

The Hon Pru Goward MP
Minister for Mental Health
Minister for Medical Research
Assistant Minister for Health
Minister for Women
Minister for the Prevention of Domestic Violence and Sexual Assault

PO Box 668 Rozelle NSW 2039
T 02 9555 8388
F 02 9810 8145
E info@mhcc.org.au
W www.mhcc.org.au

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**Re: National Disability Insurance Scheme (NDIS) and Mental Health in NSW
– Concerns in Relation to Planned 13 July Forum**

Dear Minister Goward,

MHCC last spoke with you on 11 May about a range of issues related to implementation of the NDIS in NSW from a mental health sector perspective. This was in the context of a recommendation to establish a NSW community managed mental health sector NDIS Communities of Practice Project. MHCC is hopeful the need for a mechanism to increase mental health literacy in relation to NDIS for consumers, carers and the range of mental health providers is supported by the Ministry. To date the NSW Health Ministry has not provided support to health funded community sector providers to engage with the NDIS and as discussed, ADHC through NDS, has restricted targeted support to all but ADHC funded services.

This correspondence is to reiterate and further highlight the main issues MHCC brought to your attention at the time of our meeting in regard to access to the NDIS for people with mental health issues/psychosocial disability.

These issues may be increasingly important in the context of the event MHCC is informed you are planning in collaboration with the National Disability Insurance Agency (NDIA) in Sydney on 13 July. Our concerns for the next two years 2016/18 relate to: 1) an impression being made by the NSW Department of Family and Community Services (FaCS) Department of Ageing, Disability and Homecare (ADHC) of limited opportunities for people with mental health issues to access the NDIS; and, 2) restricted scope for access to NDIS funded services and supports for some Commonwealth funded mental health program clients transitioning to the NDIS.

Mental health access to the NDIS

The focus of NSW NDIS implementation is on the transition of ADHC funded clients and this situation is discriminating against people with mental health conditions.

In addition to the schedule/s for transitioning ADHC clients, the NSW NDIS Bilateral Agreement outlines the number of new entrants to the NDIS for all disability types across NSW for the next three years. In NSW scaling up of the NDIS will require an increase from 10,000 in the trial site to just over 140,000 state-wide. While the majority are transitioning ADHC clients there is still scope for non ADHC funded new entrants to the scheme as indicated in the table below comprised of detail provided in the Bilateral Agreement.

	Q1	Q2	Q3	Q4	
2016/17	1,563	1,526	1,634	1,755	6,567
2017/18	6,107	6,138	6,405	5,999	24,650
Subtotal					31,217
2018/19	n/a	n/a	n/a	n/a	26,404
Total					57,621

New entrants are considered to also include Commonwealth funded mental health program clients. The total numbers of these is unknown although the NSW PIR capacity is about 7,000. Despite this, and the 2016/17 numbers of new entrants being modest, the NDIA in NSW are strongly indicating that there will be little opportunity for new mental health clients to access the NDIS in NSW over the next two years.

MHCC does not believe this to be an accurate position and is encouraging mental health stakeholders entering the NDIS environment from 1 July 2017 to support people in their access to the NDIS to test this position out.

Scope of NDIS funded services and supports

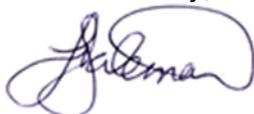
A further concern relates to the NDIA in NSW issuing NDIS 'My First Plans' to people transitioning to the NDIS. These essentially maintain people at current levels of funded services. This will disadvantage Commonwealth mental health program clients who typically receive less than three hours of support a week against needs that are considerably higher.

Furthermore, MHCC has now sighted some Day to Day Living Program 2016/17 contracts and these have ambitious targets for the transition of clients to the NDIS that are unlikely to be met within the current funding envelop for this program. Whether this situation will also exist for Commonwealth Department of Social Services mental health programs (ie, Personal Helpers and Mentors/PHAMS and Mental Health: Carer Respite) remains to be seen as there are not full 2016/17 contracts for these programs with 2015/16 extensions through to the end of September announced just last Friday.

This situation means a likely blockage of considerable scope in access to NDIS funded services and supports for people with mental health issues over the next two years. Please note also that at the end of March 2016 only 616 people in NSW had accessed the NDIS which is just 9% of all trial site participants. This is in comparison to 14% in Victoria which is consistent with Productivity Commission estimates. The reasons for these divergent practices must be better understood and MHCC will soon be writing to both the NDIA and FACS to request NSW data relevant to understanding these differences.

Thank you for your consideration of these matters. I hope for the opportunity to speak with you further about them prior to 13 July and to better understand the aims of the July 13 event with particular reference to community sector providers supporting people with mental health conditions including psychosocial disability.

Yours sincerely,



Jenna Bateman
 CEO, Mental Health Coordinating Council
jenna@mhcc.org.au