

### 2019 Productivity Commission report into Mental Health 8.3.19

Thank you for the opportunity to make an individual submission to the Productivity Commission's Inquiry into Mental Health and particularly about the NDIS transition, its impact on the community managed mental health sector and of those who have fallen through the gaps in services created by the rapid transition that took place in the ACT and its rollout across the country currently. I was a manager for previously block funded mental health programs such as PHaMs, PIR and the HASI/HARI (mental health and housing initiatives with joint state/commonwealth funding) here in the ACT.

The rush to transition to the NDIS and the funding cuts to the community managed (NGO) mental health sector has been incredibly disruptive. For the unique experience of the transition in the ACT see:

<https://mhccact.org.au/wp-content/uploads/2018/06/FINAL-NDISreport-WebVersion-18June18.pdf>.

It has been devastating for people with serious mental health conditions not eligible for the NDIS – as well as in many, many cases, for those who are eligible, it should be said.

As the ACT MHCC report just cited amply demonstrates, the funding and policy settings for the NDIS do not support an experienced and qualified community based mental health sector. It would be hard to estimate the impact this transition has had on what was *comparatively*, a reasonably well resourced and qualified sector before the transition. Back then, the 'upstream', more preventative, outreach services ACT provided, included both ACT and Federal government funded programs. Those programs mentioned above were abruptly or successively cut to pay for the NDIS (also the Day to Day Living program and many other community-based organisations in the ACT). You can begin to see the devastating impact on the sector which has lost these experienced workers, in most cases for good. Some did become NDIS Support Coordinators but the funding settings cannot afford to retain and sustain such a level of qualified and experienced worker and they have left or are leaving. And the NDIA has failed to understand, and fund appropriately for, the episodic nature of mental illness and the specialised nature of recovery work that is required to support people with (since the inception of the NDIS, the newly coined) designation of *psychosocial disability*.

Let me refer you also to a recently published short paper by Dr Sebastian Rosenberg of the Centre for Mental Health Research at ANU and the Brain and Mind Centre at the University of Sydney (and who currently sits on our Board here at Woden Community Service), which highlights some of these important issues in a case study particularly relevant to what is happening as the transition to the NDIS continues across Australia: <http://www.phrp.com.au/issues/online-early/culture-clash-recovery-in-mental-health-under-australias-national-disability-insurance-scheme-a-case-study/>

The Productivity Commission will be reporting extensively on the state of our hospitals and the pressure they are under no doubt – as we experience only too well here in the ACT. There is a real correlation between the pressure on particularly the hospitals' emergency departments and psychiatric facilities *and* the cutting of community-based specialised mental health outreach programs to pay for the NDIS in the ACT.

Moreover, the NDIS cannot be expected to do what these specialised programs used to do – as Rosenberg's paper highlights.

Unless we address the shortfall in programs that support people 'upstream' and prevent hospitalisation, no amount of 'downstream' (more expensive) acute beds in psychiatric facilities, will be enough. Quite apart from the disruption to the sector (government or NGO), can we imagine the disruption to people's lives who are not supported when they need it most and end up in the distressing predicament of now needing to be hospitalised in order to get help? This is not the outcome we should be aiming for – I am sure *all* Australians agree. As the recent Productivity Commission's Issues Paper highlights, a better resourced and less fragmented Mental Health System, will deliver better outcomes for people with mental illness which will enable them to reach their

potential in life, and in turn, contribute to the lives of others. 'That is good for individuals and for the whole community' (*The Social and Economic Benefits of Improving Mental Health*, Jan. 2019, p1).

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