



Australian Government

National Mental Health Commission

Commissioner Robert Fitzgerald AM
National Disability Agreement Review
Productivity Commission
Locked Bag 2, Collins St East
Melbourne VIC 8003

National Mental Health Commission – Submission to the Productivity Commission National Disability Agreement Review

Dear Commissioner Fitzgerald,

Thank you for the opportunity to make a submission to the National Disability Agreement review.

Please find attached the submission from the National Mental Health Commission. There is no confidential material presented.

Should you require clarification, or would like to discuss this submission in further detail, please contact, Ms Danielle Staltari, Director of Mental Health Team

Yours sincerely,

Ms Maureen Lewis
Interim Chief Executive Officer
National Mental Health Commission

23 August 2018





National Mental Health Commission: Submission to National Disability Agreement Review by the Productivity Commission

The National Mental Health Commission (the Commission) welcomes the opportunity to make a submission to the Productivity Commission's (PC) National Disability Agreement Review.

The Commission provides cross-sectoral leadership on policy, programs, services, and systems that support better mental health and social and emotional wellbeing in Australia. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention systems; providing independent advice to government and the community; and acting as a catalyst for change.

The Commission believes that a fulfilling life requires more than just access to health care services. Through its Contributing Life Framework, the Commission is committed to ensuring that people living with a mental illness can expect the same rights, opportunities, and health care as the wider community.

Summary

The National Disability Agreement is a central element in the policy and governance arrangements for supporting people with disabilities in Australia. The PC's Review is timely, given how dramatically the disability scene has changed in Australia since the Council of Australian Governments (COAG) established the National Disability Agreement in 2009. One area that has changed more than most is that of mental health and psychosocial disability.

It is the Commission's contention that mental health constitutes a core issue for all Australian governments as they seek to coordinate and measure the effectiveness of their actions to address the needs of people with disabilities. This is because the mental health and wellbeing of all Australians experiencing disability – whatever the cause of their impairment – is a key indicator of whether the desired outcomes for individuals and their carers are being realised.

Specific recommendations are provided in the last section of the submission.

Extent and impact of mental illness and psychosocial disability

The nature of mental illness is complex and multi-dimensional. We know that mental illness not only impacts mortality, but the social and emotional wellbeing for people being able to live a contributing life through personal, social and economic factors, and being able to contribute and feel connected within a community.

Mental illness affects the lives of many Australians. Almost half of all Australians will experience a mental illness in their lifetime, and each year around 3.8 million adults experience a common mental health illness. Many will cope well with their mental illness, especially if they receive effective and early interventions and if the illness is not too severe. However, a significant minority will experience a more severe mental illness, including debilitating effects that impair their capacity to cope with day-to-day life, i.e. psychosocial disability.



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There is uncertainty about the data underpinning the estimates of the number of people experiencing a psychosocial disability.¹ At full scheme the NDIS will include almost 14 per cent of participants with a primary psychosocial disability, or around 64,000 (National Disability Insurance Agency, 2017).

Ongoing need for an intergovernmental agreement

There is a need for an ongoing, high level policy framework such as the National Disability Agreement, to ensure coordination and transparency for all governments in their policy and delivery for people with disabilities. The National Disability Agreement should form an explicit and integrated part of the broader National Disability Strategy. This would make clear to the wider community – including providers, consumers and carers – that all governments are committed to coordinated and sustained action to build and sustain a world-class disability system.

At the level of outcomes and objectives, the National Disability Agreement should continue to be agnostic on the causes and forms of disability, focussing on disability as something that is or will affect many Australians at some point in their lives, and as a factor that cuts across different systems and all levels of government.

Mental Health in the national disability system

Below the level of high level outcomes and objectives, the assessment and evaluation of governments' actions to address disability should have an explicit focus on mental health and wellbeing. If there are sound and effective ways to measure and monitor mental health and wellbeing, these factors can provide an indication of the success or otherwise of policy and service provision. This is because mental health can be a cause of disability and an outcome for individuals' experience of disability supports and services. It is a cross-sectoral factor, involving multiple policy areas, delivery systems and service providers. The Commission therefore recommends that mental health and wellbeing be central to the measurement and assessment of the National Disability Agreement implementation and outcomes.

Factors to consider in a future National Disability Agreement

As noted in the PC's Issues Paper for the National Disability Agreement Review, there are several developments that should be taken into account in the formulation of a future National Disability Agreement. Considered from the mental health perspective, key developments include the following:

- The roll out of the National Disability Insurance Scheme (NDIS) and its interface with the mainstream systems (such as education, health, employment, housing and justice).

The Commission has heard a variety of stories about people's experience with the NDIS. Many experiences have been positive, and in some cases, life changing for both the participants and the carers. Unfortunately, some accounts are less positive, with participants reporting significant distress after attempting to engage with the scheme, or as a result of a subsequent review of their plan.

¹ For example, the PC NDIS Cost (Productivity Commission 2017:107) report referenced the modelling work undertaken by the Department of Health in 2016, using the National Mental Health Service Planning Framework, that estimated around 92,000 people (18 – 64 years) have severe and complex psychosocial disorders that would closely align with the NDIS eligibility criteria for an individual support plan.





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The Commission notes the ongoing work of the NDIA in responding to feedback from participants, their families and carers and mental health sector more broadly. The NDIA undertook a review of the participant and provider pathways and engaged Mental Health Australia to facilitate consultation workshops with NDIS participants and providers designed for people with a psychosocial disability. The Commission looks forward to details being announced of what changes will be made to the pathway for those individuals with a psychosocial disability seeking to access the scheme and timely implementation of the proposed changes.

As well as ensuring the scheme works well for people with severe and ongoing psychosocial disability, it is important that other systems work well for those outside the NDIS. Going forward a key issue is how the NDIS interacts with other systems to provide coordinated support for people with a mental illness regardless of whether they are eligible for the scheme or not.

- Publication of the Fifth National Mental Health and Suicide Prevention Plan, which includes an emphasis on the need to improve the interface between the NDIS and mainstream service systems, and to ensure the scheme delivers positive outcomes for participants affected by psychosocial disability.
- As the NDIS transition phase ends in each state or territory, there is a need for clear and transparent ongoing intergovernmental agreements around the maintenance and monitoring of the NDIS.

To date, the agreements which replace expired transition arrangements in NSW and South Australia have not been published, other than brief media announcements (Prime Minister of Australia & Premier of NSW (2018) and Premier of South Australia and SA Minister for Human Services (2018)) and the original brief Heads of Agreement between the respective state governments and the Commonwealth, established in 2013.

- The expanding role of Primary Health Networks (PHNs) to include psychosocial support services in their commissioning work.

There are 31 PHNs who are responsible for the planning, commissioning and the integration of mental health and suicide prevention services at a regional level. PHNs do not directly provide services themselves.

Until recently, the provision of psychosocial support services was out of scope for PHNs. The PHNs will now commission psychosocial supports for people accessing Australian Government mental health programs (Partners in Recovery, Day to Day Living, Personal Helpers and Mentors, and Mental health Respite: Carer Support) who are not eligible for the NDIS. The Australian Government is providing \$109.8 million over four years for PHNs to deliver psychosocial supports from 1 July 2019.

PHNs will also deliver the Australian Government's share (\$80 million) of the National Psychosocial Support (NPS) measure. The NPS measure is targeted at people with severe mental illness who are not supported by the NDIS, but who are not in any existing Australian Government program. The total funding under the NPS measure is \$160 million.

- State and territory governments' continuity of support arrangements for existing program clients not transitioning to the NDIS (noting that it remains unclear how and to what extent state and territory governments will implement such continuity of support arrangements).





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- Information, Linkages and Capability building (ILC), which constitutes the second tier of the NDIS (reaching around \$134 million per annum at full scheme). The ILC covers all people with disability (ie, it is not be specific to the needs of people experiencing psychosocial disability). It is expected that these services will be available to 4.3 million people with a disability in Australia. As noted by the PC in its report on NDIS costs, however, the ILC is not adequately funded to achieve its goals.

The Joint Standing Committee Inquiry on the provision of services under the NDIS for people with psychosocial disabilities recommended that the NDIA consider allocating specific funds for the provision of mental health services through the ILC. This however was not supported in the Australian Government's response to the Report, noting that outside the NDIS, mental health services are primarily the responsibility of state and territory governments.

This demonstrates the need for the future National Disability Agreement to outline the responsibilities of all governments, not just in the provision of disability services but also what the responsibilities of governments are in other systems such as health. Without including the responsibilities of governments in other systems, the risk is that there will continue to be a lack of clarity of who is responsible for providing the relevant service.

Considered in their totality, these policy initiatives and frameworks demonstrate that mental health is a central issue in disability policy settings, program design and service delivery. In the case of mental health, they highlight the complexity of the provision of services and how the provision of disability services intersects with other mainstream systems.

The National Disability Agreement should play a role in outlining the responsibilities of governments in the provision of disability services both in the disability system and in other mainstream systems such as health. In the case of mental health the NDIS was never intended to replace community mental health services nor detract from the responsibility of other systems (such as health, education, and justice) in responding to the needs of people with a mental illness.

As well as ensuring the NDIS works well for people with a severe and ongoing psychosocial disability, it is important that other systems work well for those outside of the NDIS. It is for this reason that the National Disability Agreement should include what services are being delivered by respective governments for those who are not eligible for the NDIS.

Recommendations

Against the background of the above discussion, the Commission recommends that:

1. The National Disability Agreement should be renewed and extended, as an explicit vehicle for maintaining clarity around roles and responsibilities and collective accountability of governments under the wider umbrella of the NDS.
2. The revised National Disability Agreement should focus particularly on where systems, sectors and services intersect, with the explicit aim of establishing successful pathways for individuals, their families and their carers, including coordination and consistency between governments, sectors and services.
3. Mental health and wellbeing be a specific focus of assessing the outcomes of the National Disability Agreement, including for people affected by varying levels of psychosocial disability (ie whether they are eligible for the NDIS or not).





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4. Mental health and wellbeing should be a focus for other relevant National Agreements, given how central these factors are in health, education, skills and workforce development, housing, and Indigenous policy.
5. A comprehensive and funded data collection, analysis and publication strategy be established as part of the new National Disability Agreement, including more effective measurement and assessment of mental health, wellbeing and psychosocial disability among people with disability, their families and their carers.





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