

**The Mental Health Coordinating Council in partnership with the
Mental Health Commission of NSW**

**Hunter NDIS and Mental Health
Community of Practice Forum**

MINUTES

**Tuesday 16 December 2014
10:00 AM to 1.00 PM**

Acknowledgements & Introduction

Sage Telford - Senior Advisor
Mental Health Commission of NSW

Sage noted that the Mental Health Commission had now released their Strategic Plan 2014-2024. The three specific actions relevant to the uncertain NDIS environment are:

5. Providing the right type of care ...

5.1 Shift to the community:

5.1.2 LHDs will work with the NDIA to ensure that eligible people with a psychosocial disability obtain packages under the NDIS.

5.2 De-institutionalisation:

5.2.1 NSW Health, in partnership with the NSW Department of FaCS, should complete the work of finding appropriate community accommodation and support for individuals still in long-stay psychiatric institutions by 2018. This work should consider the availability of community-based supports to be provided under the NDIS.

7. Care for all ...

7.3 MH and intellectual disability

7.3.3 As part of the NSW implementation plan for the NDIS, develop strategies to change from the present partnership between NSW Health and other state services with ADHC to one with the community-managed and private sectors. This will need to take account of the impact on:

- joint projects
- memorandums of understanding
- co-developed guidelines
- relationship management
- dispute resolution
- systemic and strategic planning.

The later was noted to be required as it is unclear what will replace the existing MOU between Health and ADHC for people with intellectual disability and mental health issues (ie, as ADHC withdraws from service delivery between now and 2019).

Update on NSW/Hunter NDIS and Mental Health Activity

Tina Smith - Senior Policy Advisor – Sector Development (NDIS Mental Health Analyst), Mental Health Coordinating Council

Tier 3 access (NDIA 2014/15 first quarter report) - At the end of September 238 people in NSW with primary mental health conditions (up from 159 at the end of June, an increase of 79 people). This is 622 people nationally (or 610? Note differing figures in NDIA quarterly report).

29 September COP forum evaluation results:

- 78 attendees and 44 feedback forms completed (56%)
- 85% rated the forum as 'very good' to 'excellent'
- Most people felt 'more informed' after the forum (93%)
- Length of time and frequency of forum is 'just right'

The things people most liked were:

- Panel on lived experience of NDIS
- NDIA update and response to any issues arising.

Strong feedback around wanting to explore what Tier 2 might look like thus the focus of today's forum.

Topics identified for possible 2015 forums are below and people were asked to prioritise these:

- Explore the circumstances of people applying for but not accessing Tier 3 funded services and supports
- Family and carer support services
- Concern about Commonwealth MH program funding ending June 2015
- Coexisting issues, e.g., drug and alcohol, intellectual disability, acquired brain injury
- People with criminal justice/forensic circumstances.

Recent/forthcoming activity inside the Hunter includes:

- Transition of ADHC clients in Lake Macquarie
- New referrals from three trial site LGAs
- 'Phasing in' of PHAMS and D2DL clients (eligible? ineligible?)
- NDIA review of people assessed as ineligible for Tier 3 NDIA (35-40 people with mental health issues in 2013/14)
- 14 October meeting with HNEMH
- Maturation of HNEMH/NDIA NDIS structures.

Recent/forthcoming activity outside the Hunter includes:

- Completion of the year 1 2013/14 MHCC and NSW MH Commission MH NDIS report
- National Respite Association Conference (23 & 24 October – Sydney)
- Informa NDIS and MH Conference (27 & 28 November – Sydney)
- Establishment of CMHA NDIS Working Group (NSW, Vic & WA peak bodies)
- Establishment of the NDIS MH Sector Reference Group (CMHA representative is WAAMH, first meeting 9/12)
- 3 December MHCC AGM & CEO/Senior Managers meeting
- 12 December presentation to NSW Health MH Program Council
- MHCC planning a state wide NDIS and MH forum for the first half of 2015.

The following actions from the 20/9 COP forum have been progressed:

- Explore what aspects of service delivery/practice are working for the ex-HASI client now being supported through NDIS
- Clarification on the eligibility of HASI clients for NDIS and directions for inclusion of HASI in the NDIS
- Distribute NSW Ombudsman's Office information sheet on the NDIS
- Distribute national Disability Commissioner's information sheet about development of the national safeguards framework
- Distribute new NDIA information sheets in relation to transport.

The following actions are outstanding:

- Circulate NDIA 'pre-planning' tools (to be circulated with 16/12 Minutes)

- Distribute HNEMHS list of NDIS ‘champions’ names, locations and contact details (see later in today’s Minutes)
- Provide de-identified stories of existing HACC clients ineligible for NDIS Tier 3 (none forthcoming but still requested).

Keynote Address: Directions in strategic advice on mental health, Local Area Coordination and community capacity building

Eddie Bartnik, NDIA Strategic Adviser on mental health, Local Area Coordination and community capacity building

Eddie is an Independent Consultant and Strategic Adviser to National Disability Insurance Agency(Australia) with focus on mental health and psychosocial disability .He was previously the first Mental Health Commissioner for Western Australia (and first in Australia); Acting Director General Department for Communities; and Director, Disability Services Commission. Eddie is an international human services consultant; conference key note speaker and author; and clinical psychologist.

Eddie shared with us:

- His extensive history in the area of ‘local area coordination’ since the late 80’s
- The lack of concepts of ‘choice and control’ in mental health policy
- That mental health funding will potentially increase based on initial productivity Commission projections for psychosocial disability from \$700M (current estimate across Australia through NGOs) to \$1.8M in full scheme though NDIS
- The close working relationship of NDIA with Mental Health Australia (MHA)
- Establishment of a National NDIA Mental Health Reference Group that met last week
- The need for additional NDIS and mental health policy developments
- The NDIA has an implementation role, not policy development
- Forthcoming review of NDIS mental health related eligibility and access processes to date (project)
- A second project to be undertaken with MHC and Community Mental Health Australia (CMHA, the coalition of the state/territory peak bodies) will focus on support clusters and pricing
- The second project will include a literature review as to what constitutes good psychosocial disability support work
- The above projects will help us to understand the data collections requirements to assist in understanding where mental health is situated within the NDIS
- The NDIS and mental health discussion paper developed by Paul O’Halloran will soon be released
- That mental health access to the NDIS Tier 3 is getting closer to the original estimates of 12/13% of full Scheme
- His belief that public mental health services have not been sufficiently engaged in the planning of the NDIS
- That the NDIS will contribute to discussions about planning for public mental health services in the context of the NDIS
- That a Tier 2 NDIS policy will be forthcoming in the new year for further consultation and that it will have five streams:
 1. Information, Linkages and Referrals
 2. Capacity building for mainstream services
 3. Community awareness and capacity building
 4. Individual capacity building
 5. Local area co-ordination (LAC).
- The states/territories undertook a stocktake of Tier 2 services in 2014 and there are patterns reflective of history in each jurisdiction
- That relationships and partnerships are critical to success of the NDIS, especially as this relates to development of Tier 2 and people not needing Tier 3 funded services and supports

- There is still a long way to go in development and full implementation of the NDIS and the Agency is adopting a “build learn build” approach and is open to feedback.

Panel: What Might Tier 2 Look Like for People with a Psychosocial Disability?

- *Experiences of Ability Links in the first 18 months*, Leonie Miller, Manager, SVDP Ability Links and Libby Pike, Hunter Team Leader
- *Experiences of Partners in Recovery in the first 18 months*, Helen Marquez, Referral Manager, Partners in Recovery (Hunter Medicare Local).

Ability Links

Ability Links launched in the Hunter in July 2013 and Aboriginal Ability Links was established in January 2014. State wide expansion commenced in July 2014. It is the NSW approach to local area coordination for people with disability and a critical component of the NSW transition to person-centred and individualised funding arrangements.

Access to Ability Links is for:

- Community members who identify as living with a disability aged 9-64 years
- Carers and family members of person living with a disability
- Contact model enables community members to access in a variety of ways – drop in, phone, email, referral from any existing service /organisation including the NDIA.

Ability Links Coordinators are known as Linkers and they work alongside people living with disability, their families and carers to find out what is important to them, identify their hopes, dreams and goals and help them make these possible. Linkers also work with the general community, community groups, sporting clubs and businesses to assist them in creating inclusive and welcoming environments.

Since Ability Links commenced 18 months ago:

- 35 Linkers (15 in NDIS Launch Region)
- Researching their community
- Engaging through participation
- Attending events/forums/conferences/sector interagencies
- Connecting with consumer and carer groups
- Connecting with community based mental health providers – PHaMS, Partners in Recovery, PRA
- Building partnerships with business, community groups and local government
- No assessment process or need to prove diagnosis (although statistics about this are kept where known).
- 1327 people assisted during 2013-2014 (whole of region)
- 21% of those assisted identified as having a mental health conditions (NDIA Launch region 20%)
- People are seeking assistance for a range of things including linkages to mainstream supports (housing, health), access to community (sporting activities, arts, social groups), and funded support services (transport, case management supports, other service based supports).

What does Tier 2 look like in the future for people with a psychosocial disability? A space where people can:

- access support with little or no red tape
- Be provided with information or support to make the connections / linkages in their community, that they want
- have opportunities to build individual capacity and resilience
- Be linked to more intensive or specialised support, when needed
- Be connected with their community and able to participate freely and be included.

Ability Linkers have had great success in their community development work and with the work we do supporting people to realise what they want to achieve. Some examples of the work Linkers are doing to assist people were provided. This included 'Arts in Recovery' in partnership with the Newcastle Arts Centre and 'Library Links' (eg, arts, crafts, games, community speakers) in partnership with Newcastle Library.

Ability Links stated that they would have difficulty supporting people with MH conditions without programs like PHaMS and PIR, and that these programs are often at capacity. It is mostly access to psychosocial disability support that is challenging, not treatment.

Partners in Recovery (PIR)

Target group: PIR is a highly targeted program aiming to assist a relatively small sub-group of people with severe and persistent (enduring) mental illness, who have the highest levels of disability and complexity of needs, with poor engagement with services in the community. 750 referrals received since the service commenced 11/2013. 512 allocated to consortium partner Support Facilitators. Most have mood disorders or schizophrenia (diagnosis not required but where this information is available it is collated). 138 ATSI referrals received (18%) and 50 CALD referrals (7%). 47 have been accepted by NDIS.

PIR described aspects of their nationally mandated use of the Camberwell Assessment of Needs Short Appraisal Schedule (CANSAS) as a needs assessment tool. The most frequent needs identified are for company, psychosocial distress, health and housing. More services like PHaMS are needed. PIR has additionally identified responses to ATSI people, systems integration/coordination and carers as priority needs areas.

In addition to time-limited service coordination delivery, PIR also has a systems change responsibility. These focus on most frequent needs also. Current project include:

- Enhancing cultural safety for Aboriginal individuals and communities.
- Improving the service system response when someone is acutely unwell.
- Improved connection to General Practice.
- Improved opportunities for social participation.
- Improved housing stability.
- Coordinated transition from custody.
- Improved service integration.

For example, the GP Project: GPs are ideally placed to provide ongoing care, monitoring and support for people with severe and persistent mental illness and complex needs in relation to their physical and mental health. However, there are a number of barriers for GPs to see these clients, and clients can also become very disengaged from GPs. The objectives of the GP project are as follows:

- To ensure 100% of our PIR clients have GPs.
- To increase the involvement of Hunter GPs in the long term health care of PIR clients.
- To implement a strategy to enhance treatment and support for PIR clients in general practice.

GP Project Outcomes:

- Increased visitation of PIR clients to GPs
- Improvement in health and wellbeing for the client
- A reduction in ED presentations
- A reduction in hospitalisations.

In order to achieve this, there will be an education/training component around severe and persistent mental illness, communication and engagement strategies and motivational interviewing. This will be available to GPs and practice nurses.

Selected GP practices will be involved in a pilot model using established systems and processes for the follow-up and care of clients with severe and persistent mental illness and complex needs. The model will be evaluated formally and there is the potential for it to be adopted more widely.

Another systems change project is being undertaken with the University of Technology, Sydney, Design and Innovation Centre. It is exploring acute MHS systems improvements.

PIR and the NDIS differ from Ability Links in that the former have clear eligibility criteria and the latter do not.

PIR had planned to work also with young people 16 years and older but these are now all directed to HNEMHS.

Reflections on the First 18 Months at the NSW NDIS Trial Site

... and discussion about Tier 3 and 2 eligibility and access experiences (Eddie and panel presenters)

- Like PIR, Ability Links also provides only short-term services, about 3 months. It is about 'linking', not 'case management'.
- Clarification that there is no ATSI representation to the NDIA MH Working Group.
- Observation that Ability Links seems more aligned with Tier 3 than Tier 2.
- New learning that at full implementation the NDIA will manage both Tier 3 and Tier 2 (ie, Tier 2 currently managed by ADHC which will cease to exist). The forthcoming tier 2 consultation paper may help us to better understand and shape this.
- Medicare funded MH items (eg, counselling) and Medicare Local/Primary Health Network services are seen as mainstream health services (but most PIR services nationally have a Medicare Local as the lead agency and are 70% in-scope for NDIS?)
- GLBTIQ inclusion in the NDIS?
- DSS is striving to better understand PHaMS and the NDIS against the data about experiences to date (for Victoria only, not Hunter?)
- Some new block funding may continue through Tier 2 (where existing supports seem to not be sufficiently developed?)
- HACC seems to continue to be problematic (but no disadvantaged clients have yet been identified). Ability Links are struggling with changes to HACC resulting from NDIS.
- Clarification that both PIR and Ability Links work with families and carers
- Concern about how few services will be left for people with MH conditions who are not eligible for NDIS Tier 3 funded services and supports. Different states are having different experiences in regards to this.
- PIR is only funded through to June 2016 and may need to be reshaped for the NDIS environment.

Update from National Disability Insurance Agency (NDIA) Hunter

Lisa Short, Service Delivery Manager - NDIA

Lisa provided apologies from Suzi Punshon. Lisa introduced us to Leigh Budden, newly appointed Assistant Director of Engagement, NDIA Hunter. Several of the NDIA's Local Area Coordinator positions will report to Lee; these roles work closely with Ability Links.

Update from HNEMH

Jodie-Anne Bertoldi, Social Worker, Intermediate Stay Mental Health Unit, HNEMH

Recap of update at the last forum:

- A number of initiatives being put into place to ensure the people we serve and HNEMH staff are well supported through this change.
- Appointment of NDIS service representatives within each mental health service.

- HNEMH executive have been working on a clear governance and meeting structure that will allow for information flow and for the appropriate interface with NDIA.
- Access requests continues, clinicians becoming more confident with NDIS business.
- NDIS project at Morisset hospital for complex clients (funding for 3 months)
- Six month review of the first NDIS mental health clients.

HNEMHS NDIS service representatives (ie, 'champions') are essential in being the knowledge bank and responsible for the collection of data that is required for mental health to gain an understanding of the impact of this reform on the people we serve. The contacts are:

- Intermediate Stay Mental Health Unit - Jodie Bertoldi 49 246960
- Morisset Hospital - Alan Rose 49730271
- Mater Mental Health Centre -Nadine Street 40 335902
- Mental Health and Substance Use Unit - Sophie Hedges - 4033 5451
- Lake Macquarie Community Mental Health Service - Stephanie Phillips 4904 9050
- Newcastle Community Mental Health Service – TBA, 49647000
- There is no contact for Maitland Community Mental Health Service as yet
- Hospital based contacts are still being identified.

The emerging HNEMHS/NDIA meeting structure is illustrated below:

Mental Health –NDIS Representative/Champion Meetings
Internal process for Local Issues, challenges and opportunities with clients accessing NDIS

Mental Health Subject Group
Mental Health representatives interface with NDIA planners to resolve local issues. Opportunity for consultation, improved access pathways, relationship building and space to present and discuss complex clients.

Mental Health Senior Implementation Working Group
Internal process for Trends, Data, unresolved issues, challenges and successes

HNE Transition to NDIS Project Team
Overarching Issues (executive representation)
GM represents Mental Health

HNE-NDIA –Operational Working Group

Senior interface with NDIA and the HNE Local Health District
*Adult Mental Health, Early Childhood, and Adult Community Service, Ageing
Disability Home Care services and NDIA*

Morrisset Hospital Project (long term psychiatric rehabilitation hospital):

- Funding secured for two staff 3 days a week to work exclusively with clients accessing NDIS.
- NDIA planners x 3 support clients on the grounds of the hospital.
- Specific NDIA planners have been allocated to work with this cohort.
- Some stats:
 - 30 clients assisted with accessing NDIS.
 - 29 clients deemed eligible
 - 5 clients currently in the care planning phase
 - 8 clients currently in the transition phase
 - 4 clients have been discharged from service.

Perhaps the major obstacle to discharging people is the lack of affordable accommodation. Suggestion made to undertake a housing forum in 2015.

Discussion included:

- HNEMHS are about to advertise for a 12 month NDIS Project Officer position and this person may be available for our next forum.
- NDIA have allocated 3 designated Support Planners to HNEMHS
- The Morrisset Hospital Project is HNEMHS Psychiatric Rehabilitation Service only (ie, statistics do not include the Neuropsychiatric Unit/Karoki or forensic unit/Kestral).
- There are 3 exists underway from Kestral following some work undertaken by NDIA with the NSW MH Review Tribunal.
- Discussions between HNEMHS and NDIS in regard to 16-24 year olds and their treatment vs disability support needs. Affordable housing again is a huge barrier.
- HNEMHS report seeing new services providers that they have not worked with previously (eg, Sunshine), however, there continue to be only a low number of providers to choose from.

Summary and Next Steps

Issues arising in today's forum include:

- Establishment of the national NDIA and Mental Health Expert Reference Group (ERG; this is a representative structure and includes consumers, carers and public mental health services providers; the later being nominated through the Commonwealth Department of Health's Safety Quality and Partnerships Subcommittee on the national Mental Health Drug and Alcohol Principal Committee.
- Regular reports on the work of the ERG and two projects that it will initially be driving will be forthcoming (ie, access/data and supports/pricing).
- Both Tier 3 and Tier 2 will be managed by NDIA at full roll-out (ie, when Tier 2 policy better understood and able to be implemented)
- Need stronger approaches for GLBTI inclusion in the NDIS
- There do appear to issues for both HNEMHS and Ability Links related to people's access to HACC services. We need actual people's deidentified stories to reflect and consider issues arising.

Actions arising from today's meeting are:

- Circulate the new NDIA pricing List.
- NDIA will provide Terms of Reference for the national NDIA and Mental Health ERG when endorsed.
- Further written information to be circulated about Eddie's work with the NDIA.
- We need to learn more from the experience of NSW Health funded community sector programs and their NDIS interface as this relates to Tier 2 development.
- Provide information to MHCC/Tina if you know of HACC issues so that an advocacy letter about these can be considered (need evidence and you are encouraged to discuss concerns with NDIA first)
- Invite the new HNEMHS NDIS Project Officer that is being recruited to the 2015 Forums.

Upcoming activities include:

- MHCC are planning state wide NDIS forum for the first half of 2015
- MHCC StateWired e-forum (NDIS)
- Implementing the NSW MH Commission Strategic Plan
- NSW government 3 year \$115M MH funding enhancement
- MHA NDIS Capacity Building Project (MHCC/CMHA workforce project and IT/data project).

Proposed yr. 2 priorities in report to MHC:

1. Effective representation and participation of consumers, their families and carers, and mental health service providers in NDIS implementation and evaluation
2. Increased recognition and understanding of the needs of people affected by psychosocial disability
3. Pursue collaborative, recovery-oriented and trauma-informed health and wellbeing approaches to services and supports planning/review processes
4. Research and development analysis of trial site experiences including the collection of comprehensive data
5. Development of strategic directions for NDIS psychosocial disability and recovery support workforce development
6. Influence development of the framework for NDIS quality and safeguard mechanisms in NSW and nationally
7. Contribute to the national discourse regarding the NDIS and mental health.

The next meeting of the COP Forum 17 March 2014 – TBC.