

Mental Health and NDIS
Facebook Support Group

14 March 2017

Submission to the National Disability Insurance Scheme (NDIS) Costs study
Productivity Commission
GPO Box 1428
BARTON ACT 2600

Dear Commissioners,

The Mental Health and NDIS Facebook Support Group is pleased to have the opportunity to make a Submission to the National Disability Insurance Scheme (NDIS) Costs study. We believe the NDIS has the potential to improve the lives of people suffering from a mental health disability, and allow them greater opportunity to participate and contribute to, and help create a more prosperous society. However to do this serious omissions in the NDIS Health Act to do with the experience and needs of people with mental illness ,their carers, and families need to be addressed. Of Particular concern to the group is the number of people scoped in the original project budget for people suffering from a psychosocial condition. The 64,000 budgeted for falls well short of the actual numbers who meet the criteria as specified in the Legislation.

In addition the inconsistencies in interpretation of the Act and its Rules by NDIS staff are causing considerable and unnecessary stress on applicants, with many simply giving up. This is contributing to cost overruns for the scheme, and will ultimately have flow on affects into other areas of overall Government Budget.

To discuss any of the information in the following Submission please contact Greg Franklin, a Group Administrator

Yours Sincerely

Greg Franklin
Administrator
Mental Health and NDIS Facebook Support Group

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Mental Health and NDIS Facebook Support Group Submission

About the Mental Health and NDIS Facebook Support Group

The Mental Health and NDIS Facebook Support Group was created in November 2016 to assist those with a mental illness, their families and carers in navigating the NDIS. The need for the group is profound, due to the many inconsistencies in its implementation, a lack of practical support from the NDIA, and to assist those whose mental wellness was being seriously compromised by the application, planning, and review process. Knowledge sharing forms a key component of the group, with those few having success in their transition to the NDIS sharing the strategies they used. The group currently consists of 723 members and is growing quickly. It is limited to only people with a mental illness, their family members, carers and Australian Citizens. Each applicant is screened before being accepted, to try and ensure that members can speak freely about experiences with the NDIA and Service Providers, without fear of retribution, that some have experienced, after complaints to the NDIA on staff behaviour, and Service Providers.

Executive Summary

The Mental Health and NDIS Facebook Support Group welcomes the opportunity to provide feedback to the Productivity Commission National Disability Insurance Scheme (NDIS) Costs study. As a group we feel that the separation of physical and mental disabilities is not always possible. Many people have comorbid physical conditions, sometimes due to medication. We believe a more Holistic attitude should be adopted. We look forward to the national implementation of the NDIS, and we hope that the NDIS will mean all people with a disability can live a much fuller and socially inclusive life, but feel that the NDIS is unsustainable with the current Budget, due to the huge disparity of numbers in the Psychosocial Category, (currently 64000), and the actual numbers that would qualify, which would be more likely in the vicinity of 350000. We recommend the Commission study submissions in the current NDIS Joint Standing Committee Enquiry into [THE PROVISION OF SERVICES UNDER THE NDIS FOR PEOPLE WITH PSYCHOSOCIAL DISABILITIES RELATED TO A MENTAL HEALTH CONDITION](#) (1) to assist in obtaining a more accurate figure for scoping and budgeting the NDIS.

Recommendations

1. That the Commission Study the NDIS Joint Standing Committee Enquiry into [THE PROVISION OF SERVICES UNDER THE NDIS FOR PEOPLE WITH PSYCHOSOCIAL DISABILITIES RELATED TO A MENTAL HEALTH CONDITION](#).(1) This will allow for a more accurate number of Eligible Applicants in the Psychosocial category. The consequences of leaving the number at 64,000 will impact dramatically on the socioeconomic fabric of Australia. The increase in the already exceedingly high suicide rate in Australia will be

significant, with the consequent flow on effects to overall social wellbeing of the Australian people, with the consequent impact on the Australian economy. The increase in illicit drug and alcohol use as a means of self-medicating, will likewise impact on the social fabric of Australia. Crime rates will increase, raising costs associated with law enforcement, the judicial system, and correctional facilities. Likewise the costs in ambulatory and health systems will increase, in particular for failed attempts that leave people with lifelong health conditions that result in unemployment and dependence on government health facilities, often times as permanent patients. The State and Territory Health Systems will also be placed under extreme pressure to cope with the increasing numbers of Mental Health sufferers presenting as patients because this will be the only avenue available for support in managing their conditions. There will many other areas impacted in addition to those mentioned.

The Group is aware that by nearly doubling the number of people covered by the NDIS would require a significant increase to the budget and time for rollout. But this cost would be less than the costs previously mentioned across the State Jurisdictions, and the Australian Economy. Alternative means of mitigating the effect of the poor scoping of the NDIS in this category are discussed in some submissions on the Joint Standing Committees site. For example the [Suncorp Submission](#). (2)

1. The Groups experience with dealing with the NDIS is one of frustration. The NDIS appears to be overstaffed and poorly trained. The inconsistencies in dealing with different people lead to a prolonged and costly application and review process. The Group cannot understand the necessity of preparing a written plan with a Local Area Coordinator,(LAC), only to have the plan overturned by a NDIS Planner, forcing the applicant to undertake a review. The LAC preparing the plan does so under the Legislation and Rules, the double handling is unnecessary and costly. The Commission should consider that a reduction in staff numbers, resulting in less operating costs, would be achieved if the LAC plan was simply accepted by the NDIA. This methodology would also result in a faster plan implementation.

The review process itself is labour intensive, with a panel considering the merits of a review, then deciding, in the majority of cases, for a review to proceed. A further reduction in staff and operating costs would be achieved by simply undertaking the review.

The other area of considerable concern is the application process. The staff handling the process have limited or no knowledge of Mental Health. This coupled with a poor understanding of the Legislation and Rules results in considerable cost to the applicants who are forced to obtain additional diagnosis that a trained Mental health person would find unnecessary. People in Rural and Regional Australia are most impacted by this, as the relevant specialists are not locally available. Even those in capital cities will have waiting times of several months, yet the person accessing the application insists on the reports being available within 28 days. Many applicants in asking for an extension are refused, resulting in a rejection of the application, and then a subsequent review. Employing suitably trained staff to handle psychosocial applications would result in yet again an overall staff reduction, and consequent operating cost reduction, by eliminating unnecessary reviews.

Both these matters become inconsequential if the number of persons eligible is maintained at 64,000. The group is aware of at least one region, Southern NSW, where nearly all applications in the psychosocial category are now being refused within 3 days. Diagnostic and social exclusion eligibility is consistent with successful past claims. The only conclusion the Group can draw from this is that the NDIA is forcing the Psychosocial Participation rate

to remain within the 64,000 scoped. If this is the case then the matter would become a Human Rights issue.

2. The Group notes that the NDIA has raised the issue of a low uptake of Early Intervention in the Commissions discussion paper. It concerns the group that the NDIA is unaware for the reason behind this, having implemented the requirement that Early Intervention for children under 7 assessment be undertaken by yet another layer of external contractors, in the last quarter of 2016. Contracts were not awarded until December of 2016, meaning that between July 2016 and December 2016 Early Intervention applicants were not processed. It is of considerable concern that NDIA Management is seemingly lacking in suitable qualifications and expertise to understand the results of a policy that the NDIA itself implemented. The additional ramifications of the new method of implementing Early Intervention of children under 7 is that priority is given to children accessing state funding being the first to be assessed. This is proceeding at what can only be called a snail pace. The majority of children with ASD are funded under a Federal Package. Once again, referring to the NSW Southern Region which commenced Rollout in July 2016; A NDIA Assistant Director informed a group member by email:

“I have sought further information regarding E’s phasing into the Scheme. As E is not currently accessing a State Government funded program, her phasing will be as of 1st July 2018. If wish to provide further information regarding E’s critical and unmet need and therefore need to access the Scheme earlier than her transition date we can provide further consideration, as we do for all participants, on a case by case basis. This information is best sent to braddon@ndis.gov.au”.

This email was sent on 31 January 2017. To date a reply from the Braddon Office has not been received. The child is currently under the Federal Helping Children With Autism Early Intervention Package, which was nearly exhausted by utilising the remaining funding on intensive therapies to prepare her for school, rather than delay starting school until after the cut-off age., on the advice of the NDIA. The child is now regressing to the point where they will have to withdraw her from school if NDIS funding is not obtained soon. Her Medicare item 131 will be utilised to enable an intensive program conducted by the Royal Far West facilities in Manly, in an attempt to bring her back to the level at start of school. Long term, if funding is delayed until the advised phasing date, the Child will never attain the academic or social inclusion she would have if the NDIS was not factored into her treatment. In short, she would have been better off under existing programs provided by the NSW Health System, to which she is no longer eligible. It is also important to note that the child’s parents informed the NDIA by telephone of the situation when it first became an issue. The initial NDIA response was: “Your problem, you should have budgeted better”. It is also important to note that a formal request was lodged for assistance in December 2016, but is not on the NDIS Database. This is not an isolated case, with many more children in a similar or worse situation. The number of children affected will grow as they exit the current scheme.

The cost outcomes of this are obvious, both within the NDIS, as when the Plan is finally made it will have to incur additional provisions for catch up therapies; and for the Australian economy as the likelihood of any early interventions improving employment and life opportunities are diminished.

The Group is also concerned that regional and remote locations cannot obtain necessary supports via the NDIS for early intervention. Allowance needs to be made for this cohort when a package is prepared. The alternative is to allow inclusion of Assistive Aids that are deemed by the NDIA, as everyday items, and refused. Specifically suitably specified computer equipment that would allow for Telecare by Specialist and allied health

professionals. The initial cost of the technology is minor when compared to the reduced cost of providing therapy via this means.

The Group cannot understand the requirement for a specialised contracted Early Intervention process. Any child diagnosed with a disability requiring early intervention is done by Specialist Medical Practitioners with the assistance of the relevant Allied Health Professionals. This is currently, and will be into the foreseeable future, be covered by a specific Medicare Item. The outcome being a Management Plan. Obviously parents and carers of these children are in regular contact with the Paediatric Specialist, who reviews reports from the allied health professionals and adjusts the plan accordingly. The NDIS lacks expertise in this area, and needs to understand that supports will change over the child's entire life. Having said that the Group believes that the NDIA's additional Early Intervention Acceptance process is totally unnecessary. A considerably operating cost saving would be achieved by eliminating a process that has already been undertaken within the Medical System.

Conclusion

It can be seen from the above recommendations that the Group believes the late inclusion of the Psychosocial Category was poorly thought-out. The NDIS was originally written around easily identifiable disabilities, with well-known support requirements and their costs. Mental Health is not easily married to the scheme as it was written. Mental Health has far more variables, of which many are episodic. The costs associated with providing the management of a Mental Health Condition are also usually greater. I have not used the term Supports deliberately, as this term itself does not lend itself to management of a Mental Health Condition.

The group believes that operating costs and efficiencies can be easily achieved, thereby ensuring the schemes long term viability.

The significant error in scoping the NDIS with a Psychosocial Participant rate of only 64,000 is going to impact across all Jurisdictions in terms of cost, no matter which path the NDIS takes to address the issue. But without a doubt the issue must be addressed. If it isn't then the Group believes the negative impact on the very fabric of Australian society will be felt for many generations. This would also apply to the Australian Economy, which would be adversely affected, not only at a National Level, but also State and Territory levels.

Greg Franklin
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References:

- 1:http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/MentalHealth/Submissions
- 2: <http://www.aph.gov.au/DocumentStore.ashx?id=171c3ad5-34df-4831-9d1a-4de4ec2096f8&subId=464569>