



The National Disability Insurance Scheme (NDIS): How is Mental Health Faring?

Featured Symposium 28 August 2014 TheMHS Conference
Perth, Western Australia

Symposium Participants

RichmondPRA
Together, we're better.

Chair/facilitator: Pamela Rutledge – CEO, RichmondPRA

- Eddie Bartnik (National Disability Insurance Agency)
 - *Bringing the health and disability sectors together to maximise the NDIS opportunity*
- Tina Smith (Mental Health Coordinating Council)
 - *Experiences and lessons from the NSW Hunter pilot site*
- Rod Astbury (WA Association for Mental Health)
 - **Community sector perspectives on WA experiences and lessons from preparing and setting up two pilot sites**
- Liz Ruck (Mental Health Australia)
 - **Mental health sector capacity building for the NDIS**

National
disabilityinsurance
Scheme



Symposium learning objectives

1. Conference delegates attending this session can expect to leave **more informed about opportunities and challenges presenting through the NDIS implementation** journey from a mental health and psychosocial disability perspective.
2. This topic is relevant to the mental health sector in that at full roll-out the **NDIS is expected to deliver services to 57 thousand Australians with high levels of psychosocial disability secondary to mental ill health.**

... how this may be achieved and how is mental health faring?

Bringing the health and disability sectors together to maximise the NDIS opportunity

Eddie Bartnik

Strategic Advisor

National Disability Insurance Agency



National Disability Insurance Scheme

NDIS: How is mental health faring?

Eddie Bartnik
Strategic Advisor
National Disability Insurance Agency (NDIA)
TheMHS Conference, Perth WA 28/8/14



Outline

- Some introductory comments: great opportunity, complex environment of reforms but flows on from recovery framework, bringing mental health and disability sectors together so partnerships critical
- Three pillars underpinning NDIS design
- Access for people with a psychosocial disability in the NDIS
- Some key trial site issues emerging around psychosocial disability
- Some priorities moving forward in full scheme design and transition



Three key pillars underpin NDIS design

Insurance Approach

Supports economic and social participation

Mobilises funding for early intervention

Estimates and manages resource allocation based on managing long term costs across the life-course of individuals

Shares the cost of disability across the community

Choice and Control

Participants determine how much control they want over management of their funding, supports and providers

Scheme gives effect to certain obligations under the Convention on the Rights of Persons with Disabilities - including respect for their worth, dignity and to live free from abuse, neglect and exploitation

Community and Mainstream

People are supported to access and coordinate community and funded supports

The scheme will not duplicate or replace mainstream services

Effective interface with mainstream and community supports is central to the sustainability of the Scheme



Disability requirements

Accessing assistance from the scheme requires that a person must:

- Have permanent disability (“person has a disability that is attributable to one or more impairments attributable to a psychiatric condition....are, or are likely to be permanent”)
- The disability must have a significant impact on day to day life and on the person’s ability to participate in the community (“severity of impact on functioning may fluctuate and may improve, determined when the impairment is fully treated and stabilised – residual and LT”)
- The person will (“likely”) need supports for the rest of their life





Some key issues around psychosocial disability

- Continue to learn from trials and engagement
- Eligibility and access – notions of permanent/likely to be permanent, recovery, list of conditions, support from other people on most days, early intervention
- Holistic support and integration of clinical and psychosocial
- The important involvement of families, carers, friends and informal supports in peoples lives
- Readiness of all in the sector to imagine, plan and implement more personalised supports to achieve outcomes
- Continuity of support and the interfaces between Tier 2 and 3 of the NDIS and mainstream mental health services – where people not eligible for NDIS
- Support clusters and pricing, organisational capability
- Psychosocial disability often later in phasing so learnings are just emerging



Some priorities moving forward

- Working with Mental Health Council of Australia and the NDIS Sector Development Fund
- Scheme design and disability estimates, Tier 2 and mainstream, Local Area Coordination
- National Roundtable and Paul O'Halloran consultancy on psychosocial disability and holistic support
- Launch site and state/territory roundtables and conferences on psychosocial disability and scheme implementation
- Data and open learning cycle from launch sites: eg including some examples to share understandings and practice, access process, support clusters and pricing
- Engagement of clinicians and state and territory mental health systems
- Right combination of consultative processes at local, state/territory and national levels and improved guidance around psychosocial disability: Eddie Bartnik is lead Adviser for NDIA development of a strategic work plan
- Start of an exciting long term journey: importance of vision, values and partnerships – nearly 60,000 people with psychosocial disability and their families/carers to benefit.

Experiences and lessons from the NSW Hunter pilot site

Tina Smith

Senior Policy Officer/Sector Development
(NDIS Mental Health Analyst)

Mental Health Coordinating Council



Mental Health Coordinating Council (MHCC)

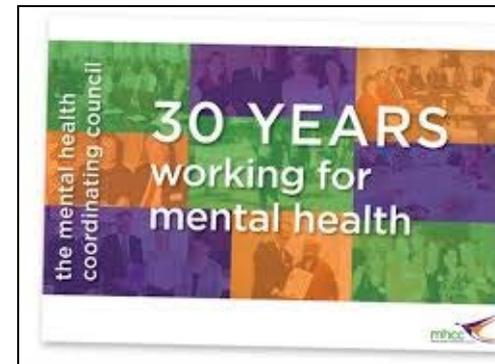
Peak body representing NSW non-government/ community managed organisations (NGOs/CMOs) providing services to people affected by mental health issues in NSW

Our Vision

People with lived experience are the drivers of positive change in all mental health services and mental health reforms.

Our Purpose

To build the capacity and ability of community organisations to support people on their recovery journeys.

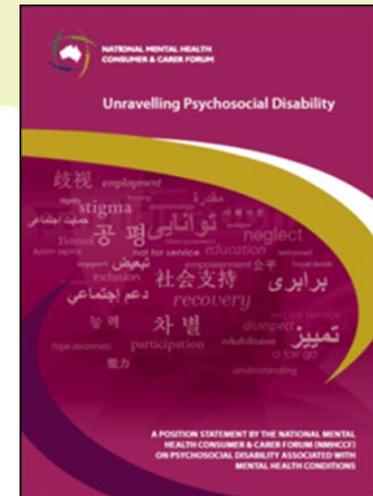


MHCC Partnership with the NSW Mental Health Commission

NDIS Year 1 partnership objectives are to better understand

1. How will psychosocial disability (PSD) be understood and included under the NDIS?
2. The wider NDIS and health services interface (eg, physical health, substance use)
3. People with co-existing difficulties (eg, intellectual, physical, sensory and other disability)
4. The suitability of the assessment tool/s
5. Contribute to the national discourse regarding the situating of psychosocial disability within the NDIS

... what is the NDIS and how it will affect people living with mental health concerns?



NSW Hunter NDIS Trial Site Activity



- 10K people in Newcastle, Lake Macquarie and Maitland LGAs (1,300 with high levels of psychosocial disability?)
 - 2013/14: 3K people Newcastle LGA
 - 2014/15: 5K people Lake Macquarie LGA
 - 2015/16: 2K people Maitland LGA
- Trial commenced 1 July 2013 and has been the only Year 1 launch site with high levels of mental health (MH)/psychosocial disability (PSD) activity

1. How will PSD be understood and included under the NDIS?

... in terms of:

- **Access and eligibility**
- Existing mental health community sector and public mental health programs
- Equity, monitoring and safeguard mechanisms, and
- Workforce appropriateness.

... organisational readiness?



Access and eligibility

At the March Hunter NDIS & MH 'Community of Practice' (COP) Forum:

- NDIA reported 89 clients with 'primary' PSD and 75 now had plans.
- HNEMHS reported 63 referrals of people to NDIA from hospitals (19 people accepted) and community team caseloads being audited.

At the end of March, 531 people with PSD had accessed the NDIS nationally:

- 298 primary PSD (and 93 with approved plans)
- 233 secondary PSD

This is less than 1% of the target of 57K people with PSD intended to access NDIS support by the end of the 3 year trial:

- 13% of 430K people nationally
- 19K people in NSW, and
- 1,300 people in the NSW Hunter trial site.

"It's not about numbers ... it's about people!" (what do you think?)

LESSON: It's about both people with PSD accessing the NDIS and the numbers of them accessing.



2. The wider NDIS and health services interface

... including but not limited to physical health and substance abuse (ie, health and disability/social care interface)

2013 implementation structures

- Fortnightly NDIA/HNELHD NDIS implementation meeting
- 17 October FaCS/NSW Health 'Pathways' Meeting

2014 implementation structures

- Maturation of operational and governance structures
- NDIS Operational Working Group (NDIA, FaCS, HNELHD)
 - Physical health SMEG
 - Child and adolescent SMEG
 - MH SMEG (MHCC invited every 2nd month)



LESSON: It's about people with complex health and social needs and consumer & carer representation is critical to getting it right!

3. People with co-existing difficulties

... including but not limited to intellectual, physical, sensory and other disability)

- Improved access to specialist MH treatment services for all (including prevention, promotion and early intervention services)
- How to deliver coordinated & integrated health and social services
- What is a clinical and non-clinical service or 'intervention'?

Lesson: We need to better understand health & disability role delineations as currently articulated in the 'in-principle' agreements (and include local level variations).

4. The suitability of the assessment tool/s

No public acknowledgment about the assessment and care planning tools being used by the NDIA. However ...

- NDIA – modified Support Intensity Scale (SIS)
- Partners in Recovery – Modified CANSAS
- PWC recommendation for NDIS to use WHODAS 2 (designed to bring health and disability/social care together)

LESSON: Assessment and care planning tools and processes need to be consistent with what is known to be good practice in recovery oriented and trauma informed service delivery

5. Contribute to the national discourse

Ongoing collaboration with a range of national stakeholders

MHCC MOU with the National Disability Service (NDS)

NSW representation to the MHA NDIS Capacity Building Project

Project Advisory Group

Tina Smith/MHCC

Working Groups (5)

Scheme design and administrative arrangements

Tully Rosen/MHCC, Mark Cliff/Richmond PRA – Hunter & Sally Regan/PIR (Hunter Medicare Local)

Assessment and eligibility

Rob Ramjan/SFNSW & Nicola O'Brien/Neami National (Hunter)

Monitoring, evaluation and service quality

Tully Rosen/MHCC, Janelle Heatley/Aftercare (Hunter) & Mark McCormack/SFNSW (consumer representative)

Supported decision making and diverse groups

Kieran Condell/SFNSW

Organisational readiness and workforce

Tina Smith/MHCC (Chair)



LESSON: Our learning is going to be continuing for a long time and so how do we best maximise this?

NSW Perspective on NDIS

The 10:30 AM Friday 29/8 paper will address:

- Activities undertaken through the MHCC NDIS 'MH analysis' partnership with the NSW MH Commission
- Hunter NDIS & MH 'Community of Practice' (COP) Forum
- Consumer & carer representation and participation in NDIS implementation & evaluation
- Establishment of NDIA/HNEMHS MH Subject Matter Reference Group
- Engagement with MHCA NDIS Capacity Building Project

<http://www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability.aspx>

... or  : MHCC NDIS

WA experiences and lessons from preparing and setting up two pilot sites

Rod Astbury

Executive Director

WA Association for Mental Health

Mental health sector capacity building for the NDIS

Liz Ruck

Senior Policy Advisor

(NDIS Capacity Building Project, Project Manager)

Mental Health Australia



Mental Health Australia



NDIS: how is mental health faring?

A national perspective

Mentally healthy people,
mentally healthy communities

mhaustralia.org



Key Concepts

- NDIS is an insurance model not a service system
- Mental illness \neq psychosocial disability
- 1,2,3 – support is tiered
- The scheme is in transition



Where are we at?

- MHA ♥ NDIS
- Opportunities
- Many unanswered questions
- Limited trial site experiences
- Fundamental policy concerns
- Major implementation challenges



Opportunities = work to do

- Implementation
 - 1st order priorities
 - 2nd order priorities
- Policy



Implementation challenges

First order priorities

- Understanding lessons from trial site experiences
- Getting the assessment process right
- Maximising the input of carers and other trusted people



Implementation challenges

First order priorities contd.

- Involving non-government stakeholders in rollout
- Describing and defining psychosocial disability services
- Pricing structures



Implementation challenges

Second order priorities

- Pathways, engagement and outreach
- Building tomorrow's workforce
- Mental health skills and experience in NDIA



Policy Challenges

- Tension/conflict between 'permanency of impairment' and recovery principles
- Designing Tier 2
- Commonwealth state/agreements
- Role of NDIS vs other service systems



Emerging Priorities

Wish list

- Mapping in-scope programs and services in each state
- Defining Tier 2 services and quantifying the economic benefits



MHA Capacity Building Priorities

- More support for consumers and carers
- Working with service providers
- Supported decision making
- Scoping workforce development needs



MHA Mental Health Capacity Building

- Online information hub
www.mhca.org.au
- Regular e-bulletins – please register
- Contact: Liz Ruck
lizruck@mha.org

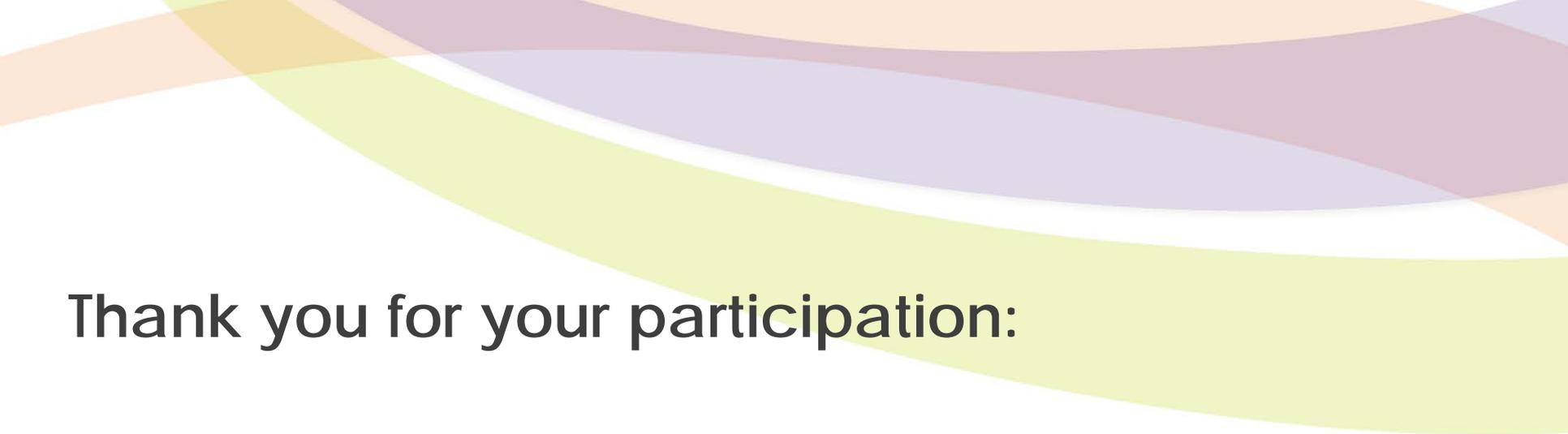


NDIS – How is MH Faring?

- Panellists reflections on presentations
- Audience questions?

Possible questions for panellists

- What activities is the NDIS undertaking to ensure their ability to respond flexibly to the needs of people with mental illness/psychosocial disability?
- What is known about eligibility for NDIS (who's in and who's out)?
- What tools and processes are being used for assessment and care/support planning with people with psychosocial disability?
- What partnerships are required to ensure coordinated support for people?
- How ready is your organisation and its workforce for the NDIS?
- What will happen for people who are not eligible for NDIS?



Thank you for your participation:

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