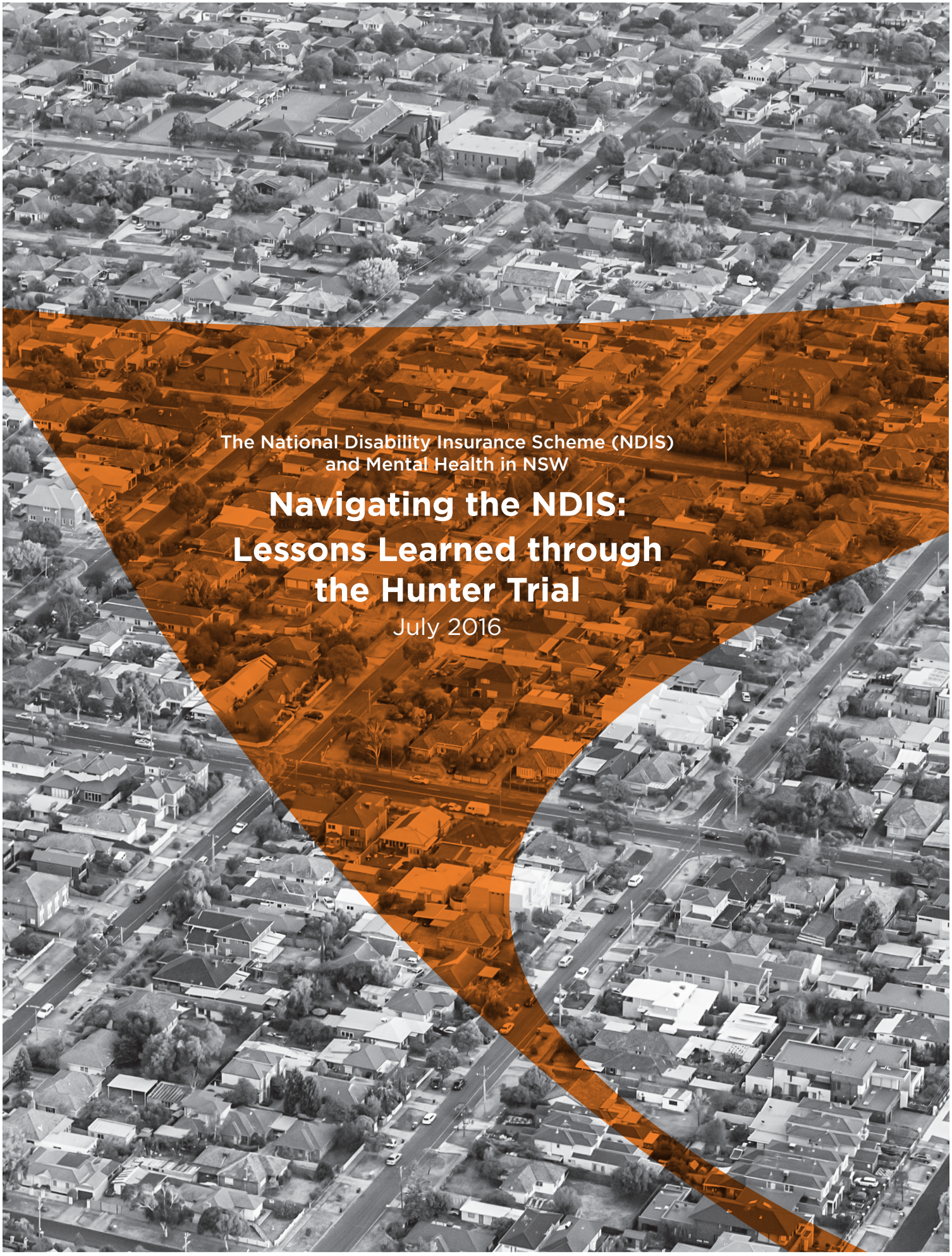

The National Disability Insurance Scheme (NDIS)
and Mental Health in NSW

Navigating the NDIS: Lessons Learned through the Hunter Trial

July 2016

MENTAL HEALTH COMMISSION OF NSW AND MENTAL HEALTH COORDINATING COUNCIL
NDIS AND MENTAL HEALTH ANALYSIS PARTNERSHIP PROJECT

mhcc
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Author: Tina Smith

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MHCC respects and promotes people's fundamental human rights. We acknowledge the traditional custodians of the land and value the lived experience of people recovering from mental health related conditions – both past and present.

We also acknowledge the contributions of mental health consumers, their families and carers, and service providers to the consultative processes conducted during the course of the NDIS and Mental Health Analysis Partnership Project.

MHCC developed this guideline, supported by the Mental Health Commission of NSW.

Acronyms

ADHC	Ageing, Disability and Homecare (Department of FaCS)
CANSAS	Camberwell Assessment of Need Short Appraisal Schedule
CMO	Community managed organisation
DSS	Department of Social Services (Commonwealth government department)
FaCS	Family and Community Services (NSW government department)
HNELHD	Hunter New England Local Health District
HNEMHS	Hunter New England Mental Health Service
HONOS	Health of the Nation Outcome Scale
IFP	Individual Funded Packages
ILC	Information, Linkages and Capacity-building
IT	Information technology
LAC	Local Area Coordination (an element of ILC; but also Local Area Coordinators, which is an outsourced NDIA job role in NSW)
LHD	Local Health District
LSP	Life Skills Profile
MHCC	Mental Health Coordinating Council
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NMHCCF	National Mental Health Consumer and Carer Forum
NSW	New South Wales
PHaMS	Personal Helpers and Mentors Service
PIR	Partners in Recovery
PHN	Primary Health Network
RAS-DS	Recovery Assessment Scale (Domains and Stages)
SVDP	Saint Vincent de Paul
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHODAS	World Health Organisation Disability Assessment Schedule

Table of Contents

1. Introduction

The Mental Health Commission of New South Wales (NSW) collaborated with the Mental Health Coordinating Council (MHCC) between June 2013 and 2016 to undertake a *National Disability Insurance Scheme (NDIS) and Mental Health Analysis Partnership Project*. This activity supported directions of *Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024*, adopted by the Government in December 2014.[1]

The project focused on the three communities within the Hunter New England Local Health District (HNELHD) chosen to trial the NDIS: Newcastle, Lake Macquarie and Maitland.

This document shares experiences and some key lessons learned from the NDIS trial. Others in NSW entering the NDIS environment from 1 July 2016 will benefit from the document. MHCC developed this document to give guidance to local communities in NSW where the NDIS implementation will occur over the next two years.

NSW HUNTER NDIS TRIAL IN HDELHD

NSW

Potential increase in NSW NDIS participants with pyschosocial disability

UP TO 19,000
participants in NSW with a psychosocial disability by the end of June 2019

1022
participants in the Hunter trail site with psychosocial disability at the end of June 2016'

1 NSW Mental Health Commission (2014). *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024.* Sydney, NSW Mental Health Commission.

Why did we develop this document?

The document supports local communities in NSW in their readiness to enter the NDIS environment. MHCC developed it for organisations that provide services to people affected by mental health conditions, and their carers and families. Getting ready will include supporting people with high levels of psychosocial disability to access the NDIS.

The document describes lessons learned from the Hunter trial site in order to maximise NSW readiness for opportunities presenting through the NDIS.

MHCC published a detailed report on the first two years of the *NDIS and Mental Health Analysis Partnership Project* from a community managed mental health sector perspective in August 2015. [2] This brief three-year report summarises experiences and lessons learned from the Hunter trial site for broader dissemination across NSW.

Section 2 provides some basic knowledge about the NDIS. This is provided because mental health sector knowledge of the NDIS, while variable, is mostly still at a relatively low level and this is especially so outside of the trial site.

Section 3 briefly describes NSW NDIS trial site mental health experience of the *NDIS and Mental Health Analysis Partnership Project* and challenges associated with this.

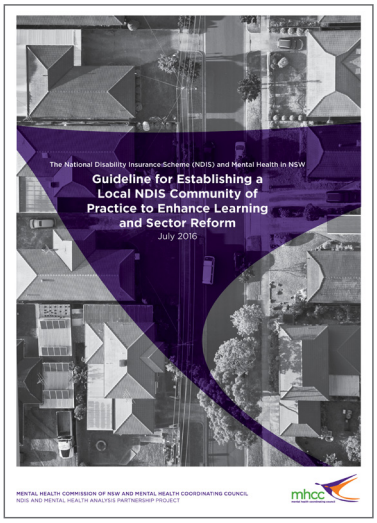
Section 4 shares some of the lessons learned by people in the NSW NDIS trial site from a community managed mental health sector perspective.

A key lesson learned during the NSW NDIS trial in the Hunter is that knowledge of the NDIS is essential. Section 5 provides additional information briefly describing the basics of what people need to know to navigate the NDIS from a mental health perspective.

The guideline concludes by providing some guidance on next steps for local communities in NSW entering the NDIS environment (Section 6).

The Hunter trial site experience has demonstrated a high impact of the NDIS for service providers working with people affected by mental health conditions. It is important that others have the benefit of understanding, and learning from, these experiences.

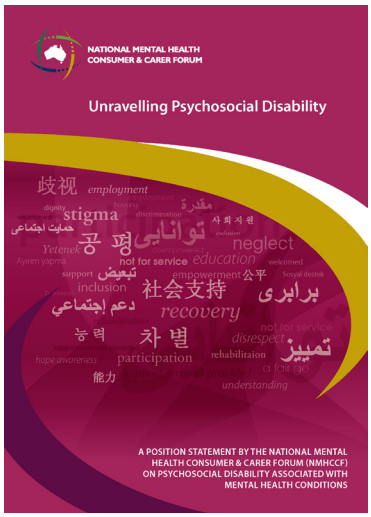
Another major achievement of the *NDIS and Mental Health Analysis Partnership Project* was the establishment of the Hunter NDIS and Mental Health Community of Practice. A complimentary guideline written to support local communities to establish a mental health Community of Practice to enhance learning arising from NDIS implementation and other mental health sector reform accompanies this 'lessons learned' report.[3]



2 Mental Health Coordinating Council (2015). *Further Unravelling Psychosocial Disability – Experiences of the National Disability Insurance Scheme in the NSW Trial Site: A Mental Health Analysis*. MHCC, Sydney.

3 Mental Health Coordinating Council (2016). *The National Disability Insurance Scheme (NDIS) and Mental Health in NSW: Guideline for Establishing a Local NDIS Community of Practice to Enhance Learning and Sector Reform*. MHCC, Sydney.

NDIS language and psychosocial disability



In entering the NDIS environment, one essential lesson learned is the need to develop both language and practice literacy related to the similarities and differences between mental illness, mental health condition, psychiatric condition, psychiatric disability and psychosocial disability.[4]

A strong and shared understanding of the concepts underlying these words is useful to reconcile notions of permanent disability and recovery and enhance opportunities arising through the NDIS for people living with mental health conditions. The term mental health condition describes the broad range of features that characterise a mental illness whether it is diagnosed or not.

The NDIS Act 2013 does not require a person with a mental health condition to have a diagnosed mental illness. [5] However, a potential NDIS participant must demonstrate impairment/s related to a 'psychiatric' (i.e., mental health) condition that result in substantially reduced functional capacity that is – or could be – permanent. While diagnosis by a health professional can be useful evidence to demonstrate disability, neither diagnosis nor disability mean that recovery from a mental health condition is not possible. Promoting a culture and language of hope and optimism that recovery is possible is foundational to recovery-oriented practice.[6]

The United Nations Convention on the Rights of People with Disabilities (UNCRPD) uses the term psychosocial disability to describe mental health related disability.[7] Historically, the term psychiatric disability has been used and this emphasises perceived deficits that a person may experience (i.e., illness and symptoms). Psychosocial disability is about the social and economic participation restrictions that a person with a mental health condition may experience. The NDIS is all about reducing social and economic participation barriers of people with disabilities.

Psychosocial Disability

Psychosocial disability refers to the disability experienced by people with mental health conditions due to cognitive and functional difficulties. These difficulties could include the loss of or limitation to physical, social, emotional, cognitive or sensory function, reduced ability to experience full physical health, participation restrictions and many more.

Psychosocial disability is distinct from psychiatric disability in that psychosocial disability refers to the social consequences related to mental illness, whereas psychiatric disability focuses on the impacts of medically defined symptoms.

While not all persons with mental illness will experience psychosocial disability, those who do are much more likely to experience significant disadvantages, including unemployment, poor housing, poor health and homelessness. Consumers and carers indicate that appropriate support can significantly reduce the impact of psychosocial disability.

4 National Mental Health Consumer and Carer Forum (2011). *Unravelling Psychosocial Disability: A Position Statement by the National Mental Health Consumer and Carer Forum on Psychosocial Disability Associated with Mental Health Conditions,* NMHCCF, Canberra.

5 Australian Government (2013). *National Disability Insurance Scheme Act* 2013.

6 Commonwealth of Australia (2013). *A National Framework for Recovery-oriented Mental Health Services: Policy and Theory*.

7 United Nations General Assembly (2006). *Convention on the Rights of Persons with Disabilities*. Resolution adopted by the General Assembly, 24 January 2007, A/RES/61/106, United Nations, Geneva.

2. The National Disability Insurance Scheme (NDIS)

Help for all Australians

The NDIS is an insurance scheme based on the premise that anyone can develop a disability at any time, and that the likelihood of this needs to be minimised. The NDIS is helping to ensure that people who need and choose to benefit from disability related recovery support services can do so.

The inclusion of people living with a psychosocial disability due to a mental health condition in the NDIS is important because it increases the likelihood of them being able to access disability related services and supports.

The NDIS might be called an investment scheme because it is investing in the health and wellbeing of Australia through ensuring economic and social participation and inclusion!

In 2012, the Commonwealth Government announced plans to establish the NDIS. This is a no-fault insurance scheme designed to help people with a disability and their carers receive access to the support services they need. The National Disability Insurance Agency (NDIA) was established in 2013 to implement and administer the NDIS.

The NDIS is part of a larger Australian National Disability Strategy. The NDIS has three main platforms.

- Individual Funded Packages (formerly known as Tier 3; 430,000 people)*
  - need to meet eligibility criteria and develop a plan
  - assist individual's identify goals and aspirations
  - assist individual's develop comprehensive plans to achieve their goals
  - fund reasonable and necessary supports to enable goals to be achieved
- Information, Linkages and Capacity-building (formerly known as Tier 2; 4 million people with a disability and their 800,000 primary carers)
  - better link individuals to mainstream supports
  - assist services to be more inclusive and responsive to the needs of people with disability
  - direct investment towards evidence based interventions that improve outcomes for the individual
- Help for all Australians (22.5 million people)
  - minimise the impacts of disability through public awareness campaigns
  - provide information to all members of the public
  - assist in reducing social constraints of disability by supporting the purposeful integration of mainstream and other services.

The Australian Government developed a National Disability Strategy, which includes the NDIS, to help Australia meet its obligations under the UNCRPD. While psychosocial disability (i.e., people with impairments related to a mental health condition) is included in the UNCRPD the Australian Government did not make a decision to include people with psychosocial disability until quite late in its planning.

The operational detail of the NDIS has changed as different parts of Australia test the original thinking about it and as the experience is built through trial. As the NDIS scales up both in NSW and nationally the learning and refinement will continue.

The NDIS gives people with a disability greater control and choice over the services they receive. It fundamentally changes the way disability support services are provided in Australia. Substantial growth, restructuring and transformation in the provision of disability/recovery support services will occur through the NDIS. Those eligible under the scheme, as opposed to disability service providers, receive their funding directly under the NDIS. This will elicit innovation and reform (see more information about individual funding management on p. 25).

The NDIS approach with individualised funding means a shift away from block funding for organisations providing disability support services. It also means that community managed organisations (CMOs) providing psychosocial disability support services must compete with each other to secure work in the disability services 'market'.

The NDIS Price Guide describes 'support categories' (i.e., service types) that are evolving over time along with an accompanying outcomes framework.[8, 9] It is not the intent of this report to describe the history or evolution of these important frameworks, or to challenge the pricing and costing assumptions underlying them, but it is important to know that they exist (see Summary of NDIS Support Categories and Outcomes Framework in 'Essential NDIS Knowledge; Section 5, p. 21).

The importance of understanding – and engaging to contribute to the development of - the evolving support categories and outcomes framework, and including the emerging Information, Linkages and Capacity-building (ILC) commissioning framework, is an important continuing element of lessons learned from the Hunter trial. This engagement will help to shape the NDIS for people with psychosocial disability for years to come.

** Recently increased to 460,000 with around 51,000 anticipated to have mental health conditions.*

8 National Disability Insurance Agency (2016 a). *NDIS Price Guide (Vic/NSW/Qld/Tas - Valid from: 1 July 2016)*

9 National Disability Insurance Scheme (2015 b). *Outcomes Framework Pilot Study: Summary Report.*

The Future of the NDIS in NSW

The NDIS will be rolled-out within NSW Local Health District (LHD) catchments between July 2016 and June 2018 according to the timetable summarised below.

From 1 July 2016

- the remaining population of the HNELHD (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

From 1 July 2017

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

From 1 July 2016, the NDIS will begin to roll out across NSW. In the first year, seven districts will transition to the NDIS including Central Coast, Northern Sydney, South Western Sydney, Southern New South Wales, Western Sydney, and the remaining populations of Hunter New England and Nepean-Blue Mountains.

From 1 July 2017, the NDIS will be begin to be available in the districts of Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern New South Wales, South Eastern Sydney, Sydney, Western New South Wales, and Far West New South Wales.

People currently receiving supports through the NSW government Department of Family and Community Services (FaCS) Department of Ageing and Disability (ADHC) specialist disability services program will be moving to the NDIS first. The NDIS will replace existing Commonwealth and state-based disability supports for those eligible.

The NDIS will be operating statewide by July 2018, ultimately providing support to about 140,000 people. This will include up to 19,000 people with psychosocial disability. The NSW government has established a website to provide more information about how and when people will move to the NDIS.[10]

During transition there is a 'guarantee of service' to ensure that people currently accessing Commonwealth and State funded services will continue to do so through to July 2018 as the NDIS is scaled up.

Continuity of support arrangements

Governments have committed to ensuring people with disability who are currently receiving services are not disadvantaged in the transition to the NDIS. Continuity of support means that people not meeting the NDIS access requirements will continue to receive support consistent with their current arrangements.

10 NSW Government NDIS website: http://www.ndis.gov.au/nsw

3. NSW NDIS trial site mental health experience

The *NDIS and Mental Health Analysis Partnership Project* utilised a Project Officer employed by MHCC to explore the NDIS experiences of people affected by mental health conditions, and those providing services and supports to them. Numerous individual, program, organisational and Hunter NDIS and Mental Health Community of Practice contacts contributed to the success of the project. Contacts were with people affected by mental health conditions and those that provide services and supports to them.

Through the *NDIS and Mental Health Analysis Partnership Project*, it was evident that the Hunter NDIS and mental health/psychosocial disability experience mostly related to: 1) sector readiness for the NDIS; and, 2) NDIS 'Individual Funded Packages' (IFP) access, planning and review.

Given the late inclusion of people with mental health conditions in the NDIS there has been much evidence of the need for a greater emphasis on sector readiness for the NDIS. A full description of this is beyond the remit of the current report and discussions about the matter continue with various government departments, Community Mental Health Australia and Mental Health Australia.

Much of the experience during the NDIS trial has been on the access of people with mental health conditions to, and the management and delivery of, IFPs. People ineligible for, or choosing not to access, IFP may in the future benefit from ILC activities. Ways forward for the 'commissioning' of ILC activities are still under development and more information about this is available on p. 26. [11]

The understanding of the interface of both NDIS IFP and ILC activities with other mainstream services, including health and mental health services continues to evolve. As other NSW communities enter the NDIS environment they will be contributing to the learning commenced in the Hunter trial site.

Next discussed are the experiences of both people with mental health conditions in the NSW NDIS trial site and the government and community sector organisations that provide services and supports to them. 'Lessons learned' perspectives of representatives from each of these groups are shared in the form of reflections about NDIS challenges.

Consumer and carer experience

At the end of March 2016, 616 people in the NSW Hunter NDIS trial site with a primary psychosocial disability had accessed the NDIS. [12] While this number is lower than the anticipated 13% of all trial NDIS participants it is clear that more people in Newcastle, Lake Macquarie and Maitland with mental health conditions are receiving funded disability/recovery services and supports than previously. There is a need for research to understand people's health and well-being experiences and outcomes resulting from enhanced access to disability support services.

Many consumers were initially overwhelmed by their lack of knowledge about, and experience of, the NDIS and this changed with time as people began sharing their experiences. However, there continues to be a need for outreach, advocacy and support services to help people understand and navigate the NDIS.

As knowledge and experience has built across the three years of the trial, it is clear there is a long way to go to facilitate people's participation in the NDIS at both an individual and systemic levels. While the NDIS is all about participant choice and control, strengthened approaches to supported decision making are also required. [13]

Strengthened NSW approaches for enhancing local level systemic representation and participation by consumers and their families/carers in the co-design of services are required. That is, people affected by mental health conditions need to be able to have more of a say – both individually and collectively – in what is and is not working so well with the NDIS.

Challenges identified by people affected by mental health conditions

- Lack of knowledge and information about what the NDIS is and what it means
- Inadequate outreach and engagement by the NDIA to capture this population of group
- Insufficient support to access the NDIS
- Barriers to advocacy support in review of access requests
- Workforce quality and availability
- There is a thin market for psychosocial disability/recovery support services (i.e., it is becoming increasingly difficult to find good and relevant services).

NSW NDIS participant feedback to the Mental Health Australia NDIS Capacity Building Project Consumer and Carer Working Group (June 2015)

11 National Disability Insurance Agency (2015 b). *Commissioning Framework for Information, Linkages and Capacity Building.*

12 National Disability Insurance Agency (2016 b). *11th Quarterly Report to the Disability Reform Council.*

13 ACT Disability, Aged and Carer Advocacy Service (2016). *Supported Decision Making, Psychosocial Disability and the National Disability Insurance Scheme.*

Sector Panel Discussion at the Getting Ready for the NDIS MHCC Forum in 2015 in Sydney.

Community managed mental health sector experience

In July 2013, there were about 20 CMOs delivering a range of programs for people affected by mental health conditions in the three communities that make up the NSW trial site. CMOs have welcomed opportunities to provide additional services to people with psychosocial disability through the NDIS. These opportunities are redefining who the sector is and how it delivers services.

Most organisations developed NDIS specific business development, customer service and other strategically placed roles as they entered the NDIS environment. Most aspects of work and service delivery practices required substantial review.

Most CMOs have grown because of their NDIS experience and benefited from opportunities to improve efficiency and effectiveness within their organisations. Many entered the NDIS trial experience with a high degree of confidence, but also uncertainty, as to what the organisational and client impacts might be. Both knowledge and experience of the NDIS are required to support organisational and sector readiness.

There is a greater understanding of the challenges associated with NDIS implementation at the end of the trial. The range of identified organisational and sector readiness challenges include:

- The cost/price involved in delivering NDIS services and sector/organisational sustainability
- Workforce skills and associated service delivery quality and safety considerations
- Concerns about the sustainability of the community managed mental health sector 'market'. [14]

Many opportunities present through the UNCRPD principles that underpin the NDIS. As the NDIS is scaled up there is still much work to be undertaken to ensure it achieves optimal outcomes for people affected by mental health conditions.

Challenges identified by the community managed mental health sector

- High levels of outreach and engagement are required for vulnerable and marginalised people with mental health conditions, and other complex health and social problems, to consider accessing the NDIS
- NDIS pricing does not always cover the costs of services and, while business efficiencies need to be sought, the actual cost of providing psychosocial disability/recovery support services need to be better understood
- Rapidly growing but more casualised CMO workforce requiring more flexible workforce approaches
- Data collection, information technology (IT) and other 'back of office' business systems require substantial upgrading to meet NDIS requirements
- An escalation of competitive funding environments and cultures
- Low levels of consumer, carer and community representation and participation in NDIS planning, implementation and evaluation.

Feedback from Hunter NDIS and Mental Health Community of Practice Forum participants (29 March 2016)

14 Community Mental Health Australia (2015). *Developing the Workforce: Community Managed Mental Health Sector National Disability Insurance Scheme Workforce Development Scoping Paper Project.* Sydney: Mental Health Coordinating Council.

Hunter New England Mental Health Service experience

The Hunter New England Mental Health Service (HNEMHS) report this to have been a very exciting time for their organisation, the people they serve, and their families and carers. HNEMHS has worked closely with the NDIA and, as a result, have resolved many issues at a local level.

The HNEMHS Executive provided direction, and support for future directions, of the NDIS within mental health. They implemented a clear governance and internal meeting structure. An initiative implemented in early 2014 was the appointment of NDIS 'champions' in each mental health team, who act as a local resource to ensure a seamless transition to the NDIS. HNEMHS 'Champions' interface with NDIA planners at the Mental Health and NDIS Subject Group. The purpose of this meeting is for collaboration and coordination between government departments. At a district level, mental health representatives also attend other NDIS Working Groups and Operational Groups and HNEMH Executive attends a HNELHD transition to NDIS project meeting.

In April 2015, HNEMHS appointed a full-time Senior Project Manager position for twelve months (NDIS & Community Managed Organisation Partnerships Project Manager). Consumers, carers, families and staff were well supported throughout this major reform through this position that helped ensure movement through the NDIS transition phase.

HNEMHS are extremely happy with the progress to date and many people living with metnal health conditions are experiencing an improvement in their health and well-being as a direct result of the funding and support they have received through the NDIS.

Due to the changing mental health landscape, HNEMHS has been engaging heavily with CMOs, including some services that have not traditionally collaborated with health. In addition, because of NDIS, there are many new organisations that are now entering the mental health sector (i.e., that were previously working with other disability types). HNEMHS have been engaged in conversation about how they can assist to enhance their capability to support clients with complex mental health needs (e.g., through shared care arrangements).

Challenges identified by the HNEMHS

- Clinical governance - health policy, guidelines and procedures to support staff around a range of NDIS and mental health issues
- Additional workload for clinical staff in supporting NDIS applications and planning processes
- Timeframe of NDIS processes exceeds most inpatient frameworks around the length of stay
- Duality in language experienced between the NDIS and mental health sector (there is a need to reframe the opportunities associated with the Scheme and develop a shared narrative)
- Sophistication and accuracy of data collection methods
- Market shortfall in mental health services to meet the number and diversity of NDIS plans
- There is a need for new services entering the mental health sector for the first time to receive mental health specific education and training
- Monitoring and safeguard mechanisms for people with complex and vulnerable circumstances
- There is an increased need for public guardianship for people with a reduced legal capacity, which significantly delays the discharge process.

Dr Martin Cohen, Director, HNEMHS
NDIA Mental Health Sector Reference Group Meeting Communique (December 2015)

4. Lessons learned

Building on lessons learned through the NDIS trial

Navigating the opportunities and challenges associated with entering the NDIS environment requires a good level of knowledge about it. Knowledge of the NDIS combined with trial site experience obtained through the *NDIS and Mental Health Analysis Partnership Project* enabled MHCC to support members engaging with the NDIS and to contribute to the national discourse on NDIS implementation in the context of mental health reform.

Not only is good NDIS knowledge needed but also skills are required to ensure the delivery of high quality and customer focused recovery oriented and trauma informed psychosocial rehabilitation services. The community managed mental health sector's capacity to deliver psychosocial rehabilitation and recovery support services must not be eroded through NDIS implementation. This is equally important for both NDIS participants with psychosocial disability and for other people with mental health conditions who do not access NDIS funded services and supports.

The lessons learned presented next support NDIS implementation and with particular reference to the knowledge required by frontline workers and team leaders in community managed mental health sector programs. These lessons are not inclusive of the considerable other learning not yet concluded related to a range of organisational and sector readiness issues including tensions related to workforce and NDIS pricing and costing. [15]

Entering the NDIS environment will have a high impact for people affected by mental health conditions with high levels of psychosocial disability and those that provide services and supports to them. The learning, opportunities and service delivery reforms resulting from these experiences will be considerable. Ten key lessons from the Hunter trial site follow alongside with some examples of sector responses to them.

1. Work to engage consumers and carers in the NDIS opportunity

It is important to undertake outreach to engage with people with high levels of psychosocial disability who might be eligible for the NDIS and to familiarise them with the Scheme and the NDIA who are implementing it. Building your relationships with NDIA staff will be critical to this process.

Both service providers and families/carers need to help people with mental health conditions to identify their hopes and dreams for 'an ordinary life'. Many will have become unaccustomed to making life choices. Work to identify people that may be able to access an NDIS IFP and/or benefit from other forthcoming ILC activities. Discussions about their hopes and dreams should begin well in advance of approaching the NDIS and, with the person's documented agreement, include friends, family and existing service providers.

Flourish Australia NDIS experience

Peer Work roles in the Hunter trial site have been very affective in undertaking outreach and engagement to enhance NDIS access.

Between 2013 and 2015, Flourish Australia (previously known as RichmondPRA) assisted 29 people with transitioning from ADHC and Commonwealth block funded programs to the NDIS. We now support over 160 people with NDIS funding who are living with a mental health issue.

The NDIS offers people the opportunity of choice and control around the types of services they want. With the assistance of our Senior Peer Worker in the Hunter, more people are empowered to negotiate the services to help them reach their goals and aspirations.

Growth under the NDIS means that our workforce has continued to grow. We have been able to increase our peer workforce in the Hunter to about 50 (there are now 117 peer workers across our entire organisation).

January 2016

flourish AUSTRALIA
Supporting Mental Health & Wellbeing

15 Community Mental Health Australia (2015). *Op. cit.*

2. Assist consumers to gather evidence of disability

The NDIA's Access Request Form does not readily lend itself to the kinds of evidence that demonstrates a high level of psychosocial disability (i.e., its focus is more on personal care than cognitive-behavioural difficulties). A range of psychosocial functional information will be required as evidence of disability. It is not sufficient for a GP or other health professional to provide a letter providing a mental health related diagnosis and stating that a person is permanently disabled.

Where an organisation is using routine consumer outcome measures such as the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS), Behaviour and Symptom Identification Scale (BASIS; 32 item), Recovery Assessment Scale (Domains and Stages: RAS-DS) and World Health Organisation Disability Assessment Schedule (WHODAS) this can provide useful information.

The 16 item Life Skills Profile (LSP-16) and Health of the Nation Outcomes Scale (HoNOS) are under discussion for use in development of NDIA psychosocial disability 'reference packages'. This is of some concern given that these tools have symptoms as their focus and not functioning.

Hunter Partners in Recovery (PIR) evidence example

This is a Hunter PIR Access Request Form evidence example related to the life area of 'learning'. The MHCC NDIS website has more examples.

Functional impact

Mary often states she is interested in participating in study in her area of interest (Nursing) and eventually gaining part-time work in this area. Mary is interested in volunteering in a nursing home but has been unable to engage in this to date independently due to her high level of anxiety. Mary has completed a Certificate III several years ago and feels that with support she can achieve these goals.

Type & frequency of support

A person will assist Mary to engage in study. Purchase of equipment for the purpose on studying online.

Hunter Partners in Recovery

3. 'Your' client is now a customer

NDIS participants can choose between providers and services based on the goals agreed in their support plan. You will need to provide a quality and effective service to maintain your customers in an NDIS world.

Many service providers in the Hunter were surprised when NDIS participants with psychosocial disabilities began 'firing' organisations that were not providing valued services to them (ensuring that a Service Agreement including the need to give notice about a change to service providers will help to manage this). A large volume of administrative paperwork can be avoided by ensuring organisations are meeting consumer needs and providing quality care. Workers, both with and without lived experience of mental health conditions and recovery, are the most important organisational asset in an NDIS world.

NDIS participant

"The main positive change is that I have NDIS support coordination. My coordinator has helped me manage countless situations with staff, hospitals, lack of staff etc. where previously I would have been sucked into another complaints system. I have worked with him since February and now have a secure psychologist and mental health dietician as well as my GP regularly supporting me. I am also getting through the backlog of fallout from two very dysfunctional years of inadequate services. I have a cleaner keeping the chaos at bay and my boys are able to have more of a parent/child relationship with me. I have just started self-managing part of my plan as I am still finding staff a major issue.

The difference this time is that I was not alone on this journey. My coordinator has helped me stay polite, keep everyone informed and make sure that my workers were trained etc.".

June 2016

4. You will need customer service skills

Organisations will need to market themselves to potential customers and adopt customer service approaches to maintaining customers. All workers providing services should have customer service skills, and organisations providing NDIS IFP services will require strong strategies for ensuring high quality customer services.

Sufficient, and sufficiently skilled staff, are increasingly hard for organisations to find. The relationships required for high quality and timely psychosocial disability/recovery support work can be compromised because of this. Be proactive in thinking about your community's mental health related NDIS workforce development needs.

New Horizons: Just Ask Sandra

As a Lifestyle Planner for New Horizons in the Hunter, Sandra Carle works closely with customers and families to answer all their NDIS questions.

Sandra understands how the NDIS can offer real choice, more options and more individualised supports. The aim of the NDIS is to provide quality of life and build independence.

"I believe that by supporting people to discover their own potential, customers enjoy better outcomes – because they've designed their wellbeing goals themselves!" Sandra said.

This was just one of the reasons Sandra was chosen to feature in a New Horizons NDIS advertising campaign.

"I was definitely surprised to be asked – I certainly wasn't expecting it!" Sandra laughs. "I said 'are you sure you want me on a billboard?' And I was assured they did!"

"When people pick up the phone and call New Horizons to ask questions about the NDIS, I'm the one they speak with. Hopefully with the help of this campaign, people will know who they're talking to in advance. That's what we're all about – being personable with customers."

Got NDIS questions? Just Ask Sandra, your NDIS Guru.

newhorizons™
wellbeing. done well.

5. Expect innovations in service delivery

Consumer voice: Deb Hamilton speaking at the Getting Ready for the NDIS Forum in 2015.

The NDIS Price Guide describes a range of costs associated with funding for IFP support categories. Fourteen support categories relate to core, capacity building, and capital type funding and eight outcome domains (see p. 21). The 14 support categories break down further to include more than 100 different types of services; each with their own unique identifying code. These support categories help to guide choice, planning and review. However, It is predicted that in the future there will be no Price Guide as services are driven by participant choice and market response thus resulting in innovation (e.g., opportunities for consumer cooperatives and more consumer run services). The need for innovations in service delivery will continue to increase as organisations strive to become more efficient against NDIS pricing and as NDIS participants become more vocal about the services they want and value.

Further examples of NDIS innovations

An NDIS participant in the Hunter was funded for life coaching services to help her reflect upon and plan strategies to be better able to articulate and strive to achieve her plan goals (i.e., hopes and dreams). MHCC asked this person to present at a NDIS readiness event. NDIS funding allowed the person to pay for coaching to assist in preparation to deliver the speech. This included coaching on her presentation content and timing, as well as increasing confidence to contribute to events.

Another NSW NDIS participant identified an interest in bridlery (this is an industry involved in leather crafts to make bridles for horses). The NDIS funded this person to undertake leatherwork and bridlery classes. The person is now earning income from making bridles and selling these at local markets.

6. More information about service delivery will be documented

Organisations chosen by NDIS customers to provide services and supports will move from block funding paid in advance (e.g., PIR, Personal Helpers and Mentors Service/PHaMS) to individual payments made in arrears usually within 72 hours. In this context, it is critical for organisations to monitor and manage activity levels and cash flow. This will require additional documentation and increased use of IT.

Individualised funding also means that NDIS participants that you provide a service to are able to look at what services you are billing the NDIA's information portal (i.e., IT system) against their funding package and check if this is consistent with the actual services that they have received.

Working with the NDIS

Click to play: www.ndis.gov.au/providers

The NDIS Provider and Participant Portal: myplace

In June 2016, the NDIA made changes to their IT portal that will change the process for becoming an NDIS registered provider and for documentation of service delivery information and billing.

The Provider Portal is a secure website for providers of products and services to NDIA participants where they have access:

- to browse information regarding registrations, documents and payment history
- to lodge new claims for payment, including reporting episodes of in-kind support.

The Participant Portal is a secure website for participants, nominees and contacts who are approved to view and direct NDIS plans and, where applicable, to make self-managed claims online.

Technology and the NDIS

One Hunter organisation provides all NDIS direct care workers with i-pads so that records about service delivery occur in real time. This is resulting in considerable service efficiencies including timelier billing to the NDIA to help manage cash flow.

NDIS participants are also increasingly exploring the use of IT in achieving their plans as illustrated by PIR evidence example provided on p. 13.

Aftercare's NDIS experience

Aftercare's services as an NDIS provider in Hunter trial site began transitioning from block funding to individualised funding in the final year of the trial. Aftercare has worked on developing tools to support people to identify their life goals and to understand the supports they might need to achieve those goals. So far Aftercare has assisted 25 people to transition from ADHC and Commonwealth block funded programs to the NDIS. We are currently providing NDIS supports to over 40 people, many of whom were receiving little or no supports prior to the NDIS. All have retained at least the same level of funding with most receiving significantly higher levels of funding.

January 2016

aftercare

7. The NDIS will not solve everything

The NDIS does not duplicate the mainstream services. NDIS implementation creates circumstances where important discussions about service coordination and closing service gaps occur: [16]

- Health
- Mental health
- Early childhood development
- Child protection and family support
- School education
- Higher education and Vocational Education and Training (VET)
- Employment
- Housing and community infrastructure
- Transport
- Justice
- Aged care.

The health/mental health and NDIS interface is still very much evolving through experience as is the case for all mainstream services.

Lack of affordable housing is a major barrier to NDIS implementation

Many people residing at Morisset Hospital – some for several decades – are eligible to access NDIS IFPs. The main obstacle to their exiting hospital has been the lack of affordable accommodation.

This situation has prompted some larger CMOs to look for innovations in affordable housing including preparing for future opportunities that may present to purpose build housing through the NDIA's Specialist Disability Accommodation Support initiative.

These directions also build on the considerable social capital that is the relationship between the community managed mental health and community housing sectors that has developed over decades through the provision of supported accommodation initiatives including the NSW Ministry of Health funded Housing and Accommodation Support Initiative.

8. Stay positive about the opportunities presenting

Just because the trial has concluded this does not mean the learning about the NDIS has finished. The government is both building and delivering the NDIS at the same time. Knowledge and experience about how the NDIS best works is shaping development of operational details. The NDIS will take time to implement as it is the largest human services program introduced since Medicare.

The knowledge required in obtaining an NDIS IFP including access, planning and review processes are now better understood (see Section 5, p. 20). However, the NDIS environment continues to be one of uncertainty and change and it is important to undertake leadership and become a champion in embracing the opportunities and challenges that accompany this.

Most Commonwealth mental health programs are 'in-scope' for the NDIS. While our understanding of what this means is still evolving, it has meant a substantial increase in support hours and access to a wider range of types of supports for many people in the Hunter trial site.

Service diversification

Adam is a previous PHaMS client who was receiving about three hours of support a week, Monday through Friday during 9-5 working hours, but wanted and needed a lot more help. PHaMS workers supported Adam to access the NDIS and he is now receiving 15 hours of support weekly across seven days and including outside of 9-5 working hours.

Adam is using some of his support hours for study support to help him obtain a driver's licence as he hopes to gain PT employment driving a truck or working as a labourer's assistant. Another supporter is paid to assist him to attend weekly horse racing events where is he is gaining friendships with others who share this interest.

While initially uninterested in the NDIS as he did not understand the need for change Adam is quickly embracing the range of new possibilities this might mean for his life.

Personal Helpers & Mentors Program

An Australian Government Initiative

16 National Disability Insurance Agency (2015 b). *Principles to Determine the Responsibilities of the NDIS and Other Service Systems* (2nd edition).

9. Enhanced integration and coordination of services

'Coordination of supports' is one of the most helpful NDIS support types being accessed by people with psychosocial disability (this is similar to what PIR does). Most people with disability and other complex and diverse health and social issues will benefit from this type of support. If an NDIS planner does not offer coordination of supports then a person can ask for it.

Three coordination of supports categroes of varying intensity were included in the NDIS Price Guide in late 2015. The intent here is to build people's capacity to manage their own supports over time and to ensure access to care/service coordination at a skill level that best meets a person's need (i.e., the higher intensity the coordination of supports need is the more skilled the worker providing it needs to be).

The process of applying for NDIS access in itself means that an extensive review of all disability, mainstream and informal services will occur. Service review, when combined with coordination of supports, contributes to enhanced integration and coordination of services. The learning about this very important practice must continue and this discourse will escalate as national mental health reform directions now ask Primary Health Networks (PHNs) to provide clinical care coordination for people with severe mental illness. [17]

Divergent views about NDIS Coordination of Supports

The introduction of expanded NDIS coordination of supports services in the trial site has elicited some divergent views. NDIA guidance on this change advises that:

"The Support Coordinator should not be the provider of any other funded supports in the plan. This is necessary to ensure that there is no conflict of interest. In certain circumstances, this condition may be waived. Please contact the NDIA for further information (p. 6)." [18]

Some MHCC member NDIS providers have expressed concern about the separation of 'coordination of supports' from disability/recovery support service provision. There are concerns about NDIS pricing and the workforce skills that can purchased. A concern is that the separation of support and coordination functions is not inconsistent with recovery-oriented practice. Some other providers support this separation. MHCC's position is that this arrangement should be individualised to a person's unique needs and preferences (i.e., not 100% one-way or the other).

The NDIA CEO, David Bowen, commenting on coordination of supports, said that the same provider can provide coordination of supports but expressed concern about this happening when an organisation is a sole service provider and the person has no natural supports (i.e., family). The arrangement is still possible if a safeguard is put in place to ensure that the person is fully informed of all their choices.

Where an organisation provides both coordination of supports and disability/recovery support to the same person their choice and decision for this to occur, including supported decision-making processes, need to be well documented.

17 Australian Government (Department of Health; 2016). *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: Primary Mental Health Care Services for People with Severe Mental Illness.*

18 National Disability Insurance Agency (2015 c). *Coordination of Supports: Information for Providers.*

10. Embrace the learning arising and pursue reflective practice

Reflective Practice: Participants at the NDIS Work Force Roundtable in 2016.

The complexities of navigating the NDIS from a mental health perspective must not be underestimated. When the NDIS started in the Hunter trial site mental health service providers (i.e., practitioners) in both the government and non-government sectors, as well as consumers and their families and carers, began to have a lot of contact with the NDIA. However, much of this contact was occurred in isolation for workers, programs, organisations and their clients, families and carers.

The NDIA initially prevented community managed service providers from supporting people in NDIS access due to the priority of 'choice and control'. That is, the NDIA did not want service providers making or unduly influencing decisions for people. The NDIA used collaborative practice approaches when the benefits of this, where required and agreed, were better understood.

Coinciding with this change was the establishment of a Hunter NDIS and Mental Health Community of Practice. The Community of Practice embraced the learning arising from the NDIS and to pursue reflective practice as this relates to both the NDIS and mental health reform environment.

MHCC has developed a guideline to compliment this report encouraging the establishment of NDIS and Mental Health Communities of Practice across NSW. [19] As the learning arising from NDIS implementation continues, you are encouraged to embrace the learning arising and pursue reflective practice by establishing a Community of Practice in your area.

Establish a Community of Practice to enhance learning arising from the NDIS

A Community of Practice is a group of people who share a concern or interest. A Community of Practice can evolve naturally because of the members' common knowledge, interest or connections. A goal of gaining knowledge related to a specific field is a reason for deliberately creating a Community of Practice. It is through the process of sharing information and experiences with the group that the members learn from each other, and have an opportunity to develop themselves.

Passing knowledge from novice to veteran, and between peers, helps groups to develop. Members of a Community of Practice have the opportunity to develop both personally and professionally, while working towards solving problems facing the group.

Establish NDIS and Mental Health Communities of Practice, or other approaches to maximising learning arising through NDIS implementation, at the local level, as every local community's experiences will be different. The NDIS is a national program and each local community has a unique infrastructure, including choices and preferences, upon which it is being built.

19 Mental Health Coordinating Council (2016). *Op. cit.*

5. Essential NDIS knowledge

Navigating the NDIS requires essential knowledge

The key lesson learned is that knowledge about the National Disability Insurance Scheme (NDIS) is essential for developing organisational and workforce capability in delivering National Disability Agency (NDIA) funded services.

As the NDIS is expanded - and continues to be delivered and built –, the experience of local communities will now be contributing to this state and national knowledge base to improve services for people affected by mental health conditions.

Getting ready for the NDIS
Click to play: www.ndis.gov.au/ndis-ready

Navigating the NDIS is challenging and you need to have essential knowledge about it to navigate it. Many people with mental health conditions and their families/carers have found it hard to understand, navigate and access the NDIS and require advocacy and support to do so.

Section 2 provides some basic background information about the NDIS (p. 7). The information provided in this section seeks to build on this knowledge through providing further detail.

Much of the focus of the NDIS trial has been on access to and management/delivery of 'Individual Funded Packages' (IFPs). Through the NSW Hunter trial site experience we have learned that people ineligible for, or choosing not to access, IFP may in the future benefit from Information, Linkages and Capacity Building (ILC) activities. However, we do not yet understand ways forward for the 'commissioning' of the Information Linkages and Capacity-building (ILC) framework activities. [20]

The NDIS Price Guide describes IFP 'support categories' (i.e., service types) that are evolving over time along with an accompanying outcomes framework. [21, 22] The NDIS Support Categories and Outcomes Framework current as at 1 July 2016 is summarised over page. The framework summary is useful to understand key elements (i.e., steps) in accessing IFP.

Some of the key elements of accessing and negotiating IFPs are then summarised next. Some information about the ILC activities of the NDIS then follows.

20 National Disability Insurance Agency (2015 b). *Op. cit.*
21 National Disability Insurance Agency (2016 a). *Op. cit.*
22 National Disability Insurance Scheme (2015 a). *Op. cit.*

Summary of NDIS Support Categories and Outcomes Framework

NDIS Support Categories (as at 1 July 2016)

The NDIA Price Guide is arranged into 15 categories that align to the purpose of the funded supports and the NDIA Outcomes Framework.

SUPORT PURPOSE	SUPPORT CATEGORY
Core	1. Assistance with Daily Living
	2. Transport
	3. Consumables
	4. Assistance with Social & Community Participation
Capital	5. Assistive Technology
	6. Home Modifications
Capacity Building	7. Coordination of Supports
	8. Improved Living Arrangements
	9. Increased Social and Community
	10. Finding and Keeping a Job
	11. Improved Relationships
	12. Improved Health and Wellbeing
	13. Improved Learning
	14. Improved Life Choices
	15. Improved Daily Living

Funding has increasingly been made flexible and bundled meaning that resources can be moved around against client's choices or in relation to variations in the intensity of support needs that may be experienced by people with mental health conditions.

NDIA Outcomes Framework (Adults)

The NDIS Outcomes Framework for adults consists of eight participant domains:

1. Choice and control
2. Daily activities
3. Relationships
4. Home
5. Health and wellbeing
6. Lifelong learning
7. Work
8. Social, community and civic participation.

The adult outcomes framework also has five family/carer domains:

1. Families have the support they need to care
2. Families know their rights and advocate effectively for their family member with disability
3. Families are able to gain access to desired services, programs, and activities in their community
4. Families have succession plans
5. Families enjoy health and wellbeing

It is likely that the Outcomes Framework will change as our understanding of the NDIS continues to evolve.

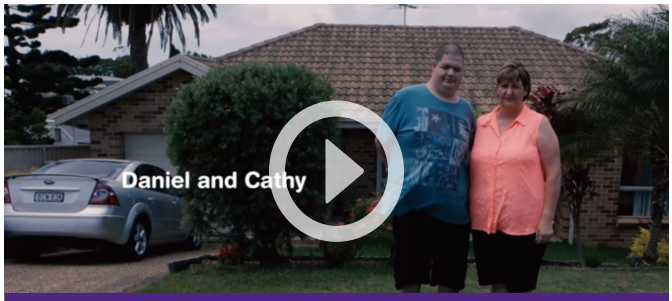
NDIS Individual Funded Packages (IFP)

The NDIS will fund services and supports that are 'reasonable and necessary' for a person with a disability to live an 'ordinary life'. Our understanding of what this means continues to evolve. NDIS participants' speak about their experiences of funded services and supports frequently now. The Mental Health Commission of NSW has developed a video describing the experiences of two NDIS participants and one of their carers who are accessing IFPs. You can view the NDIS Mental Health Perspectives video on YouTube.

Choice and Control

An important foundation of the NDIS Act 2013 is that people with disability are able to exercise choice and control in pursuing their goals and in the planning and delivery of their supports. The type of support, when and how it is provided, and how to measure if it is helping a person to achieve their goals are all self-directed by the NDIS participant.

The concept includes the principle that people with disability should be involved in decision-making processes that affect them, and where possible make decisions for themselves. This NDIS concept of 'self-directed supports' is the same as the recovery concept of 'person-centred and self-directed practice'.



NDIS - Mental Health Perspectives
Click to play, https://www.youtube.com/watch?v=9X-ea-O50Vg

Not all choices are the same

Simon Duffy from the UK Centre for Welfare Reform considered a founder of international personalised funding approaches, notes that not all choices are the same, true choice arises from control, or self-management, of personalised funding.

For example, he describes one man with mental health issues related to a brain injury who, instead of being depressed in a day centre, chooses to flourish as he uses his personal budget to make music with his old band-mates.

ABC Radio National Life Matters, 20 May 2016

Eligibility

To be eligible for the NDIS you must:

- have a 'permanent disability' that significantly affects your ability to take part in everyday activities
- be aged less than 65 when you first access the scheme
- be an Australian citizen, live in Australia and hold a permanent visa or hold a Protected Special Category Visa.

While the NDIS Act 2013 says that a participant's condition must be, or is likely to be, permanent this does not mean that recovery is not possible. The NDIS trial taught us about ways of understanding 'permanency' in a mental health context. Even though the languages of the mental health and disability sector can vary notions of 'choice and control' are entirely compatible with recovery.

The mental health/psychosocial disability early intervention pathway to the NDIS remains to be better understood.

Has the trial determined eligibility benchmarks?

No. Clear benchmarks for NDIS eligibility of people with psychosocial disability are not established (that is, who can get an IFP and who cannot). At the end of March 2016, only 9% of people accessing the NDIS in NSW had primary psychosocial disability. In Victoria, this figure was 14% (consistent with Productivity Commission estimates). [23]

The NDIA needs to research access differences as psychosocial disability NDIS experience grows.

23 National Disability Insurance Agency (2015 b). *Op. cit.*

Access

Supporting people who are in immediate need of assistance, and do not currently receive support, is important during the rollout. There is some capacity during the rollout for people who have not previously received supports to access the NDIS when it starts in their local area.

To access the NDIS you need to contact the NDIA. You can make contact by phone, via the internet or in person. The NDIA sends an NDIS Access Request Form to the applicant to be completed. A family member, friend and/or substitute decision maker (for example the Public Guardian) can also complete the form. A health professional is required to completed part of the form.

A copy of the Access Request Form and a sample letter of support that can be useful for organisations supporting a person in their access to the NDIS are available on MHCC's NDIS website. The sample letter of support includes examples of how to describe the functional impact and implications specifically in the areas of mobility, communication, social interaction, learning, self-care and self-management.

Following return of the Access Request Form to the NDIA, along with other evidence of disability/impairment, the NDIA will make an appointment with the person. The appointment can be at the NDIA office or another location, if necessary. The NDIA in NSW is still determining where their offices will be outside of the Hunter trial site and early launch in the Nepean Blue Mountains.

The NDIA must provide you with an access determination letter explaining the outcomes of the access request in case you want to request a review. A sample of an access determination letter is also available at the MHCC NDIS website.

Contacting the NDIA

The best way to contact the NDIA is Phone - 1800 800 110 or Web - www.ndis.gov.au

NSW NDIA office locations are not yet been made public.

Reasons for declining an access request

Hunter service providers have identified that the most common reason for declining an access request for people with psychosocial disability appears to be lack of sufficient evidence of disability/impairment.

Access Review

If a person is denied access to the NDIS a reason as to why must be provided. If the person and/or their supporters disagree with this decision, they can request an internal review by the NDIA.

Disability Advocacy NSW has had a role to play in the NDIS by ensuring that people with a disability receive fair treatment in their dealings with the NDIA and the range of services and individuals who provide services with NDIS funds (Ph.1300 365 085). The government funded Disability Advocacy NSW in the trial site to support people with External Merits Review processes of an NDIS decision through the Administrative Appeals Tribunal (Ph. 1800 228 333). It is unclear if this arrangement will continue as the NDIS scales up.

The Commonwealth Ombudsman's Office also supports people who have a concern about their access interactions with the NDIA (in addition to the NSW Ombudsman's Office who mainly have a role in relation to NDIA funded services and supports after access has been gained):

- Commonwealth Ombudsman's Office: Ph. 1300 362 072
- NSW Ombudsman's Office: Ph. 02 9286 1000 or Toll free (outside Sydney metro) 1800 451 524.

Review decisions

Data is not publically reported about how many people with psychosocial disability applying were found ineligible for the NDIS and/or 'choosing' not to apply. Access to this data is important to understand and, where necessary, to respond to the experiences people are having.

In December 2015, the NDIS independent Advisory Committee noted that:

"... data from the trial sites indicates that ineligibility rates from access requests from people with primary mental illness are significantly higher than other disability types with 1:4 applications requesting access due to primary mental illness being determined as ineligible compared to 1:9 for applicants across the rest of the Scheme". [24]

This means that access rates for all people of all other disability types are higher than for people with mental health conditions and public data is needed to have an inclusive and productive discussion about this.

24 Independent Advisory Council (2014). *Advice on Implementing the NDIS for People with Mental Health Issues.*

Service Planning

My NDIS Pathway
Click to play: www.ndis.gov.au/planning-process

The NDIA and others have developed pre-planning guides to help people have conversations about their NDIS eligibility and their hopes and dreams (i.e., their NDIS plan goals). These are available on the NDA website. A recent example of this is the NDIS Ready 'My NDIS Pathway'.

To participate in service planning it is helpful to have knowledge about NDIS support categories (p. 21). It is a good idea for NDIS service providers to think about how their current service offerings align with these support categories. MHCC's NDIS website provides sample support plans for people with psychosocial disability. MHCC seeks to identify good practice in NDIS funded psychosocial disability/recovery support and build knowledge of innovation in service delivery.

For people with mental health conditions accessing the NDIS it is useful to ensure that their plan includes arrangements for when they have both good and not so good mental health (i.e., to accommodate for variations in intensity of disability support needs).

NDIA planners undertook planning during the NDIS trial. Outsourced 'Local Area Coordinators' (LACs) will have a greater role in gathering information to assist people with NDIS planning in NSW over the next two years (see more about LACs on p. 26).

NDIS Ready

NDIS Ready is a community awareness-raising project aimed at preparing people with disability, their families and carers, service providers and the community for the roll out of the NDIS from 1 July 2016. It celebrates the successes of the NDIS to date and creates a platform for people to express their support for the NDIS. This new webpage contains information on the simple steps people and providers can take to get ready for the NDIS and a range of new NDIS resources and videos, including the NDIS Ready Communications Toolkit.

NDIS Ready includes a Communications Toolkit and accompanying fact sheet for families and carers to assist people with planning. The toolkit provides individuals and organisations with communication materials that can help spread the word about the NDIS across a range of communications channels, including websites, intranets, social media platforms and electronic and printed newsletters.

Service Review

Review of NDIS participants' individual plans is required at least annually. However, a person can request a plan review at any time. A plan review can also follow a change to a person's goals or life circumstances including, but not limited to, hospitalisation.

Plan reviews are linked to measuring whether NDIS participants' are achieving their goals (p. 22). The NDIS Outcomes Framework supports this outcomes focus.

In early 2016, the NDIA began to review plans over the telephone. Service providers report that some people with mental health conditions who are NDIS participants were confused and unsettled by this process. The NDIA has asked organisations to provide the names of people who prefer in-person reviews.

My First Plan

The government advises that ADHC and Commonwealth funded mental health program clients transitioning to the NDIS over the next two years will get 12-month initial plans called 'My First Plan'. This means that people phase into the NDIS at their existing service levels.

This is a concern for some people with psychosocial disability funded at low levels against their actual support needs. They will be disadvantaged despite the intergovernmental 'continuity of service' arrangements.

A person's actual disability/recovery support needs can be reviewed against 'My First Plan' arrangements and decisions appealed as needed. For more guidance on this, see 'Access Review' on p. 23.

Service Coordination

Expanding NDIS coordination of supports items helps to enhance the integration and coordination of services (p. 18). The key message here is that many people with psychosocial disability that also have complex and diverse health and social problems will require some level of coordination of supports (i.e., service/care coordination). P. 18 provides a further illustration of good service coordination practice.

If an NDIA planning process does not offer some level of 'coordination of supports' for a person with psychosocial disability then providers should support people to obtain information about these services. They will need to ask the NDIA about them.

The same or different service providers can make coordination of supports available to that which provides disability/recovery support services. Where a person has no natural supports (i.e., family and friends) in their life to help guide their decisions it can be an added safeguard to separate coordination of supports from disability/recovery support service provision.

Individual Funds Management

Under the NDIS, funds will go directly to participants rather than block funding to service providers.

NDIS participants and those that work with them need to be aware that are four choices for management of funds. People can choose between:

- self-management
- a plan 'nominee'
- a registered plan management provider, or
- the NDIA.

The type of management of the funding for supports that a participant chooses will vary depending on their circumstances. NDIS plans may have a combination of individual funds management options. Combinations of services and supports can have different funds management options.

Knowing, and having discussions about, the range of individual funds management arrangements is important to increasing NDIS participant's choice and control.

Individual funds management

Very few NDIS participants are currently managing their own funds. Self-managed funding accounted for only 7% of plans at the end of March 2016. [25]

Most plans are solely agency managed (58%) and some are a combination of both self and agency managed (35%).

25 National Disability Insurance Agency (2016 b). *Op. cit.*

Information, Linkages and Capacity Building (ILC)

There are approximately 800,000 Australians who need assistance with activities of daily living at least weekly, but only 460,000 are likely to access the NDIS as individually funded participants. About 61,000 of these will be people with psychosocial disability. ILC activities and other mainstream and community based services - where these are available - will support people who are not eligible for IFP.

ILC (formerly known as 'Tier 2') is a key component of the NDIS insurance model. It will contribute to the sustainability of the NDIS by building the capacity of the community, people with disability, their families and carers, and potentially achieve greater community inclusion. ILC developments will over time reduce the demand for, and level of specialist disability support required, by many people with disability (i.e., IFPs).

The Disability Reform Council released the ILC Policy Framework in August 2015. [26] Consultation and trialling to develop the ILC is continuing. ILC activities will likely look different in local communities while also having state and national similarities. For this reason, it is important to engage with consultation and other co-design opportunities to help shape local community ILC activities and opportunities. Innovative regionally based reforms require consumer, carer and community co-design strategies (the importance of this is further discussed in MHCC's NDIS and Mental Health Community of Practice guideline). [27]

Local Area Coordination (LAC)

LAC is to be the backbone of the ILC. Different states and territories are trying alternate approaches to LAC roles and functions.

NDIS LAC roles and functions in NSW are an outsourced arrangement until June 2018. The two organisations providing LAC services are:

- Saint Vincent de Paul (SVDP)
  South Western Sydney, Central Coast and Hunter New England in 2016 and the Sydney and South Eastern Sydney districts that will commence in 2017.
- Uniting
  Nepean Blue Mountains, Northern Sydney, Western Sydney and Southern NSW in 2016 and Illawarra Shoalhaven district which will commence in 2017.

Not yet announced are LAC arrangements for the Mid North Coast, Murrumbidgee, Northern NSW, Western NSW and Far West districts.

In the first instance, the LAC arrangements in NSW will-focus on the planning required to support the transition of ADHC funded clients to the NDIS. This is because the NSW government plans to stop delivering services through ADHC by July 2018. The role of SVDP and Uniting LAC workers (i.e., Local Area Coordinators) in supporting Commonwealth funded mental health programs clients in their NDIS access and/or planning processes is unclear.

Other ILC Activities

The ILC Policy Framework states that other suggested activity streams of ILC are:

- Information, linkages and referrals - to make sure people with disability and their families have access to reliable and relevant information
- Capacity building for mainstream services - to make services more accessible for people with disability
- Community awareness and capacity building - to make it easier for people with disability to fully participate socially, economically and in their communities, and
- Individual capacity building - to help people with disability develop the skills and confidence to achieve their goals.

LAC will incorporate every other ILC activity stream and support ILC initiatives within local communities.

ILC Consulations - Summary Report (June 2016)

Between February and April 2016 the NDIA talked further with people about ideas related to the ILC. The NDIA is now developing a second version of the ILC Comissioning Framework.

26 Disability Reform Council (2015). *National Disability Insurance Scheme: A Framework for Information, Linkages and Capacity Building.*

27 Mental Health Coordinating Council (2016). *Op. cit.*

6. Next steps & concluding remarks

Next Steps

The NDIS in NSW will be rolled-out between July 2016 and June 2018 according to the LHD timetable described on p. 8.

The NSW focus is on transition of 78,000 ADHC clients receiving disability support services. As previously noted, this is because the NSW government plans to stop delivering ADHC funded services by July 2018 and following this will withdraw from the delivery of specialist disability support services in NSW (i.e., and close ADHC). According to the NSW Bilateral Agreement people residing in ADHC's Large Residential Centres and group homes will be a first priority to transition. [28]

The NSW Government has established the following priorities for NDIS access:

1. People currently receiving ADHC funded specialist disability supports, including:

- people living in supported accommodation
- accessing a community access service such as a day program, or
- a case management service.

The majority will be able to access the NDIS in the first six months of each of the two-year rollout periods. They will not need to apply for access to the NDIS, but will go through a simplified access process.

2. People who access specialist disability supports from time-to-time, or for a short amount of time each week including people who access respite or a community care program will be able to access the NDIS throughout each of the two-year rollout periods. People receiving respite services will go through a simplified access process. People receiving community care services will be supported to apply for access to the NDIS.

3. New participants (people who do not currently receive ADHC funded specialist disability supports from the NSW Government) will have the opportunity to access the scheme when it starts in their local area, if they are in immediate need of assistance, and do not currently have support. [29]

People with primary psychosocial disability currently accessing specialist disability supports

ADHC funded clients typically do not have primary mental health conditions/ psychosocial disability. ADHC fund some people with psychosocial disability in some parts of NSW. For example:

- Central Coast (mostly participants at an ADHC funded centre based activity program)
- Blue Mountains (mostly ex-boarding house residents)
- Inner-west of Sydney (mostly current and ex-boarding house residents).

New participants

There is scope for a further 57,621 people of all disability types in NSW to be new participants over the next three years and access NDIS IFP as indicated in the table below.

	Q1	Q2	Q3	Q4	
2016/17	1,563	1,526	1,634	1,755	**6,567**
2017/18	6,107	6,138	6,405	5,999	**24,650**
Subtotal					**31,217**
2018/19	N/A	N/A	N/A	N/A	**N/A**
Total					**57,621**

(Adapted from the NSW NDIS Bilateral Agreement)

Furthermore, there is likely to be additional places available because of a predicted shortage in meeting the NSW trial site target of 10,000 people accessing the NDIS (this shortage is thought to be about another 2,000 places).

The NSW mental health sector will need to test the requirement for people with high levels of psychosocial disability that are new participants to have no support and be in immediate need of assistance. The NSW Ministry of Health will support some vulnerable and marginalised people living with a mental health condition through funded mental health programs that continue to be block funded, or by their family and friends. However, the level of support they access is not always adequate to ensure their participation in the economic and social lives of our community.

28 Commonwealth and NSW Governments (2015). *Bilateral Agreement between the Commonwealth and New South Wales: Transition to the NDIS.*

29 National Disability Insurance Agency, Commonwealth Government and NSW Government (2015). *Operational Plan Commitment between the National Disability Insurance Agency (NDIA), New South Wales Government and Commonwealth Government for Transition to Full Implementation of the NDIS.*

Consumer and carer participation at the Hunter NDIS and Mental Health Community of Practice Forum in June 2016

New participants include NDIS eligible Commonwealth funded mental health program clients:

- PIR
- PHaMHS, and
- Day to Day Living.

Exploring the numbers and experiences of people in Commonwealth funded mental health programs in NSW that access NDIS IFPs will be important over the next two to three years. Neither NSW nor national data about Commonwealth funded mental health program client access across the 2013 to 2016 NDIS trial is yet available.

The total number of Commonwealth funded mental health program clients in NSW is also unknown. However, both PIR and PHaMS capacity are around 7,000 people in each program in NSW. Assessments of NDIS IFP eligibility of more than 14,000 Commonwealth mental health program clients in NSW will happen over the next two to three years. The timeframe and processes for this to occur is not fully known with some 2016/17 contracts and transition planning still to be finalised.

MHCC has estimated that about 19,000 people with psychosocial disability should access NDIS IFP in NSW. This figure is 13% of the 140,000 people that will access the NDIS in NSW. Thirteen percent is the total burden of disability due to mental ill health in Australia.

The Hunter trial site was not successful in achieving this 13% benchmark (i.e., it achieved only 9% while access rates in Victoria were in-line with Productivity Commission estimates). At the end of March 2016 only 616 people in NSW with a primary psychosocial disability, and 1,492 nationally, had accessed an NDIS IFP and had a plan. The learning arising from this access experience will contribute to the considerable learning that has occurred through the experiences of the first people with psychosocial disability to access the NDIS in NSW.

New NDIS participants with mental health conditions can be supported in their access by their families and friends, and workers from across a range of government and community sector service providers. Estimates are that it takes 20 to 60 hours of work to gather evidence to support a person's access to an NDIS IFP. Hunter service provider's report that this time includes:

- activity to identify potentially eligible people
- outreach to engage people in taking forward an access request, and
- working with the person, and their family and carers where required and agreed, to gather sufficient documentation of evidence of disability/impairment
- attending and/or supporting a person to attend access and planning meetings.

Supporting people with high levels of psychosocial disability to access the NDIS

For the period July 2019 to June 2018, you are encouraged to identify people with high levels of psychosocial disability due to a mental health condition and support their access as new participants to the NDIS. Ideally, these will be people with no or very few supports in place. Such people may or may not have current or past relationships with mental health treatment services or have a diagnosed mental illness. However, where public and private health and mental health practitioners, including GPs, have been involved in a person's treatment this has facilitated NDIS access.

Some people with mental health conditions in the Hunter trial site have had request reviews of decisions made and/or reapproached the NDIS for access up to four times before accessing funded services and supports.

It is through the process of exploring people's NDIS access that the body of knowledge about the NDIS and mental health will continue to grow both in NSW and nationally.

Getting ready for the full roll-out of the NDIS [30]

The full rollout of the NDIS in NSW will occur between July 2016 and June 2018. Some things to consider in getting ready if you are not in a trial site:

- familiarise yourself with what NDIS is and stay informed about what we are learning about how it works
- understand the language of NDIS and learn how to reconcile this with recovery oriented language
- begin to identify people with high levels of psychosocial disability that might be eligible for individually funded services and supports
- engage in pre-planning with these people to:
  - help potentially eligible people put together written information about how their disability affects their life
  - assist potentially eligible people to think about their hopes and dreams for their lives
- become aware of and meet with the various support providers in your local area that might support people in aspiring to their hopes and dreams
- discuss with people their four options for personalised funding money management arrangements and what is required for self-management:
  - self-managed
  - NDIA managed
  - other managed
  - a combination of the above
- convene or participate in a local community meeting to discuss what your mental health sector can be doing to get ready for NDIS
- encourage the local public mental health service to conduct an audit of clients known to them that might be eligible for NDIS
- encourage your local Partners in Recovery program, where these have been established, to develop a list of people known to them that may be eligible for the NDIS
- ensure that the information about any current clients is up-to-date and comprehensive. This is especially true for people receiving PHaMS and Day-to-Day Living Program services, and for NSW, people with primary mental health conditions in receipt of ADHC funded disability support services (e.g. former boarding house residents).
- where accessible use the National Disability Service NDIS capacity building resources, including the Organisational Toolkit, to assess and build the readiness of your community sector organisation for the NDIS
- ensure that your organisation's policies, procedures and practices are NDIS ready
- create a new role within your organization for an NDIS Liaison Officer or similar who can assist frontline workers, people with psychosocial disability and their families and carers. Help people to prepare for the NDIS and understand funded services and supports.

30 Adapted from Mental Health Coordinating Council (2015).*Op cit.* p. 89

Concluding Remarks

Full implementation of the NDIS is a major undertaking that will likely require generational change. Although national and NSW implementation is planned to conclude by July 2019, learning about the NDIS from a mental health perspective is likely to continue for many years.

The NDIS will profoundly change how people with psychosocial disability undertake activities of daily living, participate in the community and contribute to the social and economic life of Australia. National NDIS implementation will now see trial learning consolidated, scaled up and built upon. More people with psychosocial disability will access NDIS IFP. As the ILC builds through co-design approaches, the lived experience of the NDIS and mental health will grow. The interface of the NDIS with mainstream health/mental health and other services also continues to develop.

Our understanding of what is known evidence-based practice in mental health (e.g., employment/education, skills development, family and carer support, accommodation support, early intervention and promotion, psychological therapies, peer support, consumer operated services, cognitive remediation, etc.) will need to be reconciled with notions of choice and control.

This must include consideration of the capacity of the community managed mental health sector in entering the NDIS environment along with other health/mental health reform directions including, but not limited to, the emerging role of PHNs.

Other NSW communities will benefit from the experiences and lessons learned in the Hunter trial site. MHCC's experiences can help other NSW communities to explore the opportunities and challenges presenting through the NDIS.

Contribute to the NDIS learning about psychosocial disability!

The NDIS is a very large reform to the disability sector that will be continuously improving in its approach for years to come. As planned, it has relied heavily on the experiences of the trial sites between July 2013 and June 2016. Learning continues as the NDIS scales up nationally from July 2016.

Your support of people in both their access to and experience of the NDIS is an important part of that continuing learning. The planning, provision and review of NDIS funded services and design/implementation of the ILC will create many forward opportunities for us all to learn together.

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