

FURTHER UNRAVELLING PSYCHOSOCIAL DISABILITY:

Experiences from the NSW Hunter National Disability Insurance Scheme Launch Site¹

THE FIRST SIX MONTHS
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The National Disability Insurance Scheme (NDIS) commenced on 1 July 2013 heralding what will no doubt be the most significant change to the human service system in Australia since the introduction of Medicare 30 years ago. The NDIS is an important strategy towards recognising the rights of people living with psychosocial disability related to mental illness as articulated in the United Nation Convention on the Rights of Persons with Disabilities. The change from primarily block to individualised disability funding - along with parallel changes to the funding and operations of health, mental health and primary health care sectors being driven by national health reform - means that the community managed mental health sector is on the brink of fundamental change that presents both great opportunities and risks to people living with mental illness.

¹ The title of this document acknowledges the very important foundational work undertaken by the National Mental Health Consumer and Carer Forum in their 2011 publication 'Unravelling Psychosocial Disability'.

NDIS in the Hunter

The transitional implementation of the NDIS in the Hunter launch site of NSW over the next three years is an important opportunity to consider how people with mental health issues and/or psychosocial disability might be impacted. Hunter launch site implementation includes 'Tier 3' individualised funded disability support packages for around 10,000 people as follows:

- 2013/14: 3,000 people in the Newcastle LGA (2,673 'existing' clients and 327 new)
- 2014/15: 5,000 people in the Lake Macquarie LGA (2,748 'existing' clients plus 2,333 new)
- 2015/16: 2,000 people in the Maitland LGA (1,200 'existing' clients and 830 new).

'Existing clients' means people currently in receipt of disability support services funded by the NSW Department of Family and Community Services (Ageing, Disability and Homecare) that are transitioning to the National Disability Insurance Agency (NDIA). New clients will include some people receiving Commonwealth funded mental health programs including:

- Personal Helpers and Mentors (PHAMS; 100% 'in-scope' for NDIS)
- Partners in Recovery (PIR: 70% 'in-scope' for NDIS)
- Mental Health Respite (50% 'in-scope' for NDIS)
- Day to Day Living Program (D2DL; 35% 'in-scope' for NDIS).

New clients can be from any of the three LGAs and a number of referrals of people with psychosocial disability related to mental illness have been found eligible. This includes people who had been, or still are, 'residing' inappropriately in acute and sub-acute hospital facilities due to a lack of access to appropriate and/or sufficient community based services and housing.

There is growing concern about housing affordability in the Hunter community as a likely barrier to achieving improved outcomes for people affected by mental illness through the NDIS.

The Hunter Launch Site Project

The Mental Health Commission of NSW has partnered with the Mental Health Coordinating Council (MHCC) - the peak body for non-government community managed organisations (NGOs/CMOs) working for mental health in NSW - to explore and analyse the introduction of the NDIS from a mental health and community sector perspective.

The outcomes of the Hunter Launch Site Project (the Project) are to make recommendations to address how psychosocial disability is understood and included under the NDIS in terms of access and eligibility, existing community sector and public mental health programs, safeguards and workforce appropriateness. The Project will consider the wider NDIS and health services interface, especially as this relates to the unmet physical health needs and high prevalence of substance use by people living with mental illness. The Project will also contribute to the national discourse regarding how the needs of people living with psychosocial disability related to mental illness are being met within the NDIS. The activity will conclude with a final report summarising activity undertaken and project findings with related recommendations for strengthening how well placed and understood psychosocial disability is within the NDIS. Although the Project necessarily focuses on adults aged 18 to 64 years, as this is the Hunter launch site target group, some consideration is also given to the psychosocial rehabilitation and disability/recovery support needs of both younger and older people in their life journey.

This Project has been active in the NSW Hunter launch site working to better understand what the NDIS will mean for people living with mental illness and the organisations that support them. We need to have a good sense of the impacts of, and mental health sector development needs in response to, NDIS and this knowledge continues to be acquired and consolidated through the Hunter launch site experiences. Particular interest has been on further understanding how the NDIS will reconcile essential philosophic differences between the mental health and disability sectors with regard to recovery oriented practice and workforce development.

Initial Experience of Referral, Eligibility, Assessment and Care Planning

There are about 20 MHCC member organisations providing a range of Commonwealth and state funded programs in the three LGAs that make up the launch site. During the course of the project we have met with consumers, carers and member agencies to better understand their experiences and needs in relation to the introduction of the NDIS. Former boarding house residents with mental health issues in the Newcastle LGA who were successfully transitioned thirteen years ago into supported accommodation and that access community based activities are among the first of the existing clients to transition to the NDIA along with PHAMS and D2DL clients.

In the first week of the launch there were 360 new clients referred to NDIA in the Hunter. Procedures for priority of access are beginning to emerge. Hunter New England Mental Health (HNEMH) have identified a large number of people that could be referred and are challenged by their capacity to make the referrals given the large volume of psychosocial assessment information required of them by the NDIA and their priority focus on acute and sub-acute mental health treatment.

As existing clients are transitioned, some funding amounts have been revised downwards and, where this doesn't seem to align with a person's current needs, these are being revisited with NDIA Support Planners. A possible reason for this is that NDIA have been keeping 'registered providers' (including those currently providing services to transitioning clients) at a distance including not requesting client information from them or allowing them to participate in assessments. This was intended to ensure the person's 'choice and control' regarding service selection was not compromised by the input of their current service provider. However, NDIA are increasingly seeing the value of more 'collaborative practice' with existing psychosocial disability and recovery support service providers. This will help to address concerns about some people not identifying to NDIA Support Planners all involved support services, underestimating their support needs and who may not disclose involuntary mental health orders (eg, forensic status, Community Treatment Orders) and/or other potential duty of care/dignity of risk issues.

The Hunter is unique in that it is the only Year 1 2013/14 adult NDIS launch site that also has a Partners in Recovery (PIR) program. Referrals to PIR commenced in November and the resources provided through PIR are thought to help accelerate new referrals to NDIA. The referral, eligibility, assessment and care planning pathways between PIR, public and community sector mental health services, and NDIA are complex but beginning to be identified through fortnightly meetings of PIR, HNEMH and the NDIA.

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The Need for Ongoing Dialogue

Early experiences indicate that there is a need for a range of human service workers - both mental health specific and other - to better understand the similarities and differences between acute/sub-acute episodes of mental illness and psychosocial disability and how these may co-exist. However, the project has identified that much of the Hunter NDIS learning is happening in silos for individual workers, programs and organisations. To address this we held a Community Sector Forum in October to share experiences of the first three months of the NDIS. The Mental Health Council of Australia (MHCA) also attended to discuss their national perspectives of NDIS and their 2013/14 Mental Health Capacity Building Project.

About 30 participants attended and key issues arising out of the day are that all community sector mental health programs are learning to varying degrees through NDIS implementation. Similarly the NDIA are also learning about mental illness, psychosocial disability and recovery support from the mental health sector. Organisations are at varying levels of NDIS readiness and also wanting to learn from and with one another, even though the 'business' environment is increasingly competitive. A key outcome of the day was agreement to have ongoing bi-monthly reflective practice meetings and to open these up to others who may wish to participate (i.e., to establish a Hunter NDIS and Mental Health 'Community of Practice').

NDIA, HNEMH and MHCA have been invited to attend and provide regular updates at these events.

The forum was followed in November by MHCC inviting Peter Gianfrancesco to facilitate a Newcastle management workshop exploring organisational readiness for the NDIS. Peter shared from his UK MIND experiences of the introduction of personalised budgets. A key theme across the day related to how to maximise learning arising from the Hunter launch site and supporting organisational readiness in an increasingly competitive market based economy, thus reinforcing the need to establish a Community of Practice. The workshop was repeated in Sydney for others outside of the launch site to encourage them to reflect on their organisational readiness. Sector and organisational readiness was also considered during MHCC's August Regional Forum's and December Big Issues Day and AGM.

Hunter NDIA has recently identified a key contact who is working across mental health and psychosocial disability issues. They have also created an internal Mental Health Reference Group to review all mental health related transitions and new referrals. The aim of this group is to establish benchmarks around eligibility and access, and consistency in assessment and care planning processes. Variability in these processes to date suggests a need for the NDIA to become more skilled in working with people living with psychosocial disability and recovery support needs.

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Those Found Ineligible for NDIS Tier 3

The issue of what psychosocial rehabilitation and recovery support services might be available for people who are not NDIS Tier 3 eligible, including families and carers, is critically important. For example, people who are occasionally or frequently acutely mentally unwell but have no or little residual disability when well are typically not going to be eligible for NDIS Tier 3.

Prior to NDIS, community sector services for people with mental illness were already acknowledged to be at capacity and underfunded. With a majority of the federal funding for community sector mental health support programs being 'in scope' for NDIS there is a risk that people not eligible for Tier 3 may miss out on existing federally funded community supports.

State and Territory jurisdictions have variable and emerging approaches to, and share a high level of concern about, this situation. In NSW, no Ministry of Health state funded mental health programs have been deemed 'in-scope' for NDIS. This situation may be revisited through review of the Bilateral Agreement between the Commonwealth and NSW and/or via the NSW Health Grant Management Improvement Program that is underway. Some tensions are emerging regarding the NDIS eligibility of people currently receiving state funded community sector mental health programs and clarification regarding this is much needed. Continuing with 'ad hoc' approaches to mental health sector development through the guise of NDIS individualised funding will not be sufficient to address the aspirations of either the National or NSW Mental Health Commissions.

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Concluding Remarks

The work that occurs at the Hunter launch site over the three years 2013/16 will help to inform both NSW and national directions for people with high levels of psychosocial disability and the community organisations that provide services to them. It is estimated that by 2018, 57 thousand Australians living with psychosocial disability will benefit from NDIS services and 19 thousand of these may be from NSW. The Hunter launch site provides an opportunity to learn from the experience of around 1,300 people living with psychosocial disability including at least 454 new clients (ie, the total number of transitioning clients with psychosocial disability is unknown). The very interesting intersect of this client group with the 700 people to be assisted through Hunter PIR over the next three years is also unknown.

To optimise learning from the launch sites we must strengthen approaches to data collections, including outcome monitoring, as this relates to the experiences of people with psychosocial disability and the organisations that support them. To build the capacity of the mental health sector to respond to, and interface with, the NDIS it will be essential that directions that have been undertaken to establish a community sector mental health minimum data set are progressed.

MHCC and the Mental Health Commission of NSW will continue to be forward thinking about the potential impacts of the NDIS on the community managed mental health sector who is the key provider of psychosocial rehabilitation and recovery/disability support services to people affected by mental illness.

Keep Up-to-date

For more information about the NDIS and mental health/psychosocial disability including updates on activity from the Hunter launch site please visit: <http://www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability.aspx>.