



NDIS capacity building for the mental health sector project
Project Advisory Group face to face meeting
10 December 2013
Minutes

Present:

Margaret Springgay (NMHCCF)
Lyn English (NMHCCF)
Rachel Green (Care Connect)
Debra Parnell (Vicserv)
Anna Morrison (Carers Australia)
Richard Nelson (QLD Alliance)
Tina Smith (Mental Health Coordinating Council)
John Downie (Mallee Family Care)
Stephen Brand (Allied Health Professionals Association)
Josh Fear (MHCA), **Chair**,
Liz Ruck (MHCA),
Travis Gilbert (MHCA).

Apologies:

Daryl Lamb (Anglicare Tasmania)
Rod Astbury (WA Association for Mental Health)
Wendy Kipling (ACT Government NDIS Mental Health Taskforce).

1.) Welcome and introductions

JF welcomed PAG members to the first face to face meeting of the group.

Members introduced themselves and outlined their involvement in the NDIS to date including their work with and representation of stakeholder groups, regions in which they are based and launch site activity.

At this point members also discussed:

- The evaluation of NDIS Launch Sites being undertaken by Flinders National Institute of Labour Studies, and
- Several national projects supporting the Partners in Recovery initiative, including the Capacity Building project (being undertaken by the Flinders Department of Health Sciences) and the evaluation of Partners in Recovery (being undertaken by Urbis).

Action: Members requested that MHCA circulate details of the NDIS Launch site evaluation.

2.) Acceptance of minutes of the previous meeting (teleconference 7 November)

The draft minutes of the previous meeting were accepted as a final record of that meeting. These are at Appendix 1.

3.) The role of the Project Advisory Group

JF outlined the role of the Project Advisory Group (PAG) which is to provide ongoing advice to the MHCA on the needs of the mental health sector (including consumers and carers) in relation to sector capacity building for the NDIS.

The deliberations of the five Working Groups will feed into the work of the PAG and PAG members are invited to join in any of the Working Group teleconferences that are of interest to them.

Members agreed on a number of changes to the PAG Draft Terms of Reference, outlined at Appendix 2 (changes highlighted in blue).

4.) The national picture: policy and implementation issues.

JF provided members of the group with an update on MHCA work under this project to date including:

- A recent announcement at the National Housing Conference on 30 October 2013 by Chair of NDIA Board, Bruce Bonyhady, of a capital works fund for housing under the NDIS. The estimated size of the fund will be \$500 - \$550 million in 2014/15 rising to around \$700 million when the NDIS is fully operational from 2018/19.
- The development of a communique addressed to the Prime Minister, State and Territory Premiers and Chief Ministers from delegates of the IIR Conference Integrating Mental health into the NDIS 2-3 December 2013. (Appendix 2)
- The relevance of the National Mental Health Service Planning Framework (currently in development) for describing target population groups and developing appropriate care packages for people with psychosocial disability support needs.
- The National Mental Health Commission's review of mental health services to report to the Minister for Health in February 2014.
- The NDIA Board's decision to drop its fixed pricing schedule for services under the NDIS and the potential implications for service providers.
A recent speech by Senator Mitch Fifield, Assistant Minister for Social Services, outlining the need for the NDIA to address a lower than expected number of plans being written and a higher than expected average cost per plan.

PAG members TS and DP gave brief updates on what is happening in NSW Hunter and Vic Barwon launch sites. TS also advised on the fact that the NSW bilateral agreement is currently being renegotiated and that an NDIA mental health reference group has been set up in the Hunter region.

JF explained that the MHCA plans to respond to both:

- Issues of scheme design, which may require changes in government policy. JF introduced and tabled the MHCA's most recent position paper on mental health and the NDIS highlighting the scheme's challenges around policy. These have been and will continue to be the subject of discussion between the MHCA, the NDIA and the NDIA Board. JF noted that there may be capacity for the MHCA to input in to the National Mental Health Commission's upcoming review of mental health services in Australia on NDIS issues. It was agreed that it is important for the MHCA to continue its advocacy on policy and scheme design issues, given feedback from the sector on the need for policy changes.
- Implementation issues, which require engagement with the NDIA and with mental health stakeholders, including through the MHCA capacity building project and beyond.

5). Key issues emerging from first working group meetings

LR outlined the key issues that arose from working group meetings and observed that they reflect many of the issues raised by the PAG during this meeting (see also Item 7 below).

Scheme design and administrative arrangements working group

Members advised that priorities include ensuring that future consumers have access to programs that are in scope for the NDIS, and understanding what arrangements are being made in states/territories to protect service access to these programs for people who will not be eligible for the NDIS.

Assessment and eligibility working group

Members agreed to seek formal advice from the NDIA regarding the assessment tool being used. They also noted that assessor skills appeared to be variable and required development. Members also agreed on a process to draft some principles for a tool that would be appropriate to assess people with mental health issues.

Monitoring evaluation and service quality working group

The need for better information about formal monitoring and evaluation of the NDIS was highlighted, including mapping client journeys to identify areas of need for monitoring and evaluation.

Supported decision making and accessibility for people from diverse backgrounds working group

Consistent with the National Convention on Rights of Persons with a Disability, Australia requires a more robust framework for supported decision making. The NDIS is a good opportunity to improve many of the elements of this framework as consumer choice and control is at the heart of the scheme. This means helping consumers build capacity to make decisions as well as appropriate supports from carers, family members and service providers to participate in assessment and planning processes.

Organisational readiness and workforce working group

The group agreed on the need to focus on

- the collective readiness of the sector for the NDIS, in addition to the readiness of individual service providers
- the impact of the NDIS pricing structure on service quality and the mental health workforce

This group noted that sharing information with the Monitoring and service evaluation group will be important.

6.) Issues for MHCA advocacy

PAG members advised that the following are issues for ongoing advocacy by the MHCA, in addition to the advocacy work already taking place:

- Ensure there is greater transparency and open communication with the mental health sector and service providers, especially outside launch sites, on what is being learnt in launch sites and within the NDIA.
- Benchmarking and monitoring the consistency of the assessment process.
- Put in place quality mechanisms to ensure that consumers' support networks are adequately consulted as part of the assessment and planning process (eg carers, family, service providers.)
- Put in place good systems to track people's pathways within, into and out of the NDIS and the broader service system, given the fluctuating nature of mental illness.
- Put in place a rapid review process for people whose needs change quickly. Ideally this would include provision for the conditional release of funds for immediate service requirements.
- Further ensuring that the continuum of care is maintained between services that are in and out of scope and between clinical and non-clinical services.

- Establish a plan to engage with potential NDIS recipients, especially under Tier 2, which are tailored for people with mental health issues.
- Provide clarity about whether any direct services will be funded in Tier 2 or whether it will be strictly a system for assessment and referral.
- Actively engage people without support networks, and provide appropriate support so that their needs are adequately understood.
- Ensure that the pricing structure encourages service quality and financial viability on the part of community-based mental health services.

7). Priorities for the MHCA Capacity Building Project

The PAG noted that the following capacity building initiatives are already underway or planned for stage 2 of the project (to run from 1 Jan – 30 June 2014):

- The development and dissemination of resources for consumers and carers
- Online information portal on the MHCA website
- Organisational readiness workshops for service providers
- Webinars on topics of interest to the sector.

Other options currently being considered by the MHCA include:

- An assessment of available organisational readiness tools
- Scoping study on the development and integration of NDIS and mental health sector data systems
- Establishment of a PIR/NDIS network across relevant launch sites

The PAG recommended that the MHCA consider carrying out the following in stage 2 of the project, subject to available resources:

- Dissemination of information on launch site experiences and lessons learned via Webinars. PAG members to identify potential webinar presenters.
- Submission to the Joint Standing Committee on the National Disability Insurance scheme reviewing the implementation of the NDIS.
- The development of web based information resources such as:
 - Case studies
 - Short discussion papers on issues such as:
 - Service quality and safeguards
 - Mental Health carer respite
 - The delineation between the disability and other systems
 - Supported decision making and goal based planning in mental health
 - Pricing and workforce.
 - Peer Workforce
- Capacity building workshops on organisational readiness to include:
 - An update of national NDIS implementation and how this impacts on the mental health sector.
 - State or territory based information on implications of each jurisdiction's policy and service reforms on the implementation of the NDIS.
- Describe best practice principles for assessment and planning for people with a psychosocial disability
- Describe what good quality 'packages of care/support' look like for people with psychosocial disability – particularly to NDIA.
- Identify opportunities for the elimination of poor service design and delivery under NDIS and the development of innovative service offerings and governance structures.

- Undertake more foundational work on sector readiness including issues of diversification, marketing quality, partnerships (these issues are currently highlighted through the various organisational mergers taking place in the sector).
- Engage with clinical services to ensure that they are able to coordinate with critical disability support services.

PAG members also were keen to see developments in or explorations of:

- Goal based planning
- Supported decision making
- Advance directives in the NDIS
- The place of people with co-occurring disabilities in the NDIS
- The need to better engage with socially isolated people with psychosocial disability
- The role of Partners in Recovery and the interaction between PIR consortia and the NDIA
- Sector development and maintaining quality in a market based system
- The need to continue advocacy work to ensure that all those who need them have appropriate access to in scope and out of scope programs in the NDIS.
- The need for a comprehensive mapping exercise to determine existing workforce capabilities and the job roles and numbers that will be needed to meet workforce demand going forward.
- A project to map the number of people who are in scope for the NDIS and compare this with the service planning framework numbers when available.
- Scoping study of unmet/unknown demand for the NDIS.
- Development of an EOI for a pool of expert consultants on NDIS and psychosocial disability.

8.) List of actions

- **MHCA to engage with Queensland Alliance around sector readiness, and invite Richard Nelson to join the organisational readiness working group.**
- **MHCA to circulate information to PAG members on the evaluation of NDIS launch sites.**
- **MHCA to revise Terms of Reference for the PAG to reflect explicit links between PAG and Working Groups.**
- **MHCA to invite PAG members to suggest 1 or 2 experts in their state or territory who could participate in webinars.**
- **MHCA to circulate information about the Parliamentary NDIS committee including a list of members.**
- **MHCA to circulate TS's best guess summation of what questions and areas are covered by the assessment tool being used by the NDIA at present to PAG and assessment and eligibility working group.**
- **Carers Australia to provide MHCA with information on the future of the Mental Health Carer Respite program.**
- **MHCA to circulate the NDS Organisational Readiness tool to the PAG.**
- **MHCA to flag to the NDIA the possibility of specialist mental health workers being contracted to undertake assessments of people with psychosocial disability on a 'fee for service' basis.**



MHCA NDIS Capacity Building for the Mental Health Sector Project

Project Advisory Group Meeting

07/11/2013

Final Minutes

Present: Lyn English (NMHCCF), Margaret Springgay (NMHCCF), Jayne Gallo (Care Connect), Kim Koop (Vicserv), Sue Elderton (Carers Australia), Tina Smith (Mental Health Coordinating Council), John Downie (Mallee Family Care), Wendy Kipling (ACT Mental Health NDIS Taskforce), Josh Fear (MHCA), Liz Ruck (MHCA), Jo Huxley (MHCA), Travis Gilbert (MHCA)

Apologies: Daryl Lamb (Anglicare Tasmania), Richard Nelson (Queensland Alliance), Stephen Brand (Allied Health Professionals Association)

1. Welcome and apologies

JF welcomed attendees to the inaugural meeting of the Project Advisory Group (PAG)

2. Recent developments nationally and in the launch-sites

National picture

JF provided an overview of the key issues (both policy and implementation) that the MHCA has identified/is aware of nationally in relation to the scheme nationally.

He noted that:

- It is not yet clear if or how changes to the machinery of government at a national level will filter down to affect operational and policy areas such as the NDIS although the support expressed by the government for the NDIS does not appear to have changed.

- In a recent meeting with Senator the Hon. Mitch Fifield (Assistant Minister for Social Services) who has portfolio responsibility for the NDIS, Emphasised his support for the NDIS.

Finally it was noted that there are ongoing communication difficulties between the agency, the launch sites, the sector and people with disability.

This could be exacerbated by the move of the NDIA to Geelong with associated downsizing.

Launch-sites

NSW

TS from the Mental Health Coordinating Council provided an update on the progress of the implementation of the NDIS in the Hunter launch-site.

The Mental Health Coordinating Council is working in partnership with the NSW Mental Health Commission in the launch-site. There have been 6 successful access requests processed for participants who have been residing in the Morisset Hospital and a further 17 referrals are pending.

There have been some positive developments in the relationship between the Hunter NDIA and the local community mental health services with providers now being included in the NDIS access and referral processes. While it will take some times for people to collaborate beyond a previous siloed approach, there are already signs that broader engagement is happening and there are interagency forums occurring.

Live referrals from Partners in Recovery will commence from Monday 11 November.

Victoria

KK outlined some of the anxieties and concerns that were being felt by providers in Victoria as a result of the bi-lateral arrangements in that state.

All of the Psychiatric Disability Rehabilitation and Support Services (PDRSS) are said to be 'in-scope' for the NDIS in Victoria. This is a cause for significant concern as the group of people supported by PDRSS is much broader and greater in number than those likely to be eligible for individualised funding packages through the NDIS.

Relationships are not all positive or good at this stage and services are being excluded from assessment and planning processes.

KK expressed concern that thought leaders were not being involved in the planning processes and the good practice that the mental health sector has developed over many years was not being harnessed.

JF raised the issue of the National Disability Insurance Agency invoking powers conferred to it under Sections 55 to 57 of the National Disability Insurance Scheme Act 2013 to compel service providers in Victoria to provide the NDIA with personal information about their clients.

TS noted that the issue had arisen in NSW as well.

JD expressed concerns that this issue reflected very poor practice in the area of the NDIA that is working with people who have the highest support needs. KK informed the group that

consumers and carers are not being actively engaged in the design and delivery phase. This seems contrary to the choice and control philosophy.

JG suggested that carers are being actively excluded from the process.

JD talked about the UK experience and the pitfalls of not fully preparing people to participate in a market for services driven by choice and control.

Action: John agreed to circulate information about the UK experience.

ACT

WK provided an overview of where the ACT is at in its preparations for the launch of the NDIS which will commence on 1 July 2014.

The ACT has already identified 350 people with psychosocial disability who could benefit from the NDIS and is working build a gateway model to facilitate access to the NDIS with local providers.

WK noted that the ACT was assisting people with dual diagnoses and supported decision-making.

There are plans to develop a peer workforce module for the Certificate IV (Community Services – Mental Health) qualification in the ACT in early 2014.

WK informed the group that the ACT is actively seeking to work through privacy concerns.

Wendy was optimistic that recovery paradigms could and should be incorporated into the NDIS.

She anticipated that it would require skilled staff will to work with people sensitively. There will be a need to involve nominees and ensure that people with the least capacity for decision-making are not excluded from accessing the scheme.

The NDIA have indicated that they will work with the ACT Government on co-designing the launch-site in early 2014.

3. Update on the capacity building project

Josh provided an update on the capacity building project.

MS and LE informed the group that ongoing engagement is occurring between NMHCCF consumer and carer representatives and the MHCA about the resources being developed by the MHCA for consumers and carers.

JD noted that it will be important to ensure that information about the scheme, who could be eligible and how to access it, needs to be made available to people from CaLD backgrounds.

JF advised that concerns have been raised by the First Peoples Disability Network about the challenge of implementing a scheme around individualised supports and choice in

communities where services are few, care is delivered by relatives, and decisions are made collectively.

4. Role of the PAG & Terms of Reference

The PAG proposed that they would advise on the best way to disseminate the information to smaller service providers.

Action: Terms of Reference be updated to include a reference to the link between the PAG and the Working Groups.

5. The role of the Project Working Groups

JF informed the PAG that the final make-up up of the Working Groups has been determined and that there was significant interest leading to some being oversubscribed.

Working Group members will be contacted by the MHCA to advise them about upcoming meetings, Terms of Reference, from Friday 8 November onwards.

The Communications Team at the MHCA will provide Working Groups with options for meeting times between now and mid-December.

JF invited interested PAG members to dial in to Working Group teleconferences if they were interested and that Working Groups deliberations will feed into the PAG and vice-versa.

6. Project Work-plan

JF outlined the probable work-plan going forward, including the need to develop a communications plan by early 2014.

7. Timing and Agenda for Face to Face PAG meeting

It was agreed that a face to face meeting will take place in Melbourne in mid-December. Participants were invited to suggest agenda items for the meeting.

8. Action items

- JD to circulate information about the UK experience.
- MHCA to invite PAG members to December face to face meeting in Melbourne.
- MHCA to invite PAG members to submit agenda items for December meeting.
- MHCA to distribute minutes of the PAG meeting to members.
- MHCA to invite PAG members to provide feedback on the Terms of Reference.
- MHCA to update Terms of Reference to refer to the link between the PAG and the Working Groups (see attachment).



18 December 2013

To the Prime Minister, State and Territory Premiers and Chief Ministers

Open Letter from conference delegates at the Integrating Mental Health into the NDIS conference, 2-3 Dec 2013

Dear Prime Minister, Premiers and Chief Ministers,

The National Disability Insurance Scheme offers a once in a generation opportunity to ensure that some of the most vulnerable members of the Australian community finally get access to the support they need to live contributing lives. For this reason, we fully support the decision to include psychosocial disability associated with mental illness in the Scheme.

The mental health sector stands ready to assist governments in realising the possibilities that the Scheme presents to correct historic injustices and to meet Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities. Mental health consumers, carers, along with service providers and non-government organisations, must be at the centre of the Scheme's development if it is to meet community expectations.

For this reason, we call on governments to **immediately establish formal processes to capture the expertise of the broader mental health sector** in the design, implementation and evaluation of the NDIS. Such engagement is essential to the success of the Scheme over the long term.

We acknowledge that implementing such a major initiative will take many years, and that all stakeholders are working hard to make the NDIS a reality. However, implementing a scheme without first getting the fundamental design features right may lock in a set of practices and principles that will not benefit the majority of people with serious mental illness and psychosocial disability. Similarly, waiting for lessons to emerge through the formal evaluation process risks delaying reforms to current policy that we already know are necessary, and indeed pressing.

Most importantly, **the mental health sector needs clear and unequivocal assurance that access to services for mental health consumers and carers will not be reduced** now or in the future as the NDIS is rolled out as an unintended consequence of the transfer of mental health programs to the Scheme.

A well-designed NDIS would retain and enhance the positive features of existing community-based mental health services— including contemporary, best-practice approaches to service design and delivery which aim to foster recovery, a highly specialised and growing

workforce, and maximum involvement by consumers and carers in decisions which affect them.

By offering governments our assistance in good faith, we hope to ensure that people receive care and support appropriate to their needs regardless of their path through the many systems (NDIS or otherwise) that someone with a mental illness may encounter over a lifetime. Together, we can help build a Scheme that meets this worthy goal.

Areas requiring attention

We urge governments, in close consultation with the broader mental health sector, to take active steps on several fronts. Without tangible progress on each front, we are concerned that the NDIS will not benefit people with serious mental illness or their carers, and may even jeopardise the positive work already carried out in the mental health sector.

Some of the issues below relate to the transition to new arrangements and are therefore of immediate concern. Other issues about scheme design are less urgent but are nonetheless already causing confusion and concern in the mental health sector.

We call on governments to:

- Accurately describe and enumerate the anticipated population of people with psychosocial disability associated with mental illness who have substantial impairments requiring an individualised package of support, including people with co-occurring disabilities
- Work with experts in the sector to describe in detail the kinds of support packages that someone with a psychosocial disability might access, and map these against programs and services that are in scope for the NDIS and identify potential service gaps
- Explain how the NDIS will meet the needs of people with psychosocial disability who would access current State and Commonwealth programs and who would benefit from psychosocial services and support, but who will not be eligible for an individualised support package
- In the context of an insurance scheme that should work to reduce costs in the long term, ensure that people at risk of developing debilitating mental illness and/or psychosocial disability have access to early intervention (in the broadest sense) to reduce the incidence and severity of future psychosocial disability and lower costs to the disability, health and other systems
- Embed human rights principles in the assessment and planning process for new NDIS participants, including if necessary revisiting legislation requiring participants to demonstrate permanency of impairment
- Tackle the huge and growing problem of unmet need for psychosocial support through proactive outreach and flexible approaches to assessment, planning and purchasing, particularly among people not currently in contact with the disability or health systems and among population groups which experience higher levels of psychosocial disability

- Closely involve mental health stakeholders in the process of monitoring and evaluation, and establish an early warning system to feed insights from the launch sites into policy discussion and implementation
- Provide information to the mental health sector in systematic and predictable fashion, with a presumption in favour of information disclosure to non-government stakeholders.
- Ensure that mental health expertise is readily available within the NDIA to inform assessment, planning, service coordination, policy making and evaluation.

Yours sincerely
Conference Delegates

Georgina Alley
Mental Illness Fellowship Victoria

Kerrie Banks
FSG Australia

Susan Barron-Hamilton
Aftercare

Jo Bennett
Micah Projects

Nathan Bollard
FSG Australia

Gary Bourke
Richmond Fellowship Queensland

Donna Bowman
Open Minds

John Campbell
Merri Community Health Services

Mal Causer
Micah Projects

Irene Clelland
Karakan Hostels

Laura Collister
Mental Illness Fellowship of Australia Inc

Paul Creedon
UnitingCare Wesley Port Adelaide

Amanda Davies
ACT Mental Health Consumer Network

Sue Deacon
Choice Support Service Inc

Julie Deane
Macarthur Disability Services

Ann Drieberg
Nextt Health

Helen Egan
Team Health

Carolyn Ehrlich
Griffith University

Lindsay Farley
Queensland Mental Health and Other
Drugs Division

Josh Fear
Mental Health Council of Australia

Claire Fenner
WorkFocus Australia

Anya Fiedler
Life Without Barriers

Coralie Flatters
WA Association for Mental Health

Tony Florio
Florio Research

Claire Gardner
Drug Arm

Travis Gilbert
Mental Health Council of Australia

Damian Green
Communicare Inc

Rachel Green
Care Connect

Jean Graham
Australian Association of Developmental
Disability Medicine

Katie Hammond
Communicare Inc

Jay Hendricks
Footprints Inc

Lisa Higginson
CatholicCare Canberra and Goulburn

Simone Hosgood
Ruah Mental Health

Jesu Jacob
Australian Community Workers
Association

Kate Jeffries
Communicare Inc

Jodie Key
St Vincents Hospital

Cyd Kelly
Choice Support Service Inc

Felicity Lawrence
Victorian Dual Disability Service

Francis Lynch
Ruah Mental Health

Helen Lynes
Perth Central and East Metro Medicare
Local

Ron McComiskie
Uniting Care West

John Mendoza
ConNetica

Tassia Michaleas
Merri Community Health Services

Dominique Moollan
VALiD Inc

Ian Moore
Uniting Care West

Adrian Munro
Richmond Fellowship of WA

Ka Ki Ng
NSW Consumer Advisory Group - Mental
Health Inc

Jennifer Norris
Out Doors Inc

Leisha Olliver
Life Without Barriers

Lee Parker
Advocacy Tasmania

Frank Quinlan
Mental Health Council of Australia

Santo Russo
BetterLife Psychology

Paul Senior
Centacare SA

Mike Seward
Mental Health Carers Arafmi (WA) Inc

Jason Shield
Max Employment

Becky Sparks
Nextt Health

Craig Stanley-Jones
Aftercare

Veronica Terloar
Care Connect

Karen Thomas-Goldsmith
Connections Inc

Garry Thomson
On The Line

Anne Thorn
Macarthur Disability Services

Nicci Wall
Salvo Connect

Jody Wright
Drug Arm

Dennis Young
Drug Arm



**NDIS Capacity Building for the Mental Health Sector
Project Advisory Group
Terms of reference**

Main Role

Provide expert advice to the Mental Health Council of Australia (MHCA) on:

- The most effective ways for the MHCA to support capacity building for mental health sector consumers, carers and service providers to engage with the National Disability Insurance Scheme (NDIS) in the relevant launch sites and prepare nationally for the broader roll out of the NDIS, including:
 - fostering relationships between the mental health sector and the NDIA;
 - educating stakeholders outside the mental health sector, in particular the NDIA, about the characteristics and support needs of people with psychosocial disability;
 - assisting the mental health sector to describe psychosocial disability in ways that complement the language of the disability sector and individualised funding;
 - developing the understanding of mental health service providers operating in the NDIS context about how to tailor their service offerings to the psychosocial disability market most effectively
 - identifying other opportunities to improve services for mental health consumers and carers as the NDIS is implemented.
- Key messages and proposed activities for the NDIA to successfully implement the NDIS for people with a psychosocial disability.

Specific tasks

- Finalise the terms of reference for this working group.
- Identify key issues in mental health and psychosocial disability that will impact on engagement with the NDIS and propose options for ways to develop the capacity of the sector to address those issues.
- Identify opportunities and mechanisms to work with and support mental health consumers and carers to engage with the NDIS.
- Facilitate communication between the MHCA, launch sites and key networks, organisations and individuals at national and state levels.
- Provide advice on the MHCA Capacity Building Project Workplan where necessary.
- Advise on current relevant capacity building activities in relevant areas and identify key opportunities to promote mental health sector specific capacity development activities.
- **Consider the input and recommendations of the following MHCA NDIS Mental Health Project Capacity Building Working Groups to inform the Project Advisory Group's advice to the MHCA:**
 - **Scheme design and administrative arrangements**

- **Assessment and eligibility**
- **Monitoring evaluation and service quality**
- **Supported decision making and accessibility for people from diverse backgrounds**
- **Organisational readiness and workforce.**

Members

Margaret Springgay, National Mental Health Consumer and Carer Forum

Lyn English, National Mental Health Consumer and Carer Forum

Jayne Gallo, Care Connect

Kim Koop, Vicserv

Ara Cresswell, Carers Australia

Rod Asbury, WA Association of Mental Health

Richard Nelson, Queensland Alliance for Mental Health

Tina Smith, Mental Health Coordinating Council of NSW

John Downie, Malee Family Care

Daryl Lamb, Anglicare Tasmania

Wendy Kipling, ACT Mental Health and NDIS Taskforce

Stephen Brand, Allied Health Professionals Association

Josh Fear, Mental Health Council of Australia (Chair)