
Mental Illness Fellowship of WA

Mental Illness Fellowship of WA (MIFWA) is an NDIS provider in the West Australian trial site Hills area specialising in supporting people with psychosocial disability associated with a mental illness.

MIFWA is the chosen service provider for 70 people who have NDIS plan and have a psychosocial disability.

For the 70 people who have chosen us to deliver support, in general despite the major behind the scenes challenges with administering the scheme and the initial challenges in understanding what the NDIS is all about, people are seeing their goals come to fruition. People's wellbeing is improved as a result of timely and regular tailored support.

INFORMATION REQUEST 4.1

Is the National Disability Insurance Scheme Act 2013 (Cwlth) sufficiently clear about how or whether the 'reasonable and necessary' criterion should be applied? Is there sufficient clarity around how the section 34(1) criteria relate to the consideration of what is reasonable and necessary?

Is better legislative direction about what is reasonable and necessary required? If so, what improvements should be made? What would be the implications of these changes for the financial sustainability of the scheme?

There seems to be significant diversity about what is deemed reasonable and necessary across the 70 plans we are delivering. The functional impairment experienced by some participants does not seem to match what has been deemed reasonable and necessary. Some people with more significant impairments have smaller plans than others whose functioning is less impacted have substantial plans.

It is our experience that individual planners' interpretation of what is reasonable and necessary differs depending on their perspective. A more robust methodology may be required as is a better understanding by planners about the impact of psychosocial disability and the common challenges faced by people with serious mental illness.

INFORMATION REQUEST 4.2

Should the National Disability Insurance Agency have the ability to delegate plan approval functions to Local Area Coordinators? What are the costs, benefits and risks of doing so? How can these be managed?

I would suggest this is reasonable however would recommend capping the size of plans able to be endorsed by LAC and or second year plans that are not increase in supports. This at least gives some safeguards to cost blow outs.

INFORMATION REQUEST 6.1

In what circumstances are measures such as:

- ***cross-government collaboration***
- ***leveraging established community organisations***
- ***using hub and spoke (scaffolding) models***
- ***relying on other mainstream providers***

appropriate to meet the needs of participants in thin markets? What effects do each have on scheme costs and participant outcomes? Are there barriers to adopting these approaches?

Under what conditions should block-funding or direct commissioning of disability supports (including under 'provider of last resort' arrangements) occur in thin markets, and how should these conditions be measured?

Are there any other measures to address thin markets?

Thin markets need to be managed innovatively, no one solution will be effective. Working with local communities to understand the issues that are faced and develop ground up cost effective solutions to build local capacity and deliver effective outcomes is required. There are some individuals that alone will be difficult to achieve optimum outcomes even when markets are flooded with providers. It is important that there are structures in NDIS business rules that allow for out of policy decisions in order to meet small cohort of people who experience major complexity in their situation.

Working together with local communities and existing providers to establish collective impact methodologies may be a solution. Block funding may be required however is just one strategy and alone does not guarantee effective solutions.

INFORMATION REQUEST 6.2

What changes would be necessary to encourage a greater supply of disability supports over the transition period? Are there any approaches from other consumer-directed care sectors — such as aged care — that could be adopted to make supplying services more attractive?

The supply of services in the past few years under the NDIS model has been challenging. The actual challenges with administration from the NDIA and poor support to the sector has been costly. Establishing services in new areas is costly as individualised funding means some investment in local infrastructure is required with no guarantee of timeliness of market. In regard to psychosocial supports we have found roll out of people with plans took over 12 months as people with developmental disability were rolled in first. Balancing building infrastructure (staff who can manage quality services) and nuanced growth of NDIS participants needing services is challenging to predict and consider. In WA we still do not have any market information. We are very mindful of not moving into areas with additional costs (travel and distance) which we do not think are adequately compensated in current pricing structures. While NDIS is based on notions of competitive markets in the area of human services, the reality is current pricing and the need to build quality local solutions to support people to achieve their aspirations are not conducive.

INFORMATION REQUEST 7.1

What is the best way for governments and the National Disability Insurance Agency to work together to develop a holistic workforce strategy to meet the workforce needs of the National Disability Insurance Scheme?

Workforce strategy will be important however until pricing is addressed and workforce structured as least at a Level 3 SCHADS, challenges will remain. The current pricing framework limits skill and consistent work for people interested in making a difference. Challenges exist in offering staff consistent hours. Our average work for NDIS staff is around 30 hours per week. Most Participants seek support between 9am and 3pm. Most participants with psychosocial disability have short periods of support (2-3 hours several times each week). This our current workforce is working with 2 or 3 people each day however rarely would have a full day's work. The limited hours plus low wages means a less than attractive proposition for people seeking a viable career.

INFORMATION REQUEST 7.2

How has the introduction of the National Disability Insurance Scheme affected the supply and demand for respite services? Are there policy changes that should be made to allow for more effective provision of respite services, and how would these affect the net costs of the scheme and net costs to the community?

While NDIS is providing positive outcomes for many people with plans, for some families/carers of participants with psychosocial disability, their role remains foundational and critical in maintaining their family members' wellbeing. Many families and carers are reporting benefits of having additional support through the plan and plan coordination. However at times their family member's physical health and mental wellbeing may require additional ongoing support from carers.

Carers are likely to need support and at times a break.

INFORMATION REQUEST 8.1

Is support coordination being appropriately targeted to meet the aims for which it was designed?

Support coordination is a critical part of a plan for many people with psychosocial disability. Where people live in quite complex situations, are impacted by poor physical health, poverty and social isolation support coordination is a critical component keeping people well and managing their day to day living. At times support coordination is also a critical link between people's physical and mental health providers.

INFORMATION REQUEST 9.1

The Commission is seeking feedback on the most effective way to operationalise slowing down the rollout of the National Disability Insurance Scheme in the event it is required. Possible options include:

- ***prioritising potential participants with more urgent and complex needs***
- ***delaying the transition in some areas***
- ***an across-the-board slowdown in the rate that participants are added to the scheme.***

The Commission is also seeking feedback on the implications of slowing down the rollout.

If scheme roll out is slowed down it will be important to ensure other services remain available to those in most critical need.
