

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

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

Tuesday 17 November 2015 - 10:00 AM to 1.00 PM

Newcastle Jockey Club

**MINUTES**

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**Acknowledgements & Introduction**

Ben Harland-Cox - Senior Advisor, Strategic Engagement & Innovation, Mental Health Commission of NSW

Ben welcomed participants and made acknowledgements of both Aboriginal and Torres Strait Islander people and also people with lived experience of a mental health condition.

Ben introduced himself as the key NSW Mental Health Commission person working across the Mental Health and NDIS Analysis Partnership project with MHCC. This includes support of the Hunter Mental Health and NDIS COP Forums and thinking about the scaling up of the NDIS in NSW.

Ben acknowledged release of MHCC report on the first two years of NDIS experience ('Further Unravelling Psychosocial Disability' – launched 7 September 2015). He informed people of some new NDIS resources developed by the Commission's and available on their website:

- NSW MHC report summary <http://nswmentalhealthcommission.com.au/publications/the-nsw-ndis-and-mental-health-analysis-partnership-project>
- NSW MHC consumer and carer NDIS videos: <http://nswmentalhealthcommission.com.au/news/our-news/developing-mental-health-perspective-on-the-ndis>

The new resources were shared with Directors of LHD mental health services who recently gathered to consider the scaling up of the NDIS. The experiences from the Hunter have been very helpful for thinking about state wide rollout.

**Update: Consumer Participation in the NDIS**

Debbie Hamilton, Consumer Representative

Deb gave a verbal presentation describing her reflections upon the last year. She described:

- Being involved in too many meetings and feeling overwhelmed
- The rapid growth of the CMO sector (e.g., one organisation recruited 50 workers in one employment round). She questioned what worker qualifications/experience are required for what job roles (i.e., does a person need a Cert IV MH to mow lawns?)
- While the relationship between an NDIS participant and worker is critical so are skills
- Peer work roles will be important but these people require workplace support
- Speaking with people with other disabilities (e.g., intellectual, physical, sensory) has been useful in thinking about what the services and supports are that people with psychosocial disability need
- There is a trend for people with 'traditional' disability to move toward funds self-management after one year. This may not happen so quickly for people with psychosocial disability
- Confusion about Local Area Coordinator (LAC) roles. Many people have not met their LACs. There is a conflict of interest in them working for the NDIA.

- Service providers can limit people's independent decision making (i.e. dignity of risk and the right to fail). They engage in substitute rather than attending decision making. We need to find new ways of working with people in their planning.
- Achieving inclusion – it's going to take a lot of work to overcome stigma and discriminations
- Many meetings I attend are tokenistic (e.g., three national meetings where large volumes of information were provided in the morning and we were asked to make decisions about important issues in the afternoon). These are not 'disability support' or 'co-design' practices.
- Need more consumer voices in saying what psychosocial disability support is (possible MA for Deb next year?)

### **Update on NSW/Hunter NDIS and Mental Health Activity**

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

Tina observed that the forum continues to mostly have CMO participants followed by HNEMH staff (i.e. few consumers or carers attending)

The Bilateral Agreement for roll-out of the NDIS in NSW was agreed 16 September and will occur at a Local Health District (LHD) catchment area level as follows.

From 1 July 2016:

- the remaining population of Hunter New England (i.e., other than the three trial site LGAs)
- the remaining population of Nepean-Blue Mountains (i.e., other than the early start from 1 July 2015 for young people)
- Central Coast
- Northern Sydney
- South Western Sydney
- Southern NSW
- Western Sydney

1 July 2017:

- Illawarra Shoalhaven
- Mid North Coast
- Murrumbidgee
- Northern NSW
- South Eastern Sydney
- Sydney
- Western NSW
- Far West

This will be a staged roll-out with a focus on the transition of existing ADHC clients within the LHD by program type. There will be capacity for some new clients. Plans for the transition of Commonwealth funded mental health program clients remain unclear. Details for the full roll-out across HNELHD beyond the three trial site LGAs are unknown. A more detailed operational/transitional plan for the NSW roll-out is expected by the end of the year.

Mental health and the NDIS: How is NSW faring? NDIS reports indicate that at the end of Year 2, 30 June 2015, there were:

- 1,234 NDIS participants with a primary psychosocial disability/PSD nationally (and 607 participants with a secondary; 1,841 in total – less than 1% of national target of 57,000)
- For primary PSD, 1090 had a plan & this includes 401 in NSW (37% of the 1,300/10,000 that may access in the Hunter during the 3 year trial; less than 1% of the NSW target of 19,000)

- At the end of Year 1 2013/14, 170 people in NSW had an approved plan.

At the end of September, people with a primary psychosocial disability and an approved NDIS plan national and in NSW were 1220 & 442 (i.e., NDIA 9th quarter report released last week on 12/11).

Hunter trial site activity:

- 'Phasing' in of Commonwealth MH program clients accelerated from the last quarter of 2014/15 (e.g., PHaMS & PIR)
- Reports of the appearance of 'time-limited capacity-building plans'?
- Some people are reporting concerns about access to new 'establishment fee' & 'community participation costs'
- Continuing issues with consumer and carer systemic participation with the NDIS
- Eg, challenges of organising the 2/11 University of Sydney NDIS Evaluation MH Focus Groups for people not accessing the NDIS (i.e., these groups were unable to proceed due to low numbers)

Some NSW NDIS activity:

- MHCC NDIS Organisational Readiness Forum 7/9 (launch of two year report; 400 downloads to date)
- NSW NDIS Bilateral Agreement (signed 16/9)
- MHCC Regional Forum NDIS Workshop/s (September/October)
- 2014/15 report to the NSW MHC (October)
- Continuing advocacy for consumer and carer systemic participation with the NDIS
- Uncertain future of state funded MH programs (NSW Health 'Partnerships' for Health Reforms)
- MHCC NDIS Submissions (available on MHCC's website):
  - DSS: National Disability Advocacy Framework: Discussion Paper (July)
  - Ernst & Young: Independent Review of the Operation of the National Disability Insurance Scheme Act 2013: Discussion Paper (October)
  - Tier 2/ILC Commissioning Framework (November; developed on the basis of COP Forum consultation although response timeframes did not allow for this to be targeted)

National activity (to be discussed further by MHA/Josh?):

- NDIA MH Sector Reference Group 3rd & 4th meetings (17/8 & 6/11<sup>1</sup>): <http://www.ndis.gov.au/document/august-mental-health-sector-communicate>
- 7/10 1st NDIS and MH Webinar (MH Week): <http://www.ndis.gov.au/people-disability/videos-and-stories/webinars>
- Projects:
  - NDIA Operational Access Review implementation ('warm referrals'?)
  - NDIA MHA/CMHA Design of Individual Supports Project (NSW consultation 21/9 & submission 15/10)
  - MHA/CMHA (MHCC) NDIS MH WF Project (nearing completion)
- MH sector reform & future of Commonwealth MH programs? We continue to await the Commonwealth government's response to the National MH Commissions review and announcements regarding the future of Commonwealth funded mental health programs.

COP Forum attendance - At the end of July 2015, the forum had 317 participants:

- 151 community sector workers from the Hunter
- 80 community sector workers from outside the
- Hunter
- 93 other people from the Hunter

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<sup>1</sup> The 6/11 meeting subsequently occurred on 4/12.

- 43 other people from outside the Hunter
- 4 consumers.

Consideration is being given to the future of the forum against state wide roll-out plans.

July COP Forum evaluation results (please continue to provide us with feedback to shape future events):

- 81 attendees and 36 feedback forms completed (44%)
- 88% rated length of time and frequency of forum is 'just right'
- 69% rated the forum as 'very good' to 'excellent'
- The things people most liked were:
  - Consumer update on the NDIS
  - HNEMH update

This presentation ended by acknowledging the 2nd report of the Commonwealth Joint Standing Committee on the NDIS and sharing a quote:

*The lack of a final approach has not prevented people with psychosocial disabilities from entering the Scheme or receiving services.*

*However, similar to ILC and housing, the committee is not in a position to assess the approach taken with regard to how mental illness as an issue is treated within the Scheme until there are some concrete decisions made.*

*The committee intends to consider the issue in significant depth throughout the next 12 months.*

(November 2015, pp 88/89)

### **Presentation: Mental Health Australia**

Josh Fear, Director Policy and Projects

Josh gave a verbal presentation focusing on the policy and funding environment in which NDIS implementation is occurring:

- There are still key decisions needing to be made by the government about the NDIS and mental health
- We may see some of these as early as next week in the form of the Commonwealth government's response to the National Mental Health Commission's Review (November 2014). We expect to see some focus on primary health networks, stepped-care approaches and early intervention approaches. We are uncertain what the response might say in the context of the NDIS; especially with regard to the future of the Commonwealth funded MH programs.
- There is similar uncertainty about the future of 'Tier 2' Information Linkages and Capacity Building/ILC. Josh asked if anyone in the room was familiar with, or had engaged in strategic consultation to develop, the ILC Commissioning Framework to be implemented from next year and very few of the 80 or so people present had. He noted this is a common response. Josh went on to explain some aspects of ILC and LAC and the need for more information across the room was apparent.
- Recent Senate Estimate budget figures suggest there are to be very few new dollars directed to ILC and even less will likely be MH specific.
- While there are many positive stories of access to NDIS funded support MHA is concerned about people who don't access individual funded packages (Flinders University is seeking people from this group to interview in partnership with the University of Sydney).
- There must be a community mental health system outside of the NDIS.

## **Small and Large Group: Reflections on NDIS Implementation**

Small group work reports and discussion of issues arising

Small and large group work was undertaken to consider:

- What has been working well?
- What has not been working so well?
- What else can MHCC, the NSW Mental Health Commission and Mental Health Australia do to support you in NDIS implementation for people affected by mental health conditions?

Participant feedback and key issues identified from this process are provided as Attachment 1 'Reflections on NDIS Implementation: Small and Large Group Work Summary'.

This feedback is welcomed and will help to inform directions for scaling up of the NDIS as this relates to mental health. MHCC and the NSW Mental Health Commission will be working together to develop some new resources to help other prepare for the NDIS and to encourage establishment of NDIS and MH COP Forums in other parts of NSW.

## **Update from National Disability Insurance Agency (NDIA) Hunter**

Suzanne Punshon - Director of Engagement and Funding  
National Disability Insurance Agency (Hunter)

Suzi reported that:

- She now has an Engagement Team and so is able to undertake additional engagement activity. For example, there is more ability to come and speak with organisations and events and so if you need this please request it. A range of outreach examples were provided (e.g., shopping malls).
- There is consideration that the LAC function in NSW will be outsourced from the NDIA as has been the case in some other states.
- There are now three levels of 'Coordination of supports' of varying levels of intensity and pricing. A monthly forum is commencing in the Hunter to better understand what this means and how it can be used to strengthen the provision of services and supports. Level 3, the highest level, to be delivered by clinicians and will also target people exiting institutions.
- Attended meeting with MHDAO and LHD MH Directors in early November and will meet with the Mental Health Commission this week to discuss the NDIS.
- NSW NDIS roll-out is big and represents 35% of the national targets. The Intergovernmental Agreement provides a lot of details. There is not much capacity for new clients other than those deemed urgent and exceptional.
- The operational/transition plan anticipated by the end of the year is national not state/territory.
- A national NDIS Engagement Strategy is about to be released and Participant Information Packs and Family Information Packs have been released.
- The NDIA Hunter is urgently asking for people in the three trial LGA's that believe the NDIS can help them to come forward.
- There are increasing number of NDIS participant's stories on YouTube.

There was discussion about:

- The Access Form not being available on the NDIA website.
- Shopping malls not being places where marginalised people with high levels of psychosocial disability congregate.
- The NDIS being about functional impairment and not diagnosis.

- New entrants – there are no NSW government agreed definitions of ‘urgent and exceptional’ as yet.
- The reality that there are very few ADHC funded clients in NSW with a ‘primary’ psychosocial disability other than some assisted boarding house residents and ex-boarding house residents in the inner-west of Sydney now that a similar cohort has been transitioned from within the Hunter trial site (i.e., these two geographic anomalies are NSW Boarding House Reform artefacts). This may limit mental health and NDIS activity over 2016/17 and 2017/18 but we won’t know until the government makes and/or announces decisions relevant to the NDIS and mental health. This may be important for learning to be both consolidated and strategically escalated.

### **Update from Hunter New England Mental Health Service**

Jodie-Anne Bertoldi, NDIS & CMO Partnerships Project Officer, HNEMHS

Key focus areas for NDIS project role:

- Key Focus Areas Local Guidelines, Feedback Document, Data Collection & Centralised Data Base, Communication pathways, NDIS Champions, Resource Package for CMOS, ARF resource package for clinicians, Capacity Building –CMO Sector.
- Challenges Increased workloads , Lengthy timeframe for NDIS Application process, Suitable Accommodation & Housing Models, Service provider short falls, NDIS language of permanency, deficits etc., supporting all clients of HNEMH who are potentially eligible for NDIS.
- Opportunities Improved service provision, individualised care plans, transitioning long stay clients back to community living, reduced length of hospital stays, staying well longer with adequate supports, reduced need for mental health services long term.

What we have achieved:

- Clear governance and internal meeting structure (local guidelines, NDIS champion work groups, senior management NDIS implementation meetings)
- Centralised Data Base / NDIS shared drive for champions.
- Regular interface with NDIA (local office) including Morisset onsite
- NDIS service provider packages for clients who need to select a service provider.
- Onsite NDIS engagement opportunities for consumers, carer and families and staff at James Fletcher Campus and Hunter Valley Community Team.

Progress continued:

- Collaborative care systems & Interface with CMO sector (community advisory group, NDIS work group with CMOS, Statements of Cooperation for NDIS service providers included in the resource package)
- Communication pathways for staff –NDIS Links on MH Intranet Homepage (feedback doc, HNE NDIS Hunter trial site PAGE & NDIS NSW Rollout website)
- NDIS access request form resource for clinicians for clients with low to moderate needs (connecting Symptoms>function>support)

What have we learned (i.e., what do we know):

- Very low numbers deemed ineligible when supported by a clinician.
- Mental health input valued by NDIA
- NDIS generates high level of work when supporting clients with complex needs.
- Excellent outcomes for many clients.
- MH & NDIA interface has influenced change. Collaboration is a must.
- Initiatives implemented by HNEMH have now been adopted at a district level
- Evidence suggests a small number of clients have been disadvantaged.
- We are starting to see changes as we get closer to full scheme (National Access Team, processes are taking longer).

- There are still a high number of clients within the transitioned sites that are potentially eligible and haven't yet applied for NDIS, in particular people with low to moderate needs and other clients with limited or no insight.
- No source systems in place to alert staff to a person's NDIS status (i.p.m, CMHIME, etc.)

Where to from here:

- Ensuring all clients within the Hunter trial site potentially eligible for NDIS have the opportunity to access NDIS
- Supporting and preparing MH services external from the trial site for full scheme rollout July 2016
- NDIS Introductory Guide for HNEMH staff
- Continue working closely with CMOs.

### **Summary and Next Steps**

Tina acknowledged the considerable work undertaken by everyone to better understand the mental health and NDIS space since commencing the NDIS journey in July 2013. HNEMHS experiences will be of great importance to, and hopefully also create leadership for, other LHDs as the NDIS roll-out commences in NSW from 1 July 2016.

Possible 2016 events and activity priorities as identified by COP Forum participants include:

- Continue to explore circumstances of people applying for but not accessing Tier 3/Individual Funded Supports
- Development of Tier 2/ILC
- Co-existing issues (e.g., AOD, ID, ABI, etc.)
- Family and carer support services
- Criminal justice/forensic issues.

The COP Forum will continue to be responsive to both participants and NDIS funding/policy directions.

Next Hunter NDIS and MH COP Forums are TBC – 15 March and 21 June 2016

**Hunter NDIS and Mental Health Community of Practice Forum  
17 November 2015. 10:00 AM to 1:00 PM, Newcastle Jockey Club**

**Reflections on NDIS Implementation: Small and Large Group Work Summary**

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### **Key Issues Identified**

#### What has been working well?

- Increase choice/control
- Increase in types of support
- More access to services and supports
- Increasingly timely responses
- Good communication NDIA & HNEMHS
- Shorter NDIA forms
- Having a key MH contact with NDIS (for LHD?)
- LHDMHS ops and governance structures.

#### What has not been working so well?

- Service delivery/practice approaches (can disable) – need to focus on capacity building which requires a skilled workforce
- Unrealistic expectation of timeframes for organisation changes.
- Managing new referrals/access (practice and ‘full books’)
- Coordinating complexity (e.g., counselling co-payments, Medicare Benefits Scheme)
- Plans can be limiting
- Lack of outreach funding (especially rural)
- ‘Commodification’ of clients
- People not known to LDH/MHS – how do they find out about NDIS
- How can people and their families better understand how to implement plan
- Requirement of diagnosis?

#### What else can MHCC, the NSW MHC and MHA do to support you in NDIS implementation for people affected by mental health conditions?

- More consumer voices. (How to ‘scaffold’ their participation).

#### What would you like other people to know who are now getting ready for the NDIS state-wide rollout (if I had a time machine what I would want to know is ....)?

- Don’t be ‘negative’ (about the NDIS)
- Pre-planning information
  - Advocacy services
  - Funding to assist in gathering evidence (e.g. OT, psychologist)
- What is the NDIS?? (Forums for mental health consumers and carers)
- Extensive promotions to consumer and carer groups (in the media, too)
- REALISTIC timeframes and pathways/plans for:
  - Implementation
  - Access
  - Planning
- University of Newcastle (communication and media)
  - Research development ‘informed resources’

## Detailed Small Group Feedback

- **Group 1**

'New' clients (Peer Support Program) referred – first time consumers – hesitant to reveal details – fear service providers won't want them. How do we change this? (Often been on PHAMS/PIR waiting list – never used services).

What works well:

- People without services are now able to access.

Not working:

- Dual diagnosis – gaining funding for some supports, but often not for behaviour support, counselling (Medicare first)
- Service providers not working together well. CIO's in assisting participant in planning
- A lot of services saying books full and refusing access or demanding provision of more lines items.
- Lack of awareness of ability to review/appeal NDIS decisions
- Fail to provide list of service provider's option and informing of choice (hit and miss)

- **Group 2**

Areas for improvement limited

- Lack of funding for travel – outreach to rural communities
- Lack of collaboration between services – lack of clarity around NDIA expectations
- Commodification of participants prevent working together/acting in participants best interest
- Lack of familiarity with other service providers
- Not offering other services to clients when appropriate
- Funding only for face to face case management of 20 hours+/month – makes PHAMS program redundant and will result in those who do not need such intensive support slipping through the cracks

What else can MHCC, NSW MHC and MHA do to support implementation?

- Provide GP with education re completing forms/requirements

Doctors need education around completing forms – requirement?

- **Group 3**

What works?

- NIDA openness to feedback – demonstrated review of processes/system in response.
- Many people with mental illness now receiving support that otherwise wouldn't have.
- Choice, or more choice, for consumers than before.
- HNEMH collaboration/partnership with NDIA
- NDIA always helpful when calling, enquiring and with all dealings

Not working so well?

- Service providers advertising their capacity on the Portal but then they are approached and cannot deliver
- Consumers do not always understand the NDIS plan implementation, process, plans, how the "lines" work
- NDIS website – service locator limited....not a true reflection of all services in a geographic
- Still so many people not receiving services

What can MHCC, NSW MHC & MHA do?

- Keep marketing, educating everyone on NDIS, access to supports....promotion of NDIS and those who need help but are not eligible
- ILC – surely not enough \$ for needed support
- Promote or make compulsory for GP's (or similar) to check in with patients during general consultations
- Continued attempts to engage carers/consumers re. scoping of available support under NDIS

Time Machine

- Realistic timeline/explanation of NDIS (and later process...visual flow chart or similar). Include where to look e.g. Websites, feedback, who does what, timeframe.

• **Group 4**

What has been working well?

- Response to requests for reviews – prompt
- Individual funding – not getting lost

What is not working well?

- Plans – lack of scope for person centred goals
- Outreach not encouraged – lack of holistic understanding of client situations
- Episodic nature of mental health not captured/understood
- Funding needs to be more flexible re episodic nature of mental health
- Lack of culturally competent planners
- Lack of training re mental health of planners
- Focus on permanence works against recovery
- Need for social support/connection not recognised by planners

• **Group 5**

What has been working well?

- When you are in – you are in if not ☹

What is not working well?

- Low awareness
- Mis-information
- No information
- Lack of advocacy
- Constant change
- Uncertainty

What can MHCC, NSW MHC & MHA do?

- More Community of Practice Forums
- More public professional information
- Health, mental health, allied health

- **Group 6**

What has been working well?

- Increased choice and control
- Increase in types of supports been made available

What has not been working well?

- Positive encouragement not happening enough due to increased choice and control – this could be detrimental to their building independent living skills
- Unrealistic expectation regarding timeframes around systems and procedures that need development.
- Increased opportunities for customers to have a choice and say

What can MHCC, NSW MHC & MHA do?

- Look at the NDIS in positive way and adopt to it best way your organisation can. Communication being the key.

- **Group 7**

Communication between mental health staff and NDIS staff is working well.

Paperwork has been condensed and is now clear and concise but GPs prefer to have forms/paperwork that they can fill in from NDIS. GPs would like the old forms where they just have to fill in the diagnosis, rather than writing a letter. Older GPs find new forms restrictive in what they want to say.

NDIS is fine tuning and is more inflexible in regards to medical diagnosis.

Outcome depends on an individual assessor and their varying experience.

Don't encourage carers/case coordinators to attend meetings.

People get good programs and good support covering all facet of their lives.

Clients are pleased with their service.

Clients love the taxi service/vouchers

Clients miss the community bus service

- **Group 8**

n/a

- **Group 9**

n/a