Mental Health Australia

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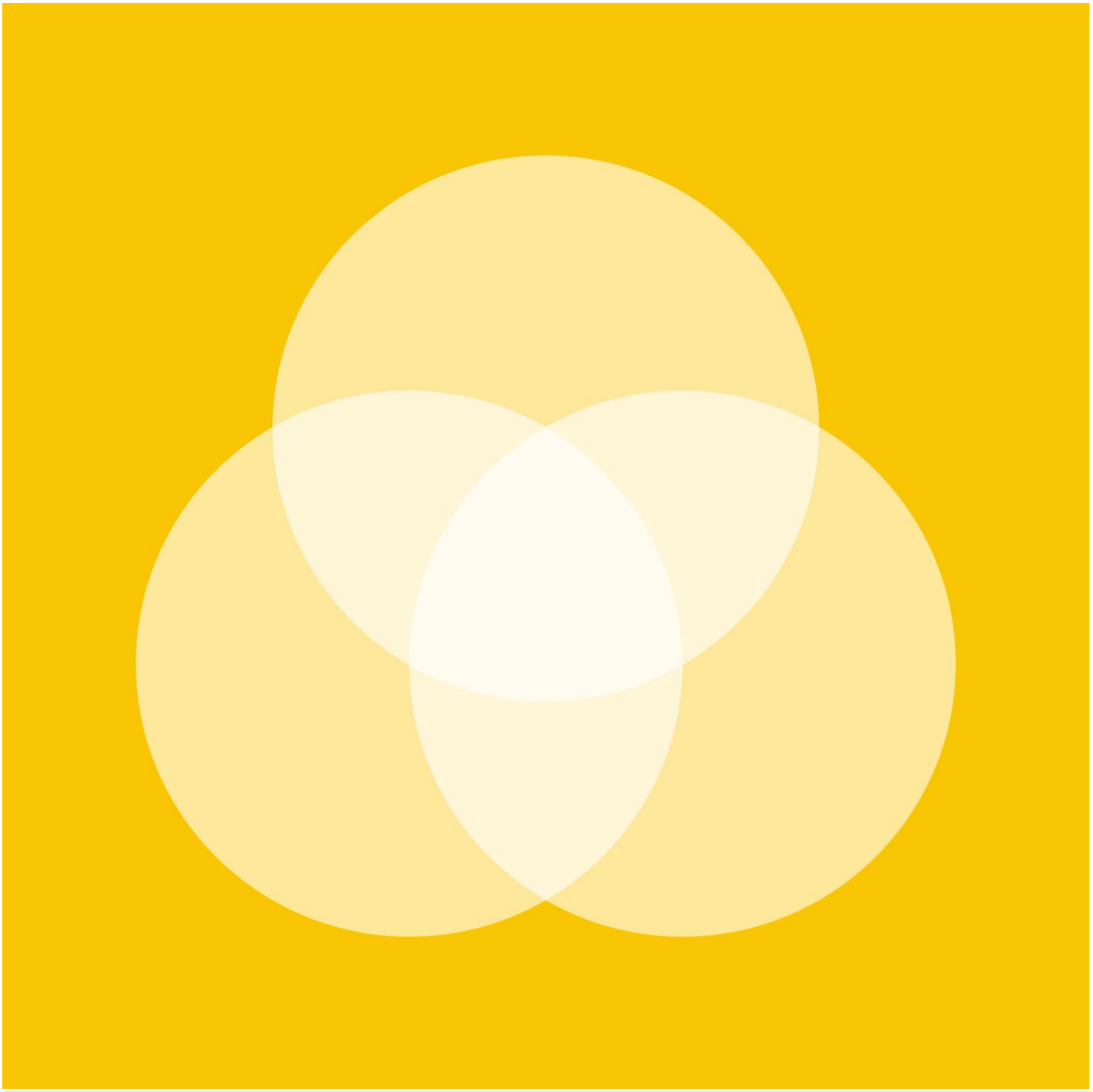

NDIS Framework for Information, Linkages and Capacity Building – Submission to the Department of Social Services

MARCH 2015

Contents

1. Overview

Mental Health Australia welcomes the opportunity to comment on the *Framework for Information, Linkages and Capacity Building* ('the Framework'). Information, Linkages and Capacity Building (ILC), formerly known as Tier 2, forms a critical component of the National Disability Insurance Scheme (NDIS) as envisaged by the Productivity Commission (PC).

This submission has been prepared at a time of great uncertainty for the mental health sector – uncertainty which stems from a lack of clear information on key aspects of scheme design, and which is compounded by unresolved issues in the health, welfare and other systems. All of these systems must be well integrated if the needs of people with psychosocial disability associated with mental illness are to be met.

Mental Health Australia has had just 30 days to provide feedback, despite the Framework being finalised by the Standing Council on Disability Reform on 12 December 2014 – some 60 days before it was publicly released. The very short window for consultation has greatly limited Mental Health Australia's ability to develop an informed response.

Mental Health Australia understands that each jurisdiction is now mapping existing services against the five streams of the Framework – an exercise which is critical to the transition process and which will be of great interest to many stakeholders. This submission is constrained by the lack of publicly available information arising from the current mapping process.

At the present time, it is unclear how governments intend to address various unresolved issues that will influence the effectiveness of the ILC system. These include the future of programs and services that are notionally in scope for the NDIS (nominated in existing and future intergovernmental agreements), as well as decisions about the level of funding available for ILC and other support services in adjacent systems at the State/Territory and Commonwealth level. The link between these issues and the Framework itself is also unclear.

Releasing the information being gathered by governments, and engaging with Mental Health Australia and other stakeholders in a careful analysis of that information and its implications, would give life to the principles of co-design that should guide the evolution of NDIS. To that end, we encourage Disability Ministers to urgently establish a process for engaging with stakeholders outside government as expert partners as we move from trial stage to full implementation of the NDIS.

Mental Health Australia thanks its members, including consumer and carer representatives, for their contribution to this submission at short notice.

List of Recommendations

Recommendation 1: As a matter of urgency, each jurisdiction should release information from the mapping of its existing services against the ILC Framework and, wherever possible, against the target population and/or the NDIS access criteria.

Recommendation 2: All governments should agree on a timetable for releasing a detailed transition plan, with explicit reference to existing programs and services, to provide consumers, carers and service providers with more certainty about which services will be delivered through the NDIS or through other systems.

Recommendation 3: All governments should formally commit to maintaining or increasing levels of service for *both current and future consumers* of mental health services, regardless of whether those consumers are deemed eligible for an IFP or are currently accessing services or programs in scope for the NDIS.

Recommendation 4: The NDIA should use ILC funding to develop a publicly-available actuarial model that NGOs could use, in order to demonstrate the long-term, whole of government savings generated from their services – consistent with both the insurance model at the heart of the NDIS and the recommendations of the recently released Review of Australia's Welfare System (the *McClure* Review).

Recommendation 5: ILC funds should support targeted research and improved data collection to build policy capability and the translation of research into practice. Any research program should involve, at a minimum, an investigation of other work streams by government that could inform scheme design, such as the Australian Mental Health Care Classification (currently under development by the Independent Hospital Pricing Authority) and the most recent version of the National Mental Health Service Planning Framework.

Recommendation 6: The *Implementation principles and considerations* should commit governments to a process of co-design with consumers, carers and other experts with stakeholders, brought into discussions about policy and implementation as early as possible.

Recommendation 7: NDIA planners should, wherever possible, have access to a plan developed between potential participants and their existing service provider(s), acknowledging and building on positive relationships which may already exist between the consumer and their provider(s).To encourage the development of such plans, the NDIA should provide sufficient resources to service providers so as to allow this and other participant readiness work to occur with clients likely to transition to the NDIS.

2. General Comments

Adequacy of ILC

Mental Health Australia recognises that the NDIS is not attempting to replace or replicate the mental health system. However, we estimate that, in any 12 month period, approximately 170,000 people will need individual support services from outside the clinical system for a severe mental illness and/or associated psychosocial disability.[1] These services could come from an Individually Funded Package (IFP), ILC, or other Commonwealth, state or territory mental health and community mental health systems. The number of people who may need some sort of community mental health service who do not have an IFP is likely to be higher than those who do receive an IFP – particularly because of the high turnover in service access among the population of people with mental illness compared with physical disabilities. This underscores the critical place of ILC-funded services in the service offering for people with psychosocial disability and mental illness.

The Framework recognises that existing community mental health services will need to continue for people are not entitled to an IFP. This was also recognised by the Productivity Commission which noted that "[the NDIS] will always be just one part of a broader suite of services that are potentially relevant to people with a disability."[2] However, most jurisdictions have not yet announced what mental health and specialist disability services they will continue to provide.

In order to determine both the type and amount of funding necessary for ILC, **Mental Health Australia recommends that all governments should formally commit to maintaining or increasing levels of service for *both current and future consumers* of mental health services, regardless of whether those consumers are deemed eligible for an IFP or are currently accessing services or programs in scope for the NDIS.**

[1] This figure is based on analysis of the National Mental Health Service Planning Framework. We have not been able to identify how this relates to the 56,880 estimate in the PC Report.
[2] PC Report, p163

The NDIS was designed to double the amount of services available to people with a disability,[3] yet less than one in ten of the almost 700,000 people with a severe mental illness[4] are expected to get an IFP.

Eighteen months on from launch, no government has announced any specific funding for ILC. However, based on the Productivity Commission's report, we assume that between $200 million and $250 million per year in additional funding has been set aside for ILC, across all disability types.[5]

The adequacy of this level of funding, and the scope of services spelt out in the ILC Framework is entirely dependent on what community mental health services each jurisdiction will continue to provide, which services are rolled into Tier 3, and the number of people with a psychosocial disability who will receive an IFP in Tier 3. These issues are still very unclear to non-government stakeholders, who keenly await clarification as a matter of urgency – particularly given that the Framework provides no information on the scale of the ILC system in financial terms.

In the absence of additional information about future funding levels, likely participant numbers for ILC and which existing community mental health programs will continue outside the NDIS, Mental Health Australia cannot judge whether the ILC system or the Framework will be adequate to meet population needs.

The adequacy of the ILC system should be also judged on whether ILC-funded services, combined with services funded through other systems, work together in facilitating a smooth 'gradient' of services for people who do not receive an IFP.

While IFPs are entitlement driven and uncapped – with the level of service determined as both reasonable and necessary – ILC services are likely to be both capped and rationed, like most current community mental health programs. These different drivers of funding levels could conceivably result in a sharp falloff in the quantity, quality and availability of services between an IFP and ILC. This would create significant unintended consequences for the assessment process, and must be avoided wherever possible. In other words, there must be a strong rationale wherever the 'last one in' and the 'first one out' receive very different services – regardless of the systems involved.

We understand that governments are now mapping their mental health programs/services against service populations and the NDIS eligibility criteria. In theory this should identify areas of need that will not be addressed through NDIS-funded services, and would provide a much clearer picture of what is likely to eventuate should such programs be subsumed (wholly or in part) by the NDIS. **Mental Health Australia recommends that, as a matter of urgency, each jurisdiction should release information from the mapping of its existing services against the ILC Framework and, wherever possible, against the target population and/or the NDIS access criteria.**

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[3] PC Report, Overview p3.
[4] Australian Burden of Disease Study prevalence figures.
[5] PC Report p777.

Consumers and carers are particularly concerned about what the rollout of the NDIS means for them. We recognise that with the roll out of a scheme of this size, working through all the detail takes time. However, as existing contracts start to come to an end, many service providers are being left without funding certainty and many consumers and carers are unsure about future options for support. Mental Health Australia is concerned that without immediate resolution of these issues that governments are jeopardising the continuity of service guarantee applying to in-scope programs. While the guarantee of continuity of care is in place (in Commonwealth/State/Territory agreements) for current clients, no such guarantee exists for future clients, including clients of mental health programs that have a high rate of turnover from year to year.

Mental Health Australia therefore recommends that all governments should agree on a timetable for releasing a detailed transition plan, with explicit reference to existing programs and services, to provide consumers, carers and service providers with more certainty about which services will be delivered through the NDIS or through other systems.

Importance of early intervention

The Framework does not offer sufficient explanation of the types of supports that will and won't be funded under each stream or who will be performing the functions (i.e. NDIA, NGO sector, private sector, volunteers) for Mental Health Australia to draw conclusions about how effectively ILC could be implemented or what the risks could be. However, we appreciate the intention in the Framework to acknowledge the importance of building on already effective community sector initiatives.

We support the Framework's intention to ensure that adequate early intervention services and supports are available and readily accessible to people with a psychosocial disability, regardless of whether they have been assessed as eligible for an IFP.

Mental Health Australia also supports using ILC to provide "early intervention and prevention supports," as this has the potential to save money and reduce escalation to more intensive support. Early intervention and prevention is much broader than the health system, and does not apply just to children and young people. In the context of mental illness, early intervention can play a key role across the life course whenever symptoms or life circumstances threaten a person's mental health or daily functioning.

A study from the London School of Economics for the UK Department of Health shows that specific prevention and early interventions programs can deliver major returns on investment. These interventions, including some which could conceivably be funded through the NDIS, included early detection and early intervention for psychosis, where community support workers, social workers and vocational workers made significant contributions.[6]

[6] http://eprints.lse.ac.uk/32311/1/Knapp_et_al__MHPP_The_Economic_Case.pdf

Other studies also demonstrate the significant benefits of targeted intervention to prevent the initial onset of psychosis,[7] includes both clinical and community-based supports.

Consistent with the insurance principles guiding the NDIS, the ILC system could make positive investments in early intervention to reduce future costs to government in the long term. Mental Health Australia will shortly be releasing a report on the economic case for prevention and early intervention in mental health. We look forward to working with all governments to identify prevention and early intervention initiatives that hold great promise.

Using ILC to drive further systemic reforms

Mental Health Australia supports using an 'insurance approach' to determine funding priorities. However, further information is needed on what this will mean in practice. Many smaller NGOs do not have the resources to undertake economic modelling to demonstrate long-term benefits, yet anecdotal evidence is overwhelming that the right community-driven support can help avoid crisis and a worsening in functional impairment for people with or at risk of psychosocial disability.

Therefore, **Mental Health Australia recommends that the NDIA should use ILC funding to develop a publicly-available actuarial model that NGOs could use, in order to demonstrate the long-term, whole of government savings generated from their services – consistent with both the insurance model at the heart of the NDIS and the recommendations of the recently released Review of Australia's Welfare System (the *McClure* Review).** This is also consistent with Mental Health Australia's recommendation in *Blueprint for Action on Mental Health* that:

> *The Commonwealth should commission a detailed analysis of the economic costs and benefits of early intervention services for people with, or at risk of, mental illness and psychosocial disability. This analysis should seek to identify, where possible, which investments in NDIS Tier 2 services (and other early intervention services out of scope for the NDIS) are most likely to reduce costs to the NDIS and other service systems in the future, consistent with insurance principles.*

At present there are significant gaps in the existing evidence base. One study found that Australia is "operating in an information vacuum" when it came to mental health programs.[8] The National Mental Health Commission also called for significantly improved data collection in its 2012 and 2013 Report Cards on Mental Health and Suicide Prevention.[9] KPMG has also identified that "data may not currently be [available] to develop the most effective intervention approaches".[10]

Improved data will also be vital to developing a detailed insurance/actuarial model for the NDIS and supporting ongoing policy development.

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[7] http://www.trimbos.org/news/trimbos-news/prevention-of-a-first-psychotic-episode-is-clinically-and-cost-effective
[8] http://www.smh.com.au/nsw/assessment-of-mental-health--treatment-hurt-by-lack-of-data-20130612-2o4jw.html
[9] http://www.mentalhealthcommission.gov.au/media/94321/Report_Card_2013_full.pdf
[10] http://www.ndis.gov.au/sites/default/files/documents/KPMG%20report%20accessible%20version.pdf

Therefore, **Mental Health Australia recommends ILC funds should support targeted research and improved data collection to build policy capability and the translation of research into practice. Any research program should involve, at a minimum, an investigation of other work streams by government that could inform scheme design, such as the Australian Mental Health Care Classification (currently under development by the Independent Hospital Pricing Authority) and the most recent version of the National Mental Health Service Planning Framework.**

Other work under this stream could include:

- collecting information consistent with the targets and indicators recommended by the Expert Reference Group to the COAG Working Group on Mental Health Reform;[11]
- working with the National Health and Medical Research Council to establish the cost-effectiveness of prevention and psychosocial interventions, and to translate research into practice;
- supporting the development of innovative funding solutions, including social impact bonds and impact investment; and
- supporting the capacity of NGOs to collect data.

Implementing the ILC Framework

Non-government stakeholders are currently confused about the policy decision-making processes around the NDIS. For example, it is unclear how stakeholders can request that issues are considered and resolved by the Standing Council on Disability Reform. Therefore, **Mental Health Australia recommends that the *Implementation principles and considerations* should commit governments to a process of co-design with consumers, carers and other experts with stakeholders brought into discussions about policy and implementation as early as possible.**

It will also be important for the NDIA to consider how ILC could be used to access hard-to-reach groups, especially homeless people, in particular those who may be eligible for an IFP.

Local Area Coordinators could play a key role in providing outreach to the many people with psychosocial disabilities who are not currently connected to mental health or disability support services, including those typically considered 'hard to reach'. Such people are often without immediate family or carers, may be homeless or have drug and alcohol problems. Many people with mental illness have also had a negative experience of service provision and choose not to engage further, or do not believe they require assistance. Many will also not be aware that they may be eligible for supports from the NDIS. In particular many will not be comfortable engaging with services through their local NDIS office. Therefore, the NDIA will require the skilled, proactive and flexible approaches to engaging with these potential recipients of both ILC and IFP supports to ensure that they can receive support on

[11] http://www.mentalhealthcommission.gov.au/our-reports/expert-reference-group-on-mental-health-reform.aspx

their own terms. In the absence of effective outreach, the NDIS will not be accessible to the population it is intended to serve – that is, those with the highest support needs.

3. Detailed comments on the Framework's five streams

Stream 1: Information, Linkages and Referrals

The provision of information, linkages and referrals will be a key element in supporting people with psychosocial disability. A supportive approach is needed to enable consumers and carers to access the right information, including information in languages and formats e tailored to their audience. To date, information about the NDIS has been confusing for people with mental illness, their carers and the mental health sector. This has been exacerbated by misunderstandings about the notion of a "permanent impairment" which appears in legislation – a notion which is at odds with the recovery principles endorsed by all governments in the *National Recovery Framework*.

Mental Health Australia encourages the provision of pre-planning support as part of this stream. To be effective pre-planning will need to include more than just the provision of pamphlets and internet portals. Pre-planning needs to be recovery focussed and facilitated by skilled people who have a knowledge of mental health and psychosocial disability support issues. Such planning supports consumers to identify life goals (often referred to as recovery goals in the mental health sector) and strategies to achieve these. It will entail intensive relationship building with consumers and carers, sometimes over a long period.

A number of useful recovery focussed methods already exist in the community managed mental health sector and some consumers already work with services to identify their life goals and strategies to meet these. **Mental Health Australia recommends that NDIA planners should, wherever possible, have access to a plan developed between potential participants and their existing service provider(s), acknowledging and building on positive relationships which may already exist between the consumer and their provider(s). To encourage the development of such plans, the NDIA should provide sufficient resources to service providers so as to allow this and other participant readiness work to occur with clients likely to transition to the NDIS.**

Involving peer workers in this process is the most effective method of engaging consumers and carers. Peers have the understanding and life experience that makes their support invaluable in ways that appear to be quite rare among NDIA personnel currently in contact with mental health consumers and carers.

The ILC is a good opportunity to ensure that pre-planning processes can be made available to mental health consumers who are not currently engaged with services. This should involve assertive, multi-faceted outreach into the community.

Mental Health Australia supports ILC's role in creating an 'expanded gateway'. The Fourth National Mental Health Plan refers to this as a "no wrong door" approach to service delivery, ensuring that no person in need misses out on services regardless of how they seek help. For example, programs like Personal Helpers and Mentors (PHaMS) and Partners in Recovery (PiR) currently work with health, welfare and homelessness service providers to help identify whether their clients could benefit from mental health services and psychosocial support. Unfortunately, the 'wide gateway' to the NDIS currently in place is in practice very narrow, and does not take account of the ways in which mental health consumers and carers might access service systems – or indeed actively resist offers of support due to negative past experiences in different service settings.

Mental health consumers and carers report feeling intimidated having to approach a government agency for assistance, or may not realise what assistance the NDIA can offer. Similarly, many consumers, including young people, have resolved to avoid approaching the NDIA for help because they did not want to be 'tagged' with the label of a 'permanent disability'. Well-designed, flexible and varied pathways to NDIS support through ILC can help people connect to the right support, be it an IFP, or other disability or mainstream support.

Stream 2: Capacity building for mainstream services

Mental Health Australia supports using ILC to build capacity for mainstream services. However, the NDIA needs to ensure that does not displace governments' obligations under the *Disability Discrimination Act,* the National Disability Strategy and the COAG agreed *Principles to Determine the Responsibilities of the NDIS and Other Service Systems.*

Mental Health Australia has long been concerned about the lack of integration between clinical mental health services and community mental health supports. We recognise that many jurisdictions are working hard to improve this, in order to ensure seamless continuity of care for consumers and carers. This ongoing work will need to be expanded as the NDIS is rolled out, especially as the service system becomes more complex. In particularly, ILC could play a key role to improve the capacity of public mental health services to effectively integrate with the NDIS.

Tackling the stigma around mental illness and psychosocial disability will be a key part of the capacity building process for mainstream services. For example, language has a significant impact on how we think about an issue, and the language used about mental health can affect consumers and carers in a detrimental way. Casual misuse by mainstream service providers can actually act as a barrier to people seeking help, and impact their confidence in their recovery journey.

Stream 3: Community awareness and capacity building

Tackling stigma and ensuring community groups and businesses meet their obligations under the *Disability Discrimination Act* will be key issues in raising community awareness and building the community's capacity to support people with a psychosocial disability.

Stream 4: Individual capacity building

The Framework refers to people "who would otherwise… be eligible for an IFP, but only require… ILC" and "[a] person [who] may… be eligible for an IFP, but can choose to access… support through ILC instead." This implies that the NDIA could induce people not to test their eligibility for an IFP, in return for ILC support. Mental Health Australia supports the use of ILC funds for individual capacity building. However, it is important that particularly vulnerable people are not inappropriately discouraged or prevented from accessing their entitlement to an IFP.

People with psychosocial disabilities often have episodic support needs, so this stream will be particularly important and, for some people, ILC support may be all that is required for them to more fully participate in the community. Nevertheless, it will be important to ensure that ILC-funded services can also deliver intensive episodes of support when required. This could include creating a 'plan' that an appropriate level of support is received in the event that the level of disability fluctuates – regardless of whether this is formally regarded as an IFP or ILC support.

However, it is difficult to detail the level and types of support required, without knowing what psychosocial disability support services will continue to be available outside the NDIS and the number of people with a psychosocial disability who do not receive an IFP. The lack of such information makes it difficult to respond in any detail on these issues, and reinforces the challenge in responding to the Framework in isolation from other critical pieces of information relevant to the future of the NDIS and its interaction with other systems.

Mental Health Australia supports the strong role for peer support workers contemplated in this stream. Peer workers will make a valuable contribution in various settings, including in funded service provider organisations, the NDIA, local consumer and carer networks and in mainstream systems which interface with the NDIS.

Stream 5: Local area co-ordination

Mental Health Australia supports this stream of work. Local Area Coordinators will play a key role in:

- relationship building with people with psychosocial disability requiring supports and providing tailored intervention as required
- developing effective engagement strategies for 'hard to reach' individuals assisting people to engage with IFPs if appropriate
- assisting individuals to coordinate their supports
- developing community capacity to provide supports to people with a disability and ensuring that no wrong door approaches exist

- identifying gaps in service provision and coordinating local solutions to service provision challenges
- leveraging – rather than replacing – the knowledge, skills and relationships among existing workers and organisations at the local level.

Local area coordinator functions and roles will need to be resourced, trained and supported to ensure they can operate effectively in the full range of relevant service settings. This promises to be a huge undertaking and Mental Health Australia offers its assistance to government in this process.

Experience to date from the Partners in Recovery (PIR) program in the Hunter trial site is demonstrating that PIR can play a significant role in providing information, linkages and capacity building for its IFP and potential ILC clients. Unfortunately, a substantial part of current PIR information, linkages and capacity building work for IFP clients is currently not considered "in scope" by the NDIA (and therefore remains unfunded) while other work (such as planning) is to some extent duplicated. Should it continue to be in scope for the NDIS, the PIR model has the potential to make a major contribution to the ILC system, and should be addressed in detail in any transition plans relating to the implementation of ILC.

4. Contact

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Mental Health Australia

Mentally healthy people,
mentally healthy communities

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