MINUTES

The Mental Health Coordinating Council in partnership with the Mental Health Commission of NSW: Hunter NDIS and Mental Health Community of Practice

Thursday 23 January 2014, 1:00 - 3.00 PM
Travelodge Newcastle, Cnr. King and Steel Streets, Newcastle West

Attendance
73 participants (please note that registration is essential for planning purposes). Mostly community sector service providers but also a large number of HMH staff. Some people attended from outside of the Hunter (ie, keen to know more about the situation of mental health within the NDIS). There were very few people that identified as either consumers or carers.

Welcome and acknowledgments provided by Sage Telford, NSW Mental Health Commission.

Update on NSW/Hunter NDIS and Mental Health Activity
Tina Smith, MHCC, provided a brief overview of the mental health NDIS analysis work being undertaken with the NSW Mental Health Commission, the history to this meeting and of activity since the Community Sector Forum of 15/10 (see PPT).

Sharing and Reflecting on Experiences of the First Six Months
Facilitated discussion session with some key issues arising summarised below. From discussion it was apparent that there was wide range of National Disability Insurance Scheme (NDIS) and National Disability Insurance Agency (NDIA) knowledge and experience in the room which is to be expected at this early stage of the launch of the initiative. People are keen to learn more about NDIS and implications for people affected by mental illness and the services that support them.

<u>Client transitions and new referrals (eg, planning)</u>

- Detailed NDIA assessment information has been very helpful to community organisations who have been chosen to provide the person with support (new referrals)
- Medical background information – psychiatrist don't always want to give lifelong disability status to prove permanent disability
- Increase in support workers being able to attend NDIS assessment/care planning meetings – this is very positive
- Communication between organisations and NDIA is important
- Time allocated not always long enough for activity e.g. person previously supported to go to the movies but in new package this is not enough time to travel and attend movie and return
- Long process for referral and duplication of assessment
- Plans without carer coordination – carers need more information
- Note Partners in Recovery (PIR) has capacity to assist with NDIS referrals
- Interface between PIR and NDIS and $ vs people (the 70% that is 'in scope' for NDIS is $ not people)
- Portal issues
- Where do families and carer support services sit in NDIS? Some family and carer programs not in scope.
- NGO Grant Program – uncertainty regarding situation for state Health funded mental health programs (ie, not 'in-scope' for NDIS, can people receiving state funded program also get service from NDIS/NDIA?)
- Difference between NDIS (the scheme) and NDIA (the agency). No longer Disability Care Australia (DCA).

Organisational readiness (eg, price)

- Lot of work to get ready for NDIS
- Finance department roles/responsibilities very important
- Casualised workforce = reality. Big concern.
- Recommend identifying key people for NDIS within your organisation/program
- Block vs individual funding – from organisational perspective this is a major change
- Language change to ‘commercial’ language (causing some anxiety)
- Marketing – looking at ‘customer’ approach vs traditional ‘client’ approach – staff need customer service skills
- Affiliation of disability sector with the National Disability Service/NDS, the community sector disability peak body (not all MHCC member organisations identify as disability organisations and there is about a 50% cross-over of membership)
- Little mental health representation at NDS quarterly regional meetings where organisational readiness is being facilitated for ADHC funded NGOs via the Industry Development Fund.
- Head offices of many Hunter mental health program organisations are in Sydney
- How to manage out of hours support?

NDIA processes and liaison with current service providers (eg, portal)

- ‘Deadset nightmare’ in regards to the process
- Cost of medical assessments is concerning to people
- Information for doctor is needed on what the doctor needs to do
- Vast improvement to have a senior planner for an organisation
- Varied experience from planner to planner – one planner coming from a business model vs a person centred model
- Cost of case management/care coordination not considered by organisation or planner
- What about people who don’t have support or someone to advocate for them to get access to NDIS?
- Some issues with (lack of) professionalism of staff at NDIA and the care plan information not being available for the organisation to start working with someone
- Portal issues
- Housing issues (NDIS will not solve the shortage of affordable housing)
- Length of time to refer can affect the person wanting to participate in the scheme
- Positive about informal supports for Aboriginal families

Update from National Disability Insurance Agency (NDIA) Hunter

Suzanne Punshon, NDIS Hunter Director of Engagement and Funding, provided information and responded to a range of issues raised through the wide ranging discussion above.

- Balance between NDIA’s relationship with the person and the views of existing service providers and families/carers
- NDIS does not duplicate other systems (eg, health, education, housing, etc.). Health is responsible for medical needs/treatment.
- Some national NDIS work being done around housing issues (ie, affordability and access)
- Not all people with psychosocial disability related to mental illness will be eligible for Tier 3 NDIA (must have a high level of disability)
- ‘New’ clients includes those ‘phasing in’ from Commonwealth funded mental health programs (eg, PHAMS).
- Confirmations re portal and eligibility
- Horrified by some of the stories of alleged NDIS staff interactions shared and will follow up
- NDIA has established an internal review group process to reflect on Tier 3 mental health/psychosocial disability related referrals, assessment and care planning
- Tier 2 = Ability Links
- Important partnerships between NDIS, Ability Links and PiR

- NDIS does not present out of the Hunter area because it can confuse people and raise their expectations (ie full NSW roll out of the scheme is not until 2016/17)
- Assessment and care planning processes have been taking too long. For 'transitioning' clients, we need to look at what services a person currently getting and build on this over time. Remember that this is their first NDIS care plan.
- We want to understand the person's full situation and include current service providers, where indicated, to get full picture
- Lake Macquarie largest area with 5,000 people (ie, the Year 2 Lake Macquarie and Year 3 Maitland figures have been reversed in the public information to date)
- Discussed NDIS Act Section 55 re consent forms – allows NDIA to gain access to client information from NGO/agency for the purpose of making contact
- Flexibility in plans to use hours across weeks (eg, to ensure that trips to the movies etc. can continue)
- No client should walk away without knowing what it is in their plan. The portal doesn't show goals and aspirations and comments sections. You will only see the service/s that you are funded to provide, not the whole plan. To find out about the whole plan talk to the person and ask them to share it.

Update from Hunter New England Mental Health (HNEMH)
Megan Turrell (Senior Clinical Psychologist/Hunter Rehabilitation Coordinator, Psychiatric Rehabilitation Service, HNEMHS) provided an update.

- Acknowledgement of the NDIS engagement/experience of Jodi Bertoldi (SW/ISMHU)
- HNEMH excited about the opportunities that the NDIS presents for consumers with complex needs
- They have made a number of referrals but difficult to quantify across the wide range of HMH community and inpatient services. Looking forward to outcomes.
- Advantage is that people that traditionally haven't been able to get services to successfully live in the community may now be able to do so (e.g. people living in Morisset Hospital).
- This is a new landscape for MHS. New models of support being available through NDIS e.g. 24 supported accommodation.
- Referrals are lengthy and take a lot of time and therefore HNEMH is working though how best to resource this
- Rumours regarding the long standing sustainability of the NDIS
- Are their changes for clients who are receiving existing services? What to communicate and to whom.
- Organisations will need time to adapt from block to individualised funding
- Staff are struggling to reconcile notions of permanent disability with recovery principles
- Clients often need high levels of advocacy due to their disability
- Increase in duration of hospital stay due to wait on referral to ensure smooth transition but possibility of reduction of readmission for people who have appropriate support through NDIS
- Language – how to reconcile notions of permanent disability vs principles of recovery
- Need to further understand interface and referral pathways between PIR and NDIS (meeting fortnightly to work this through)
- Greater likelihood of positive outcomes for people

Update from MHCA NDIS Capacity Building Project
Josh Fear (Director, Policy and Projects, Mental Health Council of Australia) provided an update.

- The Hunter is the major NDIS Year 1 site of learning nationally with regard to mental health/psychosocial disability
- The five Working Groups have begun to meet and also the Project Advisory Group
- The MHCA has been involved in the NDIS for many years in advocacy re scheme design and legislation etc.

- Funded to do Capacity Building Project by NDIA in 2013/14
- MHCA concerned about people not eligible – NDIA should not become 'an oasis in the desert' for a chosen few. This is a particular concern in Victoria where all state funded mental health programs have been deemed 'in-scope' for NDIS.
- Early intervention – the exclusion of this for people with mental illness is counter intuitive re NDIS being an insurance scheme
- Recovery principles are about reducing long term impairment/disability
- Workforce issues – can't know what the workforce looks like as dependant on support plans
- MHCA is publishing materials and holding workshops and webinars around eligibility, organisational readiness and consumer involvement
- NDIS cost of assessment processes to develop care plans has been more than expected and the agency is not meeting its targets for transitions. However, there is no threat to NDIS (ie, as per rumour)
- Want to defend parts of mental health – multiple doors, best practice, increased specialised workforce, maximum involvement of consumers and carers in decision making
- At full roll-out NDIS will deliver portable access (ie, person to get service no matter where they live in country)
- Complex and conflicting requirements of person that need to be negotiated, e.g. for institutional care downplay symptoms to avoid involuntary treatment vs people in NDIS need to talk up their need
- We don't want 'disability' approaches to threaten recovery oriented service provision
- MHCA is still advocating for changes to scheme design, concept of permanency of disability and definition of early intervention

Summary and Next Steps

Actions Arising:

- Suzanne Punshon contact number 0477369044
- 6th Feb NDIS community consultation for service providers – Newcastle Jockey Club 2pm. These occur quarterly
- Contact Suzi if you have any local events or meetings that you would like NDIA to come to and further explain the scheme or answer questions about NDIS.
- Services to contact ADHC about any events or the needs of people outside of the trial site (NDIA state it is too confusing to move outside of area until trial has been completed)
- Services to encourage people to share their care plan with providers to ensure you have got all the information about the plan
- Need a Hunter MH NDIS contact
- Go to MHCC website for more information about the NDIS: http://mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability.aspx
- Go to MHCA website – www.mhca.org.au or email dca@mhca.org.au for more information about MH and the NDIS
- Provide feedback as to whether meeting should be longer (eg, three hours?)
- Distribute PowerPoint and minutes to all attendees

Next meeting:

- Bimonthly was agreed (mid-March)
- Suggestion for next meeting to have consumer and family experiences as part of the agenda.