
MINUTES

**The Mental Health Coordinating Council in partnership with the
Mental Health Commission of NSW Community Sector Forum:
Exploring Mental Health and Psychosocial Disability Experiences
within the Hunter NDIA/NDIS Launch Site**

Tuesday October 15th, 9:00 AM - 1.00 PM
Travelodge Newcastle, Cnr. King and Steel Streets, Newcastle West

Note: Please also refer to the PPT for this event which is circulated with these Minutes. Attendance is at Attachment 1.

Welcome and Acknowledgement of Country

Tina Smith, Senior Policy Advisor – Sector Development, Mental Health Coordinating Council

Acknowledgements (Aboriginal and people with lived experience of mental illness) and background to Hunter NDIS launch site activity being undertaken in partnership with Mental Health Commission of NSW. MHCC/Tina Smith is working two days a week in Hunter to explore opportunities arising through the NDIS the following outcomes:

1. How will psychosocial disability (PSD) be understood and included under the NDIS?
2. The wider NDIS and health services interface (eg, physical health, substance use)
3. People with co-existing difficulties (eg, ID, ABI, physical disability)
4. The suitability of the assessment tool/s
5. Contribute to the national discourse regarding the situating of psychosocial disability within the NDIS.

It was discussed that NDIS eligibility was based on functioning and not diagnosis; and, included people with psychosocial disability secondary to mental ill health. The Hunter mental health sector have relayed many success stories of people with MH problems transitioning from ADHC to the NDIA; and also of new referrals to the NDIA. Today's meeting is the first occasion in which our sector has come together to discuss learning from the NSW/Hunter launch site to date.

Strategic Directions for Mental Health and Psychosocial Disability in NSW

Sage Telford, Senior Policy Officer - Mental Health Commission of NSW

Presentation and discussion of establishment of Mental Health Commission of NSW and development of the Commission's first Strategic Plan. How might Hunter NDIS activity inform the NSW Mental Health Commission Strategic Plan to be completed by March 2014?

Panel Discussion: Sharing Experiences of the First Few Months

Exploration and discussion of local experiences over the first three months of the launch:

- RichmondPRA, Mark Cliff - Service Manager
- New Horizons, Gary Channon - Coordinator
- Mission Australia, Michael Britt - Regional Manager
- Partners in Recovery, Sally Regan - Operations Manager (Medicare Local)

Each person spoke briefly about the services they offer and then to:

- Tell us about something what their organisation had done to get ready for the NDIS?
- Tell us a little about their experiences, if any, with NDIA/DCA to date?

Key issues arising out of the panel presentations and discussion were that:

- All community sector mental health programs are learning to varying degrees through NDIS implementation and the NDIA are also learning about mental illness, psychosocial disability and recovery support from the mental health sector.
- Organisations are at varying levels of NDIS readiness and also wanting to learn with one another, even though the 'business' environment is increasingly competitive.

RichmondPRA, Mark Cliff - Service Manager

Mark presented on work he has recently commenced FT to explore opportunities presenting through NDIS/NDIA. NDIA were initially keeping existing service providers at a distance from assessment and care planning processes but are now much more open to negotiating engagement with existing service providers. This may have potentially resulted in some early transitioning clients being worse off. Mark was asked if any people transitioning were worse off? He replied no, but that NDIA Support Facilitators had variable knowledge of psychosocial disability and/or recovery support services and were needing to learn and that this can affect the pricing of support packages (ie, people may present as more able than they are). Learning the NDIS support categories is challenging.

New Horizons, Gary Channon – Coordinator

For client's transitioning from block to individualised funding, Gary alerts us to some support categories 'falling away' which can reduce funding amounts – especially for case management and behaviour management activities, where applicable. He notes the considerable time that can go into eligibility, assessment and care planning process – especially for new clients. New Horizons are absorbing these costs at present. Agreed with Mark that NDIA are increasingly open to existing providers being present for client's reviews which will further impact. Big focus on preparing frontline staff for changes. Concerned about existing PHaMS clients that won't likely qualify for NDIS. Concern for small community managed organisations(CMO's) with less capacity to manage change. How can we work better together despite competition? Notes a growing awareness of NDIS impacts on Hunter Mental Health (HMH) practice too. Important to manage clients fears and anxieties – they aren't so used to having choice. NDIA needs to involve families and service providers more. NDIA are learning just as CMOs are.

Mission Australia, Michael Britt - Regional Manager

Michael is new to mental health; his background is in employment services. Mission Australia run a large PHaMS service in Newcastle. He is heartened by the fact that people with more knowledge and experience than himself also don't yet fully understand where mental health will sit within the NDIS either or how that whole space will work. Mission Australia have been talking to their staff in the Tasmania NDIS launch site (early intervention focus). Mission Australia have some experience with individual package budgets as this is how funding has worked in employment services for a long time. He wants us to develop flowchart type referral pathway and acknowledges that we may not quite be ready for this yet, ie, need more experience to inform development. NDIA are learning mental health and we all need more experience to learn NDIS and we need to be discussing activity with others both inside and outside our organisations. There is a backlog in PHaMS clients transitioning. Discussion of clients wanting services outside of business hours and the industrial challenges of this.

Partners in Recovery, Sally Regan - Operations Manager (Medicare Local)

Partners in Recovery (PIR) will commence receiving referrals on 11/11 following an intensive period of establishing the service. The detail of the in-kind support and 'referral pathways' are yet to be determined. If a client needs a long term funded package then they might be best referred to

NDIA. PIR works with people short term with a focus on service coordination. PIR also has a brief to work with the development of the existing mental health system (ie, identifying and closing gaps, etc. to better address population need for mental health services). There will be five Hunter PIR 'hubs' and we will be contracting with five CMOs to provide Support Facilitator services in them. The referral pathways between PIR and NDIA need to be further explored and better understood. It was questioned if NDIA would refer to PIR? The main tension around PIR/NDIA similarities and differences seems to relate to the concept of 'lifelong' disability in a mental health context. Ability Links, a NSW service for people not eligible for NDIS, spoke about where they might fit in this mix and briefly described their services. They are ADHC funded for five years and have already had some mental health referrals.

There was additional general discussion following these presentations and this included:

- What are the safeguards for people; especially those that are fearful with, for example, paranoid and delusional symptoms who may not want to share their personal information?
- NDIA are reported to be unable to access Centerlink info.
- Issues with Consent Form completions and possible bypass of the need for this.
- The workforce is increasingly anxious about casualisation.
- Recent information sessions regarding the NDIA service provider portal.
- Service providers are wanting to discuss referral, eligibility, assessment and care planning process practicalities.

Group Activity: Reflecting on Experiences of the First Few Months

People were asked to form small groups and discuss their experience of MH/psychosocial disability issues during the first three months of NDIS implementation:

- Opportunities: What has worked well?
- Barriers: What has not worked so well?
- Other considerations: What things could we be doing to prepare for DCA?

The full results of this activity are included as Attachment 2. Pulling out key themes and priorities proved challenging given the scale of change for our sector. Some key themes to arise are:

- Considerably new way of doing business with many opportunities and challenges presenting
- Lots of learning occurring for community sector mental health programs and all stakeholders
- How do we best prepare organisations/programs, staff, consumers and carers?
- How do existing service providers optimally engage with NDIA Support Planners to the benefit of the person with mental health problems/psychosocial disabilities (ie, referral, eligibility, assessment and care planning pathways; information sharing; promoting recovery oriented service provision)?

MHCA DCA Capacity Building Project and National Perspectives

Josh Fear, Director, Policy and Projects - Mental Health Council of Australia

Presentation on national perspectives and MHCA Capacity Building Project (MHCC/Tina Smith is on the Project Advisory Committee). MHCA acknowledged the contributions to be made through the Hunter's positive NDIS experiences to date. MHCA has concern about where early intervention sits. They want to better understand the assessment tools being used (modified Support Intensity Scale) and wonder if there are not more appropriate tools (eg, CANSAS). NDIA is an insurance scheme that wants to minimise costs to NDIS in the future; they are not necessarily seeing the

'whole of government' costs for mental health. They encourage early intervention 'iconic referrals'. Concerns about funding in arrears model. Planning processes taking longer than NDIA budgeted for. Family and carer issues (who will fund these programs?). Who determines permanency of impairment? MHCA and MHCC are currently discussing how the MHCA's Capacity Building Project can support the MHCC to conduct an audit of existing organisational readiness resources; this work can potentially be built upon to develop resources that are more applicable to mental health/psychosocial disability settings.

The NDIS Board Chair, Bruce Bonyhady, is holding a workshop on mental health and the NDIS which will occur tomorrow (hosted by the NSW Mental Health Commission). Both the MHCA and MHCC were invited to participate in the workshop. The Hunter mental health sector's experiences of NDIS implementation can help to inform any future work at a national level around mental health.

Identifying Future Opportunities for Sharing

The NSW National Disability Service (NDS, disability sector peak body holds monthly Senior Leaders Meetings to discuss Hunter NDIS implementation but there is little mental health participation).

Current Hunter mental health interagency meetings include:

- HMH/HNELHD Interagency (bi-monthly)
- Collaborative Care Group (every few months as needed, auspice?)
- Mental Health Professional Network.

Please advise of any other Hunter mental health specific networks that you may be aware of?

There are also fortnightly meetings of a NDIA Health Working Group auspiced by HNELHD (ie, HNELHD, NDIA, ADHC and MHCC has also been attending). There has been some discussion of a mental health working group to be attached to this but this action has not been progressed.

Next Steps

There was sector agreement to future bi-monthly meetings towards establishing a Hunter NDIS launch site 'community of practice' (COP) as this relates to mental health issues. It was agreed that this will include invitations to wider range of stakeholders interested in this topic (eg, HMH, NDIA, ADHC, etc). Who should host these meetings? To be discussed with MHCC CEO/Jenna Bateman and Mental Health Commissioner/John Feneley.

There will be opportunities for the mental health sector to build capacity to increase engagement with the NDIS.

Next Meeting: Mid-December. Date TBA.

NOTE: MCC and the NSW Mental Health Commission are currently having discussions with HMH, NDIA and NSW NDS (the disability sector peak body) about how to best situate these meetings to reduce impacts on community sector service providers. The first meeting of the Hunter MH NDIS COP will likely occur in January – TBA.

Attendance

1. Janelle Heatley, Newcastle Project Manager - Aftercare
2. Alison Parkinson, Manager, Service Development - Carers NSW
3. Nicola O'Brien, Manager - Neami National
4. Annette Tubnor, Acting CEO - Family Support Newcastle
5. Sally Regan, PIR Operations Manager - Hunter Medicare Local
6. Danielle Szikszai, Health Pathways Officer - Hunter Medicare Local
7. Helen Marquez, Referral Manager – PIR Hunter Medicare Local
8. Matthew Lamont, Team Leader - Family Support Newcastle
9. Gary Channon, Coordinator - New Horizons
10. Joanne Sinclair, Regional Manager - Mental Health Carers ARAMFI Hunter
11. David Wilson, Senior Case Worker - CatholicCare Social Services Hunter-Manning
12. Mark Cliff, Service Manager - RichmondPRA
13. Michael Britt, Regional Leader - Hunter/Central Coast - Mission Australia
14. Gene Bovill, Acting/Program Manager - Mission Australia
15. Kylee Anderson, Coordinator - Baptist Community Services
16. Melissa Duncombe, Coordinator - Catholic Community Services
17. Wendy Jurd, Day Program Manager - Castle Personnel Services Ltd
18. Eileen Smocilla, Day Program Manager - Castle Personnel Services Ltd
19. Patricia King, Member of Management Committee, Sunflower Centre - SFNSW
20. Scott Woods, Regional Co-ordinator CatholicCare Social Services Hunter-Manning
21. Dawn Brown, Area Coordinator - Ability Links (St Vincent de Paul Society)
22. Kirsty-Lee Meredith, Local Coordinator - Ability Links (St Vincent de Paul Society)
23. Kate Peschar, Senior Mental Health Worker - RichmondPRA
24. Wendy Cope, Case Manager - Samaritans
25. Trudy Rutherford, Senior Mental Health Worker - Samaritans
26. Kim Turner, Area Coordinator – Samaritans
27. Josh Fear, Mental Health Council of Australia
28. Liz Ruck, Mental Health Council of Australia

Staff

29. Tina Smith, Mental Health Coordinating Council
30. Sage Telford, Mental Health Commission NSW

Other interested non-community sector specific people expressing interest to attend future events

31. Dianne Sinclair, Procedure & Quality Coordinator - Community Options Unit (HNELHD)
32. Jill Searle, Team Leader - Commonwealth Respite & Carelink Centre (HNELHD)
33. Leah Cummins, Social Worker – Department of Human Services
34. Helen Staines, Social Welfare, HNELHD - Neuropsychiatry Unit Inpatient Assessment
35. Michael Akhurst, Boarding House Case Worker, ADHC - Ageing, Disability & Home Care
36. Gordana Bozinousk, Social Worker - HNELHD
37. Stephanie Phillips, Social Worker - HNELHD

	Opportunities (What has worked well?)	Barriers (What has not worked so well?)	Other considerations (What more could we be doing?)
Group 1	<ul style="list-style-type: none"> • Growth for services • Consumers receiving ongoing service 	<ul style="list-style-type: none"> • Inconsistent boundaries between PIR, Ability Links and NDIA • Clarity of language • Communication • Review process • 1800# 	<ul style="list-style-type: none"> • Defining service agreements (in-kind support) • Preparing consumers and carers to understand the process and allowing time for this
Group 2	<ul style="list-style-type: none"> • Can receive more support for individuals • NDIA will engage in conversation with service providers to be involved in the transition 	<ul style="list-style-type: none"> • 'Reasonable and necessary' – each planner can interpret this differently and lack of knowledge • Focus on physical and intellectual activity • Lack of knowledge of mental illness • Mental illness is a non-linear journey • Funding levels for client to continue to receive the same support 	<ul style="list-style-type: none"> • Go to all information sessions • Look at website • Don't be afraid to advocate with a client
Group 3	<ul style="list-style-type: none"> • Put three referrals forward and only one was rejected • 9/10 Support Facilitators ask the Support Workers who attend meetings questions • Consent Form soon to be discontinued (people found it complicated) • Age 18-24 not as overwhelmed by the choice as those who have experienced long term institutionalisation 	<ul style="list-style-type: none"> • The process ... • Presentation of person • Impact on services for whole family and not just the individual • What happens when person doesn't want services or to make referral? • Process can discourage people from applying • Issue sharing information across agencies, eg, given consent to share info but they can't get info from Centerlink • More paperwork "here we go again" • Rapport with Support Facilitators • If person not connected with an NGO or service then they don't get help to prepare for meetings, eg, thinking of vision for future • Different staff person for every meeting – no consistency • If the family provides support then it might be missed in the support needs assessment 	<ul style="list-style-type: none"> • Building capacity for organisations around how to prepare clients before meetings • Is there potential for more Guardianship Orders to be made due to scheme?
Group 4	<ul style="list-style-type: none"> • Building strong relationships, eg, MOU • Education • NDIS flexibility • Ongoing consultations • Planning and preparation • Creating a positive culture • Support needs being met 	<ul style="list-style-type: none"> • Inconsistent information flow • Assumption of family and services involved • NDIS IT system • Client system – referral vs services • Consent Form • Staffing conditions • Industrial relations issues • Reassuring staff due to lack of information • Funding \$\$\$ 	<ul style="list-style-type: none"> • n/a

