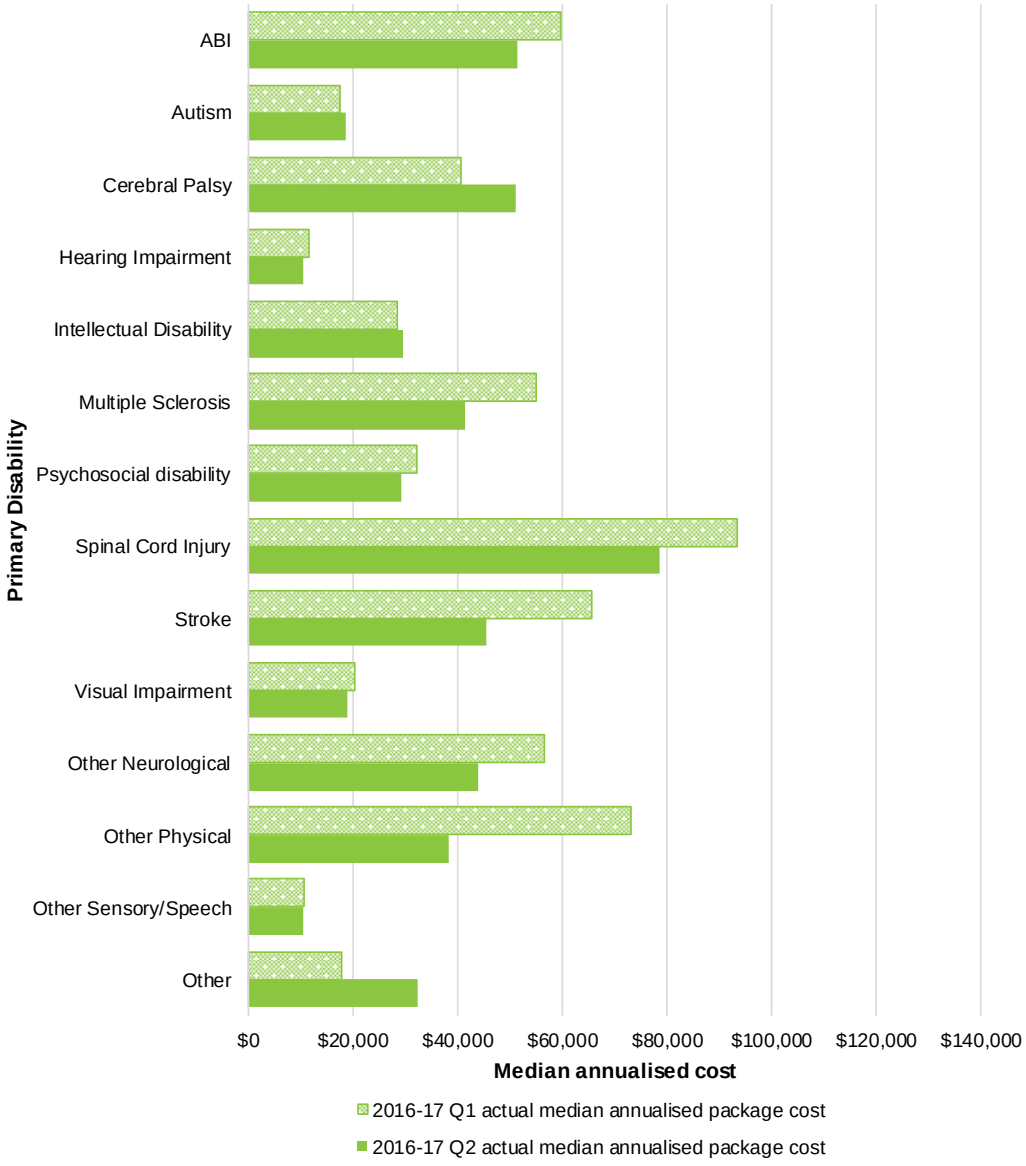


Figure 2-30 Median annualised cost by primary disability group (excluding participants with shared supported accommodation supports) – *participants with first plan approvals in 2016-17 Q1 compared to participants with first plan approvals in 2016-17 Q2*



Sector Communique – March 2017
National Mental Health Sector Reference Group

The National Mental Health Sector Reference Group provides expert advice from the mental health sector to the NDIA about mental health and the NDIS.

People with lived experience | Family and carers | Mental Health Commissions | NDIS Independent Advisory Council | Commonwealth Departments of Social Services and Health | Mental Health Australia | Mental Health Drug and Alcohol Principal Committee | Scheme Actuary | NDIA Mental Health Section | NDIS Strategic Adviser.

The NDIS gives effect to Australia's obligations under the *United Nations Convention on the rights of People with Disabilities (2006)*

The National Mental Health Sector Reference Group (NMHSRG) was established by the NDIA in 2014 to build a strong working relationship between the mental health sector and the NDIA.

For the *terms of reference* & previous sector communiques visit the NDIS website.

Members' Reports

- The NDIA has appointed a new Board Chair and some new Board members. The key focus is on bilateral targets, Scheme sustainability/quality, payment integrity, and a fit for purpose ICT system.
- The NDIA has implemented a new internal structure: a Chief Operating Officer and 3 Deputy CEOs. Portfolios include: Governance and Stakeholder Relations, Participants and Planning and Markets and Supports.
- Currently there are 60,000 people with disabilities accessing the NDIS. This will increase to 80,000 by the end of financial year.
- The Independent Advisory Council (IAC) have contributed to the Joint Standing Committee Inquiry and will likely respond to the Productivity Commission.
- The IAC are also drafting a Peer Support Work paper.
- A Psychosocial Disability Online project is currently being undertaken by the NSW Mental Health Coordinating Council (MHCC) and the NDIA. The website portal is standalone from the

Key Scheme Updates

- The NDIA brought in 30,000 participants in 3 years of Trial, then another 30,000 in the first 6 months of transition (1st July to 20th December 2016). A total expected of 80,000 people by the end of this financial year. Further increasing to 150,000 people in the third year of transition.
- As of December 2016, there are over 5000 NDIA registered providers, up from 2500 which were funded previously.
- To approve 2350 plans per week, planning conversations are being conducted - 70% phone and 30% face to face.

NDIA portal/website and focuses on engaging people with mental illness and their families and providing information on the NDIS. This is likely to be finished in May 2017 and will likely be called "Reimagine – Mental Health, My Recovery and the NDIS".

- The Mental Health Drug and Alcohol Principal Committee noted that their continuing focus is on the development of the Fifth National Mental Health Plan which has an anticipated sign off date of August 2017.
- Community Mental Health Australia (CMHA) confirmed that the Mental Health in the NDIS Conference is planned for November 2017 in Sydney. The theme is: "Towards a Good Life".
- The Department of Health confirmed that the Partners in Recovery and Day to Day Living programs have had their funding extended until 30th June 2019; aligning with the NDIS roll out.
- The Department of Social Services noted that Personal Helpers and Mentors (PHaMs) and Mental Health Respite Carer Support have had their funding extended till 30th June 2019.

Markets and Provider's Update

- As the Agency moves to a national Quality and Safeguards framework, expect to see more market entry as providers will not need to deal with multiple state-based systems.
- A new NDIS Market Approach document, reflects the key providers and participants relationship in the Scheme.
- The NDIA has released an important discussion paper on Pricing and Payment Review and members were urged to engage in this process.

Participant Pathway Design and Access Update

- Pathway starts with getting information out to potential participants, through as many forums and channels as possible. This is a rolling process and messages become more targeted as phasing dates approach.
- Telephone interpreters are available as part of the access process also the relay service for people with hearing impairment
- Psychosocial disability subject matter experts are being appointed to the National Access Team
- Face to face First Plan interviews can be available for people with psychosocial disability. Provider information on the need for a face to face interview will assist with planning for this.

Scheme Actuary Update

7,840 (10.2%) of all Scheme participants have a psychosocial disability, and 4,764 participants (6.2%) have psychosocial disability recorded as their primary disability (an increase from 2,747 participants (7.7%) with a primary psychosocial disability at 30 June 2016). Rates are generally in line with Productivity Commission Estimates.

Scheme Actuary's Update

- Ms Sarah Johnson, Scheme Actuary, presented the report: *People with Psychosocial Disability and the NDIS – as at December 2016*.
- *See above highlighted text box.*
- A key summary of data for *People with Psychosocial Disability and the NDIS – as at 31 December 2016* is included at Attachment A.

Mental Health Work Plan Update

- The focus of the Work Plan is shifting to embed psychosocial disability in the Scheme and building the capability of NDIA Regions and LAC Partners.
- Work has been underway on a possible gateway concept for psychosocial disability. Two options became clear:
  - Enhance the current pathway,
  - Create a new gateway.
- The preferred option is to enhance and leverage the current pathway, due to the large amount of unmet need in the mental health sector at boundary to the Scheme.

Current NDIA Psychosocial Disability Projects

- NDIS Reference Packages for Psychosocial Disability.
- Psychosocial Supports Design Project
- NDIS Operational Access Review.
- NDIS Psychosocial Resources Online Project.

The next meeting of the National Mental Health Sector Reference Group is expected in July 2017. Future topics: Workforce / Information, Linkages and Capacity Building / Local Area Coordination.