

Mental Health Community Coalition of the ACT  
**‘The Impact of the NDIS on ACT Mental Health Consumers, Carers & Services’**  
19 June 2018

***The Impact of the NDIS on ACT Mental Health***

*Launch of the MHCC Report*  
*“When the NDIS came to the ACT:*  
*A story of hope and disruption in the MH Sector*

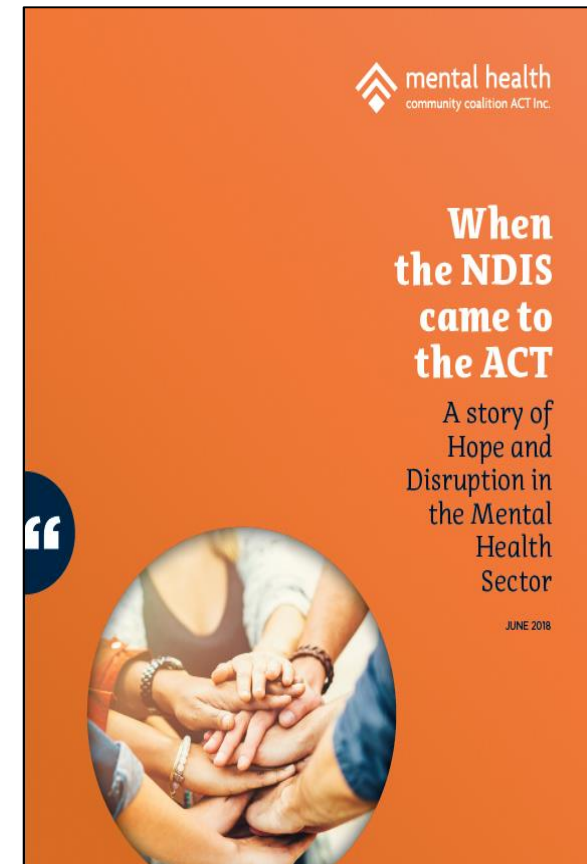
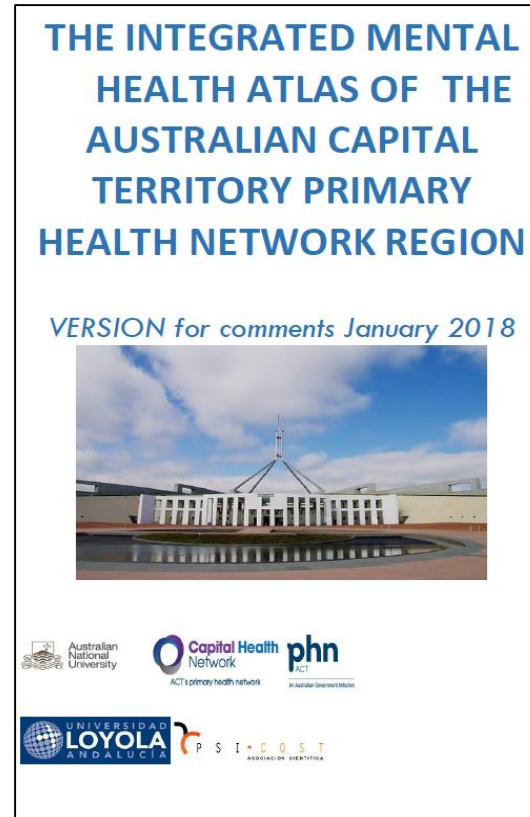
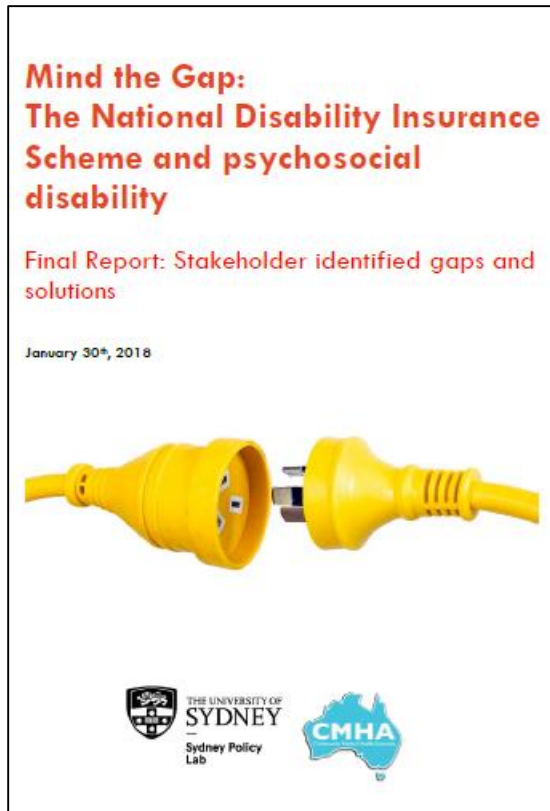


Luis Salvador-Carulla  
Maryanne Furst  
Jennifer Smith-Merry



# ***The Impact of the NDIS on ACT Mental Health***

- History / Australian perspective / Situation in ACT:
  - Quantitative analysis of organisations (ANU Atlas of MH in ACT)
  - Qualitative analysis of needs and challenges (CDRP Report / MHCC-ACT Report)



# DISABILITY & MENTAL HEALTH

## Key Figures

- 3.7 million Australians experience mental illness
- 690,000 Australians experience severe mental illness (National Mental Health Commission *Contributing Lives* report)
- Federal Government estimated 230,000 of those people need help (Australian Government response to *Contributing Lives* report)
- NDIA estimated that at full rollout (2019/20) that the scheme will admit only 460,000 people in total.
- 13.9% of these people will have a primary psychosocial disability requiring support.
  - 64,000 people of the original 690,000 identified in *Contributing Lives* as accessing support through the NDIS.

## **Can the National Disability Insurance Scheme work for mental health?**

*Australian & New Zealand Journal of Psychiatry*  
2014, Vol. 48(5) 391–394

Theresa M Williams<sup>1,2</sup> and Geoffrey P Smith<sup>1,2</sup>

## **Mental illness and the National Disability Insurance Scheme: Lessons from Europe**

*Luis Salvador-Carulla<sup>1,2</sup> and  
Stewart Einfeld<sup>1,2</sup>*

*Australian & New Zealand Journal of Psychiatry, 48(5)*

### **CONTEXT OF CARE**

- Lack of coordination between
  - a) social and health care
  - b) ageing and disability
- Need for mapping service provision prior to the implementation of NDIA
  - a) Disability services
  - b) Mental health care
- Standard description of interventions and programs
- Analysis of efficiency and benchmarking
- Care navigation tools

### **POPULATION AND CLINICAL EVALUATION**

- Development of target specific Eligibility criteria
- Tools for case-mix, risk pooling and stratification
- Underestimation of cases needed to support

### **ECONOMIC/FINANCING ASSESSMENT**

- Underestimation of costs
- Detailed modelling and mapping of financing

### **TRAINING** – specific programs for

- Professionals and front-line carers
- Disability literacy

# **Mind the Gap: The National Disability Insurance Scheme and psychosocial disability**

Final Report: Stakeholder identified gaps and solutions

January 30<sup>th</sup>, 2018



## **Gaps identified in two main areas:**

### **1. Administration of the scheme for those eligible**

- a. Scheme engagement and application processes, and**
- b. Scheme assessments, planning, plan activation and review.**


### **2. Service delivery to those living with severe mental illness who will not be eligible for the Scheme or are not applying, and need to keep receiving services outside of the NDIS.**

## **1. Administration of the scheme for those eligible**

- Scheme engagement and application processes



**Language of disability and permanence**




**Social and geographical isolation barriers to application process**



**Difficulties gathering evidence required**



**Poor understanding among carers and family of scheme and its supports**



**Carer and family expertise and advocacy and own needs excluded by assessors**

# **1. Administration of the scheme for those eligible**

- Scheme assessments, planning, plan activation and review

**Planners' lack of understanding of psychosocial disability, expert assessments are ignored, no opportunity to review plan before signed off**

**Extensive time delays at each step, resulting in withdrawal of other support before plan functional**

**People lack support for planning, and supporters are prevented from contributing so plans don't meet individual needs**

**Cost-related issues mean that providers cannot afford to provide the services listed in client plans for the funding level that they receive from the NDIA**


**Plans once made are not activated due to confusion, poor co-ordination or lack of appropriate service providers**

**Unscrupulous providers draw down on line items so there is no funding left to be used for other providers**

## **2. Service delivery to those living with severe mental illness not eligible for the Scheme or for many reasons are not applying, and need to keep receiving services outside of the NDIS**



**Organisations with expertise in psychosocial disability are collapsing, merging and selecting not to engage with the NDIS due to NDIA costing structure**



**Organisations losing staff with expertise in psychosocial disability - NDIA funding does not match the cost of employing trained staff or providing training and supervision to new staff**




**Poor transition between the existing block funding model and the NDIA means that funding is stopped before people are transitioned to the NDIS**



**A dramatic loss of services for most people living with mental illness**



**Funding is being transferred to the NDIS from programs where many existing clients are not eligible for the NDIS**



**Peer support, community-based rehabilitation and recovery services are not being funded**





## **NDIA response to Mind the Gap report (2018)**

- “ The facts that underpin the approach taken in the Report are inaccurate or have been misrepresented
- The report does not use a transparent and balanced set of sources...The sample of organisations cited as being “Contributing Stakeholder Organisations and Programs” is not representative of the proportion of NDIS participants with psychosocial disabilities.
- The report fails to acknowledge that almost all issues raised in the Report are already being addressed by the NDIA”

<https://www.ndis.gov.au/news/media/on-the-record>

# ACT-an ideal testing ground

- As a pilot site, and the first jurisdiction to accept all eligible residents across all age groups into the NDIS, the ACT is in a position to provide valuable feedback and unique insight.



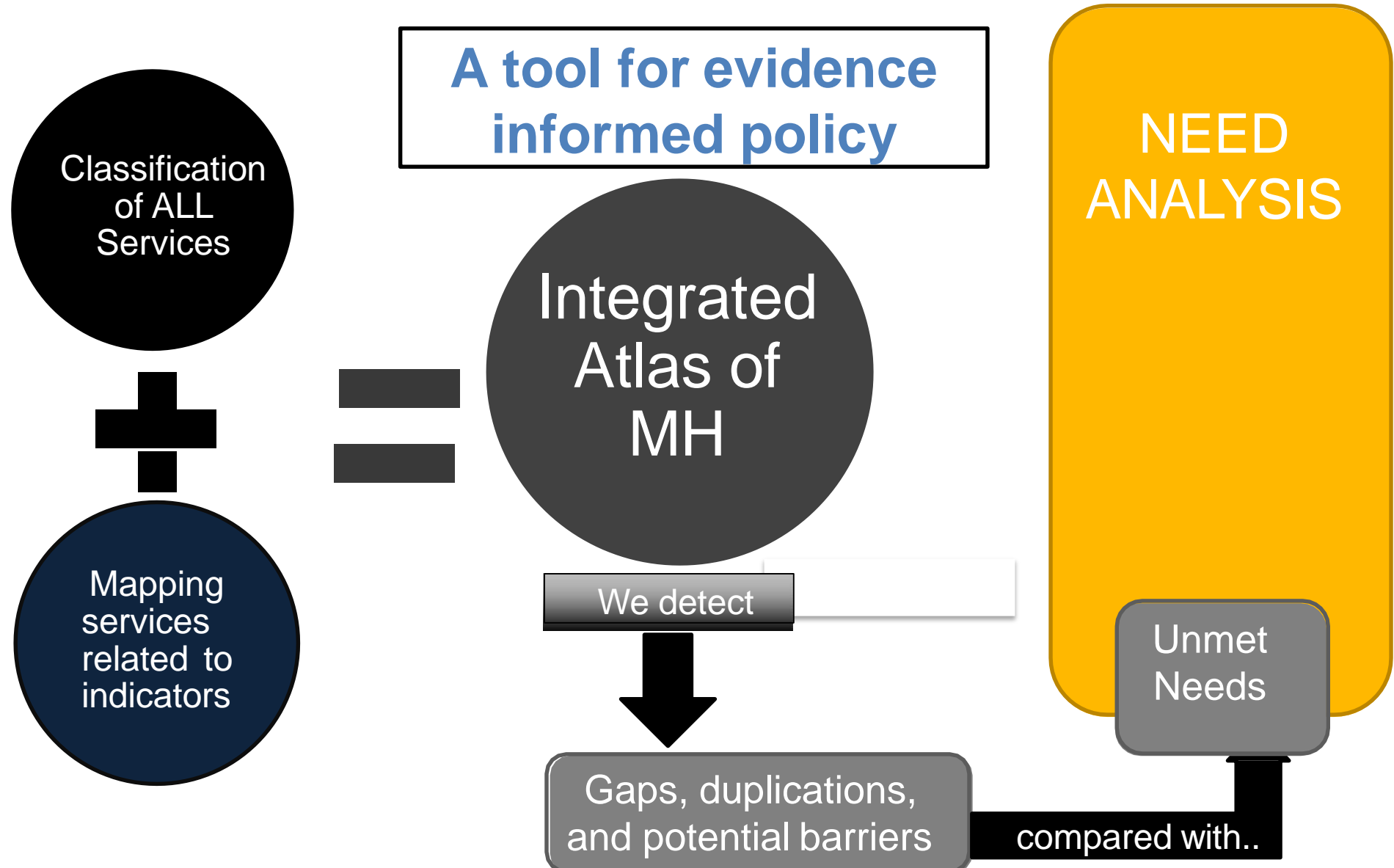
- ACT is geographically small and relatively well educated and affluent, enabling relative ease of implementation. Problems encountered here could be magnified in jurisdictions with greater challenges to implementation of the scheme

# THE INTEGRATED MENTAL HEALTH ATLAS OF THE AUSTRALIAN CAPITAL TERRITORY PRIMARY HEALTH NETWORK REGION

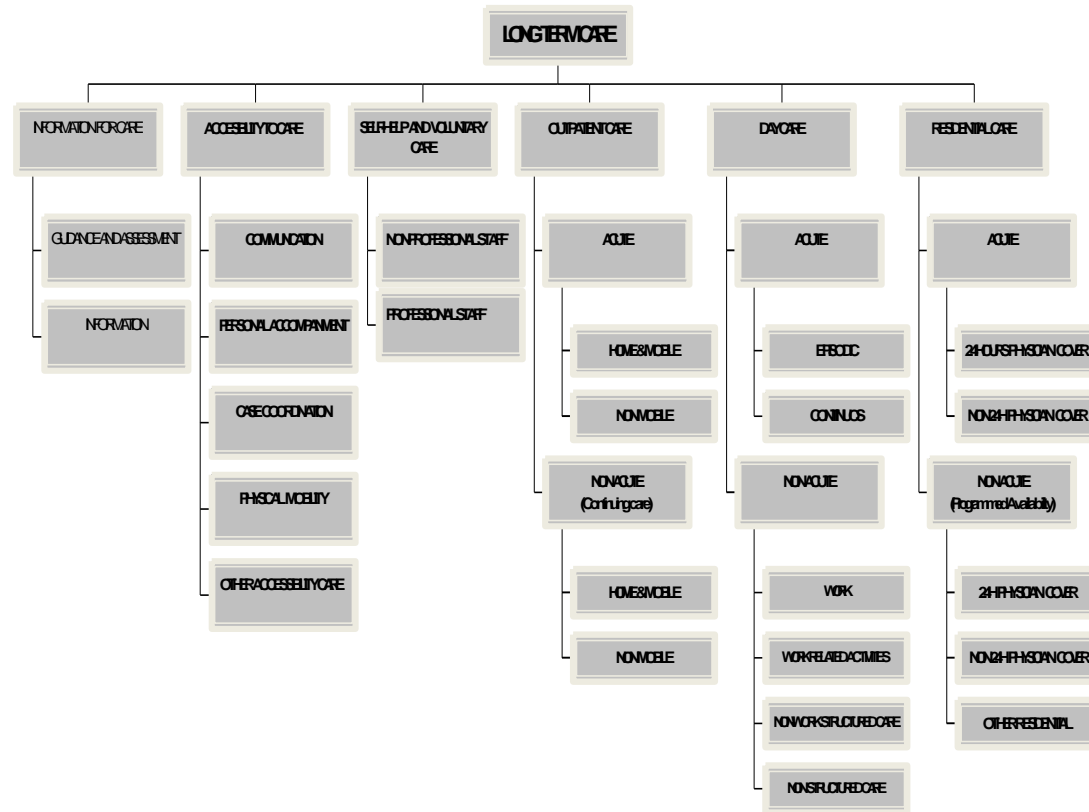
2016



# What is an Atlas of MH?



# Main Type of Care: Main branches



91 different codes- taxonomy tree

**INFORMATION:** guidance/ assessment/ information WITHOUT follow up (e.g. *information about availability of services*)

The University of Sydney

**ACCESSIBILITY:** access to care without direct provision related to needs (e.g. *access to employment*)

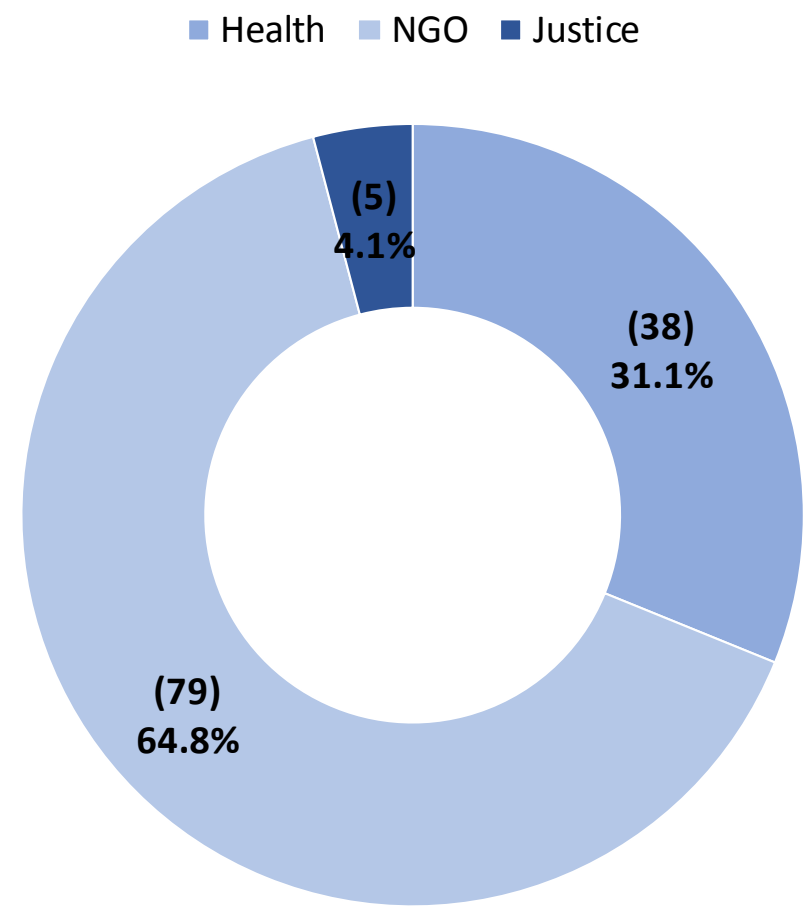
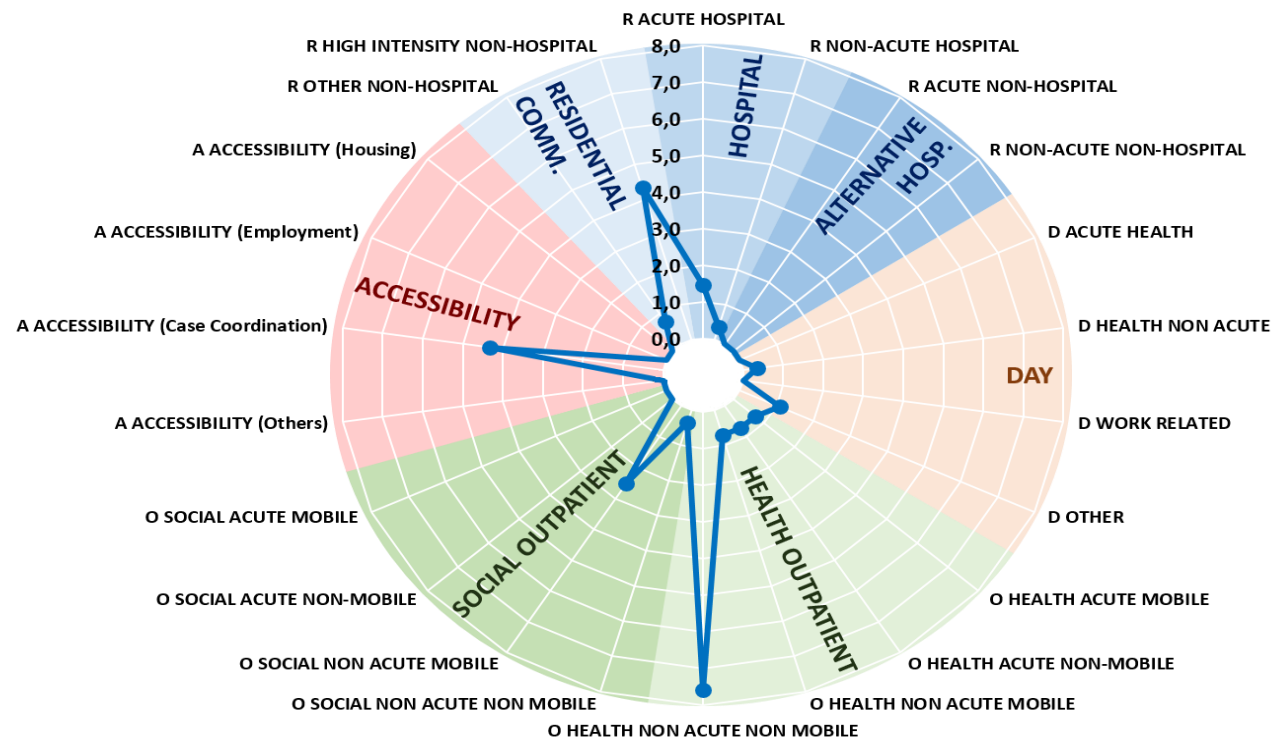
**OUTPATIENT:** contact with the person in a limited period of time (eg. *visit with the GP*).

**DAY CARE:** the person spends the day at the facility (e.g. *day hospital or social club*)

**RESIDENTIAL:** the person sleep at the facility (eg. *acute unit - hostel*)

**SELF CARE/VOLUNTARY:** non-paid staff (e.g. *Alcoholic anonymous*)

The pattern of mental health care in the ACT PHN.  
Availability of MTCs per 100,000 residents>17 years



Balance of care:  
MTCs according to target population

# Organisational Impact of the NDIS transition on Mental health care providers: The Experience in the ACT

Furst M, Salinas JA, Salvador-Carulla L (paper submitted for publication)

- **Objective.** Concerns raised about the applicability of the NDIS in Australia to people with mental illness have not been given full weight due to a perceived lack of available evidence. In the ACT, one of four NDIS pilot sites, mental health care providers across all relevant sectors described the impact of the scheme on their service provision, during development of a Local Atlas of MHC
- **Methods.** All mental health care providers, from every sector in the ACT were contacted, with managers from 33 of the 36 organisations participating. We used the DESDE-LTC to assess all service provision at the local level.
- **Results.** **Around one third of services interviewed lacked funding stability for longer than 12 months.** Nine of the twelve services who commented on the impact of the NDIS expressed deep concern over problems in planning and other issues.
- **Conclusion:** The transition to NDIS has had a major impact on ACT service providers. The ACT was a best case scenario as it was one of the NDIS pilot sites.

## **Experience of service providers: Atlas findings**

**Incompatibility of NDIS principles of permanence and disability**

**Eligibility and engagement issues including concern for hard to reach groups**

**Lack of planners' knowledge in needs of people with mental illness**

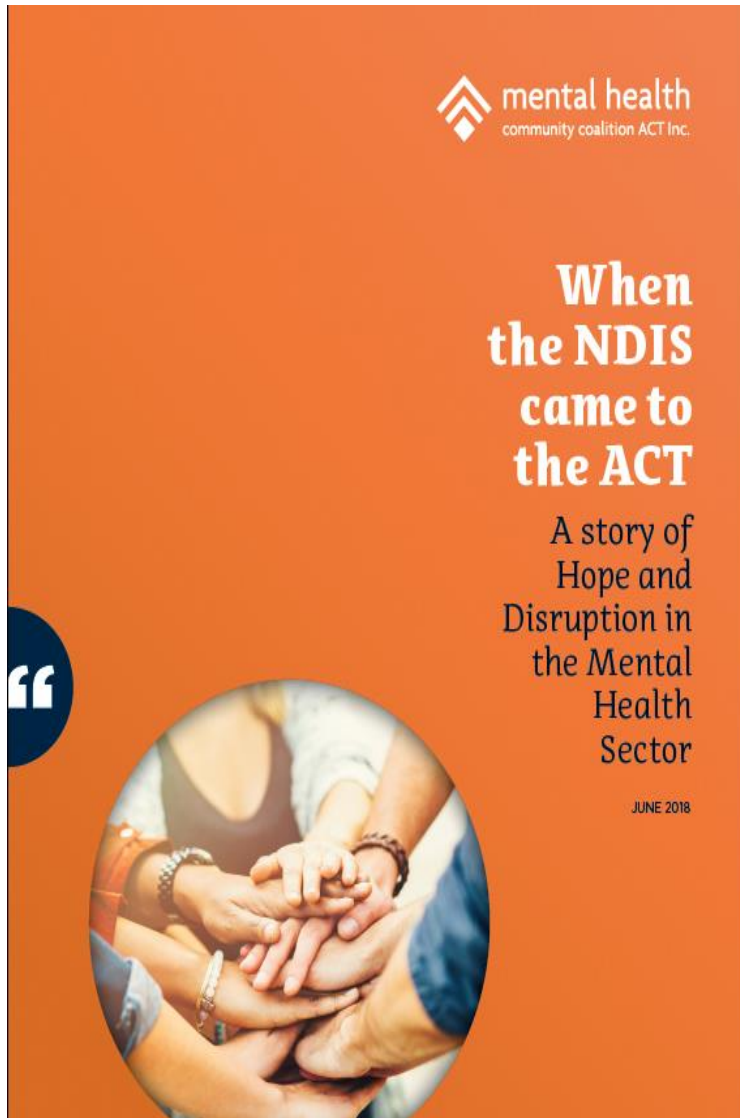
**Workforce challenges-extra workload during transition process including educating planners, uncertainty around changing roles, wage and qualification pressures**

**Reduced ability to plan ahead: 33 % of total number of services or 50% of NGOs (n=38) did not have guaranteed ongoing funding beyond 12 months.**

**Services closing, changes in type of care eg reduced focus on recovery in supported accommodation, potential for focusing on those services most lucrative financially**

**Importantly, plans when done well have enhanced life for those participants**





## **Recurrent themes and commonalities (service providers, consumers and carers)**

- **Communication difficulties**
- **The challenge of continual changes, reversals and upheaval in the community sector**
- **Problems with planning and reviews of Individual Funding Packages.**

# Experiences of service providers

**Transfer of risk to service provider**

**Adapting to and accessing a new online system for billing services**

**Concerns around the NDIS pricing structure**

**Service gaps and closures**

**Building recovery into NDIS plans**

**Increasing unfunded, unbillable work**

**Workforce concerns- downward pressure on wages and therefore qualifications, and increased casualisation.**


## **Experiences of consumers and carers**



**Barriers caused by the deficit-focus of the NDIS when testing eligibility**



**Caution and distrust due to a history of negative interactions with government services**



**Carers being excluded from NDIS processes, in particular not being consulted during the planning phase**



**Lack of support for carers, particularly the withdrawal of carers' services**

## **Common gaps and issues**

**Difference in philosophies of care and its implications**

**Poor knowledge of planners**

**Exclusion of support people**

**Problems around pricing for plans and compatibility of plans with need**

**Potential for unscrupulous providers to cherry pick services**

**Services closing, including for those ineligible for NDIS**

**Downgrading of staff funding, experience and qualifications**

## **Needs for future research**

- **Continued monitoring of system evolution**
- **Key performance indicators in relation to service provision**
- **Benchmarking**



# The Path to the NDIS

**Philosophical reform in disability and mental health care:-deinstitutionalisation, community care, personalised care**

**2008: UNCRPD (2006) ratified by Australia**

**National Disability Strategy 2010-2020, includes a commitment to develop strategies for increased choice, control and self-directed decision-making**

In July 2013, NDIS trial sites commenced in Tasmania, South Australia, Victoria and New South Wales

**At the same time, market mechanisms increasingly applied to the NFP sector, their role as providers of social care challenged by dichotomy of market forces versus core mission<sup>1</sup>**

**2011 Productivity Commission public inquiry: -unmet demand for disability services; an underfunded, unfair, fragmented, and inefficient disability support system, a “lottery of access”: and recommends the establishment of the NDIS**

**2013 NDIS Act : the ACT to be the first jurisdiction in Australia to accept all eligible people into NDIS starting from 1 July 2014**

<sup>1</sup> Yen,I., Smith-Merry,J., From expert to enabler. What about social purpose? An analysis of mission statements in community based organisations.