

**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 17 March 2014**

Acknowledgements & Introduction

Deb Howe - Senior Advisor, Strategy and Policy
Mental Health Commission of NSW

Deb introduced herself as the person replacing Sage Greene during her maternity leave and provided an Aboriginal Torres Strait Islander and a lived experience acknowledgement. Deb previously managed Child and Adolescent MH in the Central Coast LHD. She is keen to explore how learning from the Hunter trial site can be shared with others across NSW, especially LHDs, as we approach full roll-out.

Update on NSW/Hunter NDIS and Mental Health Activity

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

70 people attended this event. As usual, the majority were community sector service providers followed by HNEMHS staff. One person identified as being a consumer and three people identified as being carers. Attendance included people from outside of the trial site.

The following DSS/NDIS consultation processes are underway and today's COP Forum will contribute to these discussions:

- The Information, Linkages and Capacity Building/ILC Framework (formerly 'Tier 2') – due last Sunday 15/3: <http://www.ndis.gov.au/document/1421>
- The NDIS Quality and Safeguarding Framework – due 30/4: <https://engage.dss.gov.au/ndis-qsf/> and public forums: Sydney, 13 April and Newcastle, 14 April.

It was summarised that Hunter NDIS MH Individual Funded Package (IFP/Tier 3) access as at the end of December from the NDIA 2014/15 second quarter report is 250 people with primary MH conditions with approved plan; this is 33% of 764 people nationally. For NSW, this is not a substantial increase from the end of September? The report confirmed an increase in average days from access request to plan approval (ie, 47 in 2013/14 to 76 in 2014/15) confirming discussion from our December forum.

The December forum evaluation results continued to be positive with:

- 76 attendees and 38 feedback forms completed (50%)
- 86% rated the forum as 'very good' to 'excellent'
- 97% felt 'more informed' after the forum
- Length of time and frequency of forum is 'just right'
- The things people most liked were:
 - NDIA/Eddie Bartnik update on MH strategic directions, Tier 2 and Local Area Coordination
 - HNEMH update.

Participant feedback for 2015 events and activity priorities is:

- Advocacy for continuation of funding of C'wealth MH programs (DSS – now confirmed; DoH - pending)

- Better understanding the experiences of people ineligible for Tier 3/IFP funded services and supports (ie, follow-up on review of the 35-40 2013/14 people with primary psychosocial disability that did not access NDIS Tier 3/IFP)
- Better understanding Tier 2/Information, Linkages and Capacity Building – note recent DSS consultation paper and workshop on this today
- Co-existing issues (eg, AOD, ID, ABI, etc) – June?
- Criminal justice/forensic issues (other involuntary MH?) – September?
- Housing (affordability and access).

Outstanding actions arising from past COP Forums addressed as follows:

- Completed:
 - Circulate NDIA ‘pre-planning’ tools
 - Distribute HNEMHS list of NDIS ‘champions’ names, locations and contact details
 - NDIA will provide NDIA and MH ERG TOR for the national when endorsed
 - Further written information to be circulated about the NDIA MH program (ie, ERG ‘Communiques’)
 - Circulate the new NDIA Pricing List (agreed to be accessible to participants at NDIS website)
- Not yet completed:
 - Invite the new HNEMHS NDIS Project Officer that is being recruited to the 2015 Forums.
 - Provide information about HACC issues arising
 - Learn more from the experience of NSW Health funded community sector programs and their NDIS interface as this relates to Tier 2 development.

A table was presented summarising a range of national NDIS and MH Projects that are now being rolled out. More information about these will be forthcoming in future NDIA MH Expert Group Communiques.

NDIA (MH Reference Group)	Community MH Australia	MH Australia (NDIS Capacity Building Project): 3 streams (June 2016)
Operational Access Review for People with PSD 29/1 mtg.; June 2015)		
Design of Individual Supports for People with PSD (June 2015?)		
		Consumer & Carer NDIS Capacity Building (28/1 'network' mtg.)
		Organisational Capacity Building
		Sector Capacity Building
	NDIS and Community Sector MH WF Scoping Project (part of MHA Sector Capacity Building; September 2015)	

With regard to recent NSW MH and NDIS activity:

- People
 - 'Transitions', 'phasings' and new access for people with MH conditions continuing
 - Beginning to receive some participant feedback that service delivery and coordination could be improved
- Reports
 - 3rd MHCC and NSW MHC six-monthly report for July to December 2014 produced/distributed
 - Awaiting NDIA endorsement of the MHCC and NSW Mental Health Commission 2013/14 NDIS and MH report
 - March Hunter PIR report highly recommended as essential reading (*'PIR and the NDIS – Building a Stronger Partnership'*). One important aspect of this report is that PIR clients accessing NDIS Tier 3/IFS are now funded by the NDIA for 'pre-planning' related activities

Keynote Address: Consumer Participation in the NDIS

Debbie Hamilton, Consumer Representative

Debbie is a consumer activist living in the Hunter area. She holds a Bachelor of Medicine (with honours) and a Graduate Diploma in Bioethics. She was elected to the first ever National Consumer Council and was pivotal in the development of a meaningful consumer voice in both the Hunter Mental Health Service (now the HNEHS) and RichmondPRA. Debbie has been active in the Hunter with a view to improving the access and planning for people with a psychosocial disability to the NDIS. She has recently become a participant in the NDIS. Deb and other RichmondPRA participant's experiences of the NDIS have resulted in her being nominated by the NSW Consumer Advisory Group (CAG) – Mental Health Inc. to the MHA NDIS Capacity Building Project 'Consumer and Carer NDIS Capacity Building Network' that met for the first time in 28 January in Canberra.

Debbie spoke about her experience of 'the good, the bad and the (f)ugly' as an NDIS participant with a mental health condition/psychosocial disability. She questioned the capacity of people with mental health conditions to negotiate the access requirements of the NDIS without support. She reflected on the trauma that can be associated with the experience of a mental health condition and how people can easily be unintentionally re-traumatised through their contact with services; especially those that are not recovery oriented and trauma informed in their service delivery/practice approaches. She described her distressing experience of accessing the NDIS - despite the best intentions of policies, procedures and practices – including her confusion about friends and peers who had been denied access and perhaps had greater need for funded services and supports. Debbie talked about the many challenges of revisiting her past experiences toward identifying goals, services and supports; and how this contributed to her being becoming unwell and rehospitalised. She also spoke to the incredibly positive experience her NDIS Individual Funded Support has made to her return to community living from hospital, especially through the use of 'flexible funding'.

Debbie was approached to share both her own and others experiences from the Hunter NDIS trial site at national consumer and carer meeting. She described this as an important validating and learning experience. She recommends greater clarity in information for and communications with consumers and carers including greater attention to 'pre-planning' processes. Debbie also recommends a range of activities for greater use of peer workers in NDIS access and service delivery. She reflected on the vast amount of work that is ahead of us. Debbie ended her presentation with sentiments of gratitude and optimism for the many opportunities and benefits that are arising through the NDIS.

Following Deb's discussion there was discussion including:

- The lack of support and guidance in pre-planning, access, and NGO services and support selection

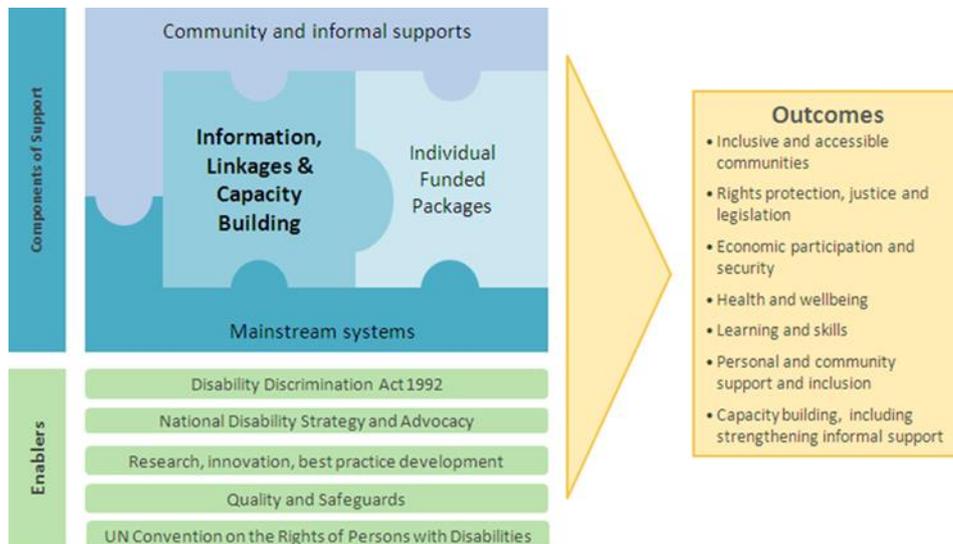
- Lack of detailed NGO services and supports information to assist in making choices
- The need for more trauma informed operational access policies, procedures and practices (eg, inclusive of the meaning people attach to their mental health experiences, distress and spirituality)
- The need for a greater understanding that for people with primary mental health disabilities it's not just about their more obvious impairments but what lies beneath (eg, psychological distress and related behaviours).

Small/Large Group Work

The Information, Linkages and Capacity Building (ILC; ie, formerly 'Tier 2') Framework and Quality and Safeguarding Framework were introduced prior to two separate small group work activities.

The ILC has 5 streams and is situated within a broader framework:

1. Information, linkages & referrals
2. Capacity building for mainstream services
3. Community awareness & capacity building
4. Individual capacity building
5. Local area coordination.



Although feedback was due 15/3, the ILC requires further development - as has been and is the case with Tier 3/IFP – and there will likely be further opportunities for its development. The ILC focus is on supports available to all people, not just Tier 3/IFP access to services and supports. This requires consumer, carer and community capacity building. There appears to be opportunities for block funding but these require clarity.

The detailed feedback provided in this consultation is available as a separate document and key themes are:

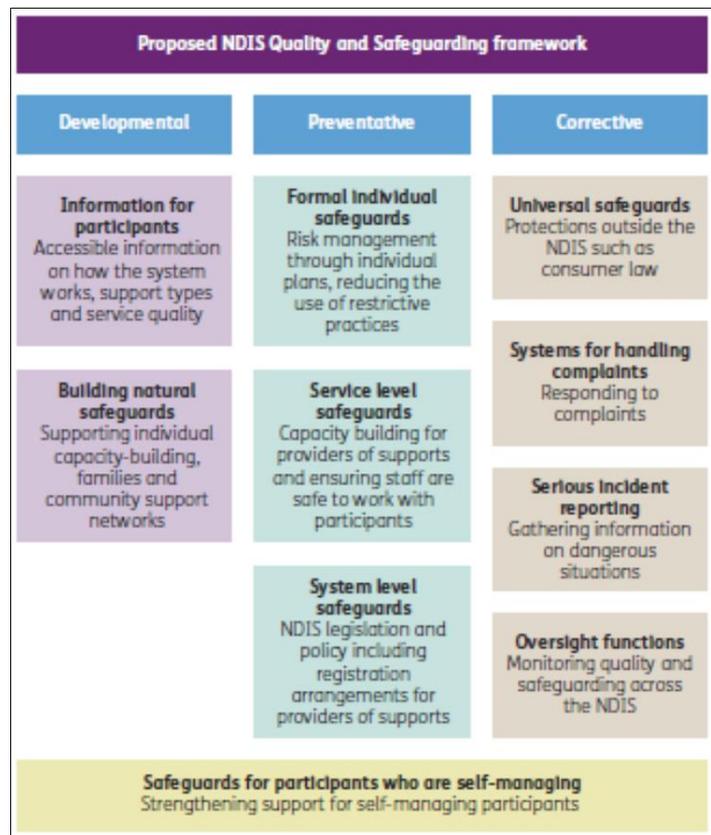
- *What are the most important elements of ILC?* Interconnectivity between mainstream health/mental health and disability/NDIS: Not just information and referral but also the process that supports it (especially Local Area Coordination).
- *What is missing from the ILC policy framework?* A lot of detail appears to be lacking and Tier 2/ILC seems to push a lot of the responsibility back onto consumers, carers and the community (ie, without necessarily considering availability of support services and evidence based practices)

- How will we know the ILC streams are meeting their objectives/vision? Objective and subjective outcomes framework is required to assess if services and supports are meeting people's needs including ability to use services PRN (ie, as needed, importance of flexibility)
- *What would be the implementation challenges?* Service delivery model is still mostly medical, not recovery.
- *Which aspects of a person's life do you think ILC could have the greatest impact on?* Assessment – too broad (ie, needs to focus on services and supports that address/reduce specific functional impairments).
- *What are some of the principles that should guide investment across ILC streams?* ILC principles include inclusion, flexibility, equity and recovery. Alignment with mental health sector reform.
- *How do you see the interface between ILC functions and the interaction with the mainstream service system? (i.e. Housing, education, employment, health, family, accessibility and transport?* Concern about 5 components – one role/function could do 4 of them. How are the functions connected?
- *Other comments ?* Tier 2 – diagnostic agnostic (ie, this could be problematic as different groups of people may need different types of services and supports)

The Quality and Safeguarding Framework proposes 5 key elements to regulation that are situated within a broader framework:

5 key elements to regulation

1. NDIA provider registration - replacing existing state/territory provider registration with a new national scheme that has mandated requirements.
2. Systems for handling complaints - establishing new national processes and agencies to both manage and respond to complaints.
3. Ensuring staff are safe to work with participants - setting minimum requirements for those working with people with disability
4. Safeguards for participants who manage their own plans - mandatory standards and use of unregistered providers.
5. Reducing and eliminating use of restrictive practices - ensuring common understanding and practice across Australia.



Small group participants were invited to consider: *“What might be some of the key aspects of a National Disability Strategy/NDIS Quality and Safeguarding Framework for people with MH conditions that may be different from ‘traditional’ disabilities?”*

The detailed feedback provided from this consultation is available as a separate document and key themes are:

- Strengthened supported decision making practice is essential to ensuring quality and safety of services for people with psychosocial disability while also supporting their journeys of recovery.
- Staff quality; education and training in psychosocial rehabilitation and recovery support (including professional development)
- Consideration of statutory framework/legislation in the area of mental health
- MH client risk assessment/management/safeguards issues (including involuntary/forensic status; insight/volition and definitions; monitoring and accountability)
- Concern about NGO staff knowledge and skills where there are not strong relationships with mental health (public) clinical services, including ‘clinical’ risk assessment
- You need more services and supports bundling for flexibility to ensure safeguards in mental health work
- How to achieve quality assurance for service coordination (ie, ‘coordination of supports’ both within and outside of Partners in Recovery)
- How to monitor restrictive practice/evidence based practice – monitoring.

The key themes will be used to advise current and further consultation in relation to the ILC/Tier 2 Framework and the NDS Quality and Safety Framework.

Update from National Disability Insurance Agency (NDIA) Hunter

Suzanne Punshon - Director of Engagement and Funding, NDIA

- Suzi attended with Lisa Short (Service Deliver Manager and also key mental health contact) and also introduced Heidi Forrest (Local Area Coordinator, Engagement Team) who will be

our main mental health contact for activity related to Tier 2/ILC and engagement: Ph. 02 4942 9295 and Mob. 0475 823 558 and email. heidi.forrest@ndis.gov.au.

- NDIA are opening an additional office in Newcastle next month
- The Charlestown office is now shared with Medicare
- She clarified that the use of the NDIA's 'My Access Checker' is not mandatory. People can also call or walk into either office.
- Suzi reminded us that there is pre-planning services available to people as follows:
 - NDIA pre-planning tools and workshops:
Newcastle:
http://www.ndis.gov.au/sites/default/files/newcastle%20preplanning%20flyer_0.pdf
Lake Macquarie:
http://www.ndis.gov.au/sites/default/files/Lake%20Macquarie%20Local%20Government%20Area%20Flyer_0.pdf
 - Community Disability Alliance (CDAH) planning 'cafes' at 'The Place', Charlestown.
 - My Choice Matters (NSW Consumer Development Fund) related events and activities
 - Implementation of the ADHC Living Life My Way Framework
- The phasing in of clients in Lake Macquarie is continuing and will commence in Maitland as planned from July 1.
- The NDIA has now established an Engagement Team who will work with existing Access Teams to better engage people who may be 'hard to reach'; and especially those existing ADHC and/or Commonwealth mental health program clients that are not giving consent under 'Section 55' (eg, people who may be sent access request information but are not necessarily discussing this with existing service providers).

Heidi Forrest introduced herself, her role and the new Engagement Team to forum participants.

Discussion with the NDIA included:

- How are people expected to attend and participate in NDIA access meetings without support? A NDIA/FaCS/La Trobe University Supported Decision Making initiative was noted in reply. This will be trialled with the phasing of people currently residing at the Kanangra Large Residential Centre in Lake Macquarie commencing 1 April. Tolls and processes are being developed and trialled with this group of people who have intellectual disability, mental health and sometimes also forensic presentations. The trial is for six months. Heidi will also have a role in exploring the health, mental health and justice interfaces.
- Suzi encouraged services and supports providers to revisit their websites and consider what information is on them about their services for potential participants to help them make choices. The quality of information available through the NDIA will also continue to improve.
- A question was asked about (quality/safeguards?) check undertaken by the NDIA on new providers? The NSW (FaCS/ADHC) quality and safeguards framework continues until the national framework is developed.
- The review of people not accessing Tier 3/IFP in 2013/14 is continuing and being done by organisation, not disability group. Insufficient detail in the NDIA Quarterly Reports on NSW MH experience. While the October to December mental health increase was small, it was quite large nationally. MHCC and the NSW Mental Health Commission were invited to follow-up directly with NDIA Hunter on this matter.

Update from HNEMH

Apologies were provided for Jodie-Anne Bertoldi (Social Worker, Intermediate Stay Mental Health Unit) and Megan Turrell (Acting Community Services Manager, Psychiatric Rehabilitation Service/PRS) due to accreditation priorities. An update was provided by Sara Duncan, A/Clinical Coordinator PRS - Morissett Hospital, about the NDIS project being undertaken there.

- Sara told us that the announcement of the HNEMH NDIS Project Officer was imminent.

- A number of Morisset Hospital residents have been supported to successfully access the NDIS. However, the lack of housing was the biggest obstacle to exiting people from hospital through the NDIS. They are looking for solutions with NGOs.
- She clarified that forensic clients are included as part of the PRS at Morisset Hospital and their specific needs were being considered also. 'Discharges' (ie, conditional releases to the community) must be managed through the Mental Health Review Tribunal. They must have someone to supervise them in the community and consideration of ways to achieve this are underway.
- In discussion, it was noted that small numbers of Community Justice Program clients have begun to transition to the NDIS. This is occurring by provider.
- A future forum on criminal justice and forensic issues would be useful.

Summary and Next Steps

- Next Hunter NDIS and MH COP Forums are TBC:
 - 16 June (co-existing issues like ID, ABI & AOD?)
 - 15 September (criminal justice & forensic issues?)
 - 15 December
- NSW Quality and Safeguards Framework consultations (Sydney, 13 April & Newcastle, 14 April)
- NDS (NSW) 'The Price is Right' Workshops - Newcastle, 25 March (ie, unit price costing).

Actions Arising

- Follow up with the NDIA to better understand:
 - The very small increase in number of Hunter trial site people with a primary psychosocial disability in the October to December 2014 quarter
 - Review outcomes etc. for the 35-40 people with a primary psychosocial disability denied NDIS access in 2013/14
- MHCC to provide participants with specific information about NDIS pre-planning events and activities etc. (included on p7 of these Minutes)
- Invite the new HNEMHS NDIS Project Officer that is being recruited to the 2015 Forums.
- Provide information about HACC issues arising
- Learn more from the experience of NSW Health funded community sector programs and their NDIS interface as this relates to Tier 2 development.