



Productivity Commission NDIS Costs Position Paper

MHCC ACT Submission

12 July 2017



mental health
community coalition ACT

Peak Body in the ACT for the Community Mental Health Sector

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About Mental Health Community Coalition ACT Inc.

The Mental Health Community Coalition of the ACT (MHCC ACT), established in 2004 as a peak agency, provides vital advocacy, representational and capacity building roles for the community-managed mental health sector in the ACT. This sector covers the range of non-government organisations that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness.

The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers deliver quality, sustainable, recovery-oriented services
- To represent our members and provide advice that is valued and respected
- To showcase the role of community managed services in supporting peoples' recovery
- To ensure MHCC ACT is well governed, ethical and has good employment practices.

Introduction

MHCC ACT appreciates opportunity to respond to the Productivity Commission (the Commission) NDIS Costs Position Paper.

MHCC ACT commends the position paper, which has made a number of recommendations addressing the issues raised by the community managed mental health sector, including MHCC ACT and our national our peak body, Community Mental Health Australia (CMHA). We are pleased to note that the Commission acknowledges the seriousness of issues around implementation and the planning process and that people with psychosocial disability are disproportionately impacted. This is an important step towards addressing these issues.

MHCC ACT supports and commends the submission by CMHA to the position paper and we write this short submission to note a few areas in which the ACT experience highlights the scale and scope of the issues impacting people with psychosocial disability. We do this from a view that the ACT is the 'canary in the NDIS coalmine' for the rest of Australia!

We refer the Commission to our submission to the earlier discussion paper for a fuller articulation of the issues raised below, including case studies. Our key message is that the one-size-fits-all approach of the NDIS does not deliver appropriate outcomes for people with psychosocial disability and cannot deliver person-centred outcomes!

Psychosocial disability and NDIS

As the peak body for community managed mental health service providers in the ACT, MHCC ACT has extensive knowledge of the experience of mental health service providers and individuals in the ACT with regard to the introduction of the NDIS. The fact that ACT was the only whole-of-population, whole-of-jurisdiction trial site means the full impact of NDIS was tested and experienced here in a way it wasn't in any other trial site.

Psychosocial disability and 'permanency'

The Commission noted that while concerns were raised about 'permanency' under the NDIS Act being incompatible with recovery models used in supporting people with psychosocial disability, the Commission did not support changing the eligibility criteria.

Based on ACT experience, MHCC ACT can clearly and unambiguously state that the use of the word "permanent" disadvantages people with psychosocial disability. Our member organisations, families and carers, and people with psychosocial disability have shared with us

numerous examples of people refusing to engage with the NDIS because of this word, as well as people losing hope of recovery because of having signed up to a scheme for people with 'permanent' disability. While the word permanent doesn't adversely impact all people with psychosocial disability, it has the effect of further marginalising people who are already marginalised.

MHCC ACT supports the CMHA, Mental Health Australia and Mental Illness Fellowship Australia (MIFA) supplementary submission to the *Joint Standing Committee on the NDIS inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition* on this issue.

Planning and supports

The Position Paper discusses issues around the concept of 'reasonable and necessary', and that the NDIS Act does not define this and does not provide guidance on how to determine whether a support is reasonable and necessary. The Position Paper states that this allows flexibility and innovation for choice and control.

The experience in the ACT is that the lack of guidance leads to stark inconsistency in the plans provided to people with psychosocial disability. Bizarrely, it is simultaneously leading to plans which lack a person-centred approach and plans for people with psychosocial disability appear to incorporate a range of generic aspects regardless of the individual's circumstances. An example is the inclusion of gardening support in the plan for a person living in their car at the time.

NDIS participants in the ACT have also seen their packages of support reduced in the annual review, sometimes drastically, without any apparent attempt to actually review whether the supports are still required.

The experience from the ACT NDIS trial was that allocating planners with mental health knowledge and experience to planning processes with people with psychosocial disability and the availability of pre-planning support to individuals, were two key aspects of achieving more consistent and appropriate plans for people with psychosocial disability. After the transition to full-scheme roll-out, these aspects are no longer in place and outcomes for people with psychosocial disability have deteriorated.

NDIS transition has led to a gap in community-managed, block-funded mental health services in the ACT and consequently a lack of capacity to engage with people with psychosocial disability regarding the NDIS and undertake the sometimes extensive assistance necessary to

support them to prepare for the NDIS planning process. As a result people with high and complex needs are not getting access to the NDIS and others are receiving inadequate NDIS support packages.

MHCC ACT supports the concept raised in the CMHA submission of a mental health 'stream' within the NDIS to ensure better planning and support outcomes in the NDIS.

Boundary and interface issues

MHCC ACT supports and echoes the statements in the CMHA submission regarding boundary and interface issues. The ACT experience clearly shows the impact of the disappearance of block-funded community-based rehabilitation and recovery supports. The lack of such supports for people with mental illness who are not eligible for the NDIS puts them at risk of deterioration and increased disability as well as transferring costs and risks to other parts of the health and social services systems. In particular housing support and *Community Assistance & Support Program* providers are reporting a large influx of new clients with significant mental health issues to their programs. These programs do not have the capacity, experience or skills to support clients with complex mental illness. It is our experience that the majority of clients of existing programs found not eligible for NDIS, and therefore finding themselves without supports, are from the Commonwealth funded *Partners In Recovery* and *Personal Helpers and Mentors* programs.

It is also the experience in the ACT that the interface between NDIS and mainstream health services, including tertiary mental health services, remains poorly defined and poorly understood. This leads to attempts at cost-shifting and refusals on either side to take responsibility for providing critical supports to NDIS participants. This includes the issue of responsibility for the provision of rapid escalation of supports in response to an escalation of need or crisis.

Market, provider and participant readiness

Firstly we re-emphasise that the NDIS is not a market. In fact it is more reminiscent of a Soviet-style planned economy. The absence of a mechanism for demand and supply to settle the price of supports has particular impact on individuals and organisations. Impacts include:

- Inability to attract and retain a suitable skilled workforce to support people with psychosocial disability. Appropriate support for people with psychosocial disability requires the ability to deliver sophisticated psychosocial interventions. NDIS pricing does not support a workforce with this capability.

- Provider organisations have consistently reported to MHCC ACT their inability to establish a viable business model under the NDIS price regime. This has led to some organisations withdrawing from NDIS registration and others to restrict the types of NDIS services they deliver. The potential for significant market failure is very high and imminent!
- The economic and personal cost to organisations of rapid transition to the NDIS business model has been enormous.
- Many NDIS participants with psychosocial disability have had no previous experience of Choice and Control and are poorly informed about the scope, scale and processes of the NDIS. Consequently they are poorly equipped to effectively engage with the NDIS and too often the rushed and inadequate planning process leaves them with poor outcomes. Participants need help to make the most of the NDIS.
- NDIS participants and families report high levels of dissatisfaction with the quality of NDIS services, largely due to the emergence of a workforce poorly equipped to supporting people with psychosocial disability in a recovery framework.

MHCC ACT is pleased to see the announcement by NDIA of an independent price review. The apparent current focus on cost-control is undermining good outcomes for participants.

Conclusion

MHCC ACT strongly urges the Commission to thoroughly review and take note of the CMHA submission to this position paper.

The ACT experience of NDIS transition has been one in which there is no evidence of any learnings from the trial being adopted or even recorded. It is the case that the majority of our concerns with the Scheme have become reality. We support the NDIS and believe in its potential to make a significant positive contribution to people's lives, but the current one-size-fits-all approach is producing poor outcomes for people with psychosocial disability, their families and the community-managed service providers dedicated to supporting them.

We believe the risk of significant market failure is high and in the ACT this could manifest in the coming months.

MHCC ACT does believe, however, that a more flexible approach that: provides more time and support for participants in the planning process; makes use of appropriate expertise in NDIA staff and works collaboratively with families and service providers; has the potential to allow for a proper person-centred approach and can alleviate many of the issues experienced.

It is critical however, that significant effort and good will is directed to addressing the multitude of problems and issues now, before they become entrenched systemic problems. Introducing new quality and consumer satisfaction based success indicators to replace the current obsessive focus on the number of people receiving plans would be a good starting point.

A well-funded and well-structured NDIS is a long-term investment in Australia's future and will deliver benefits to every Australian, especially those with disability. Dividends will flow although they may take a while to become evident.

On the other hand, if done badly the NDIS will incur significant human and economic costs. Fixing a failed system would be incredibly expensive.

Yours sincerely

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