31 March 2014

Submission to the Mental Health Council of Australia

Providing Psychosocial Disability Support Through the NDIS – a proposal

The Mental Health Coordinating Council (MHCC) welcomes the strong advocacy work that the Mental Health Council of Australia (MHCA) undertook in bringing together the mental health sector to progress discussion concerning the issues surrounding the NDIS implementation of psychosocial disability support service delivery. Whilst MHCC broadly supports the MHCA proposal, there are some major concerns with the proposal as it currently stands.

Service demand estimates and population planning assumptions

MHCC is troubled by the NDIA's estimate of 35,000 people likely to receive Tier 3 individualised packages. This may be a realistic target in the short-term but is hardly aspirational. As uptake grows, MHCC is concerned that a precedent will be set by such a reduction from the originally estimated 57,000 people, which itself was a very low estimate of need compared to those developed through the Commonwealth Government's largest population planning project, the National Mental Health Service Planning Framework (NMHSPF).

Equally, MHCC is unaware of the evidence that $2.1 billion is justified as a reasonable 'fair share' of the total NDIS funding. Mental health accounts for 14% of the burden of disease in Australia, and the Productivity Commission in 2011 commented that psychosocial disability may be the second largest disability group. This would lead to an estimated funding requirement well above this estimate. MHCC appreciates the constraints that have been placed on the MHCA in regards to client numbers and budgeting, nevertheless it important to comment on these issues.

Block funding

MHCC only supports the concept of service delivery via specific block funding (Tier 2/3) in the short term, except where services cannot easily be delivered as an event of service (e.g. drop in services), although these should also be able to transition to membership fee models over time. Services, whether funded under the NDIS or otherwise, must increasingly be predicated on personalised funding, choice and control.

Project plan clarity

The mechanisms through which this scheme design approach would be implemented in partnership with the agency lacks clarity. MHCC would not support the 'siloing' of MH from the NDIS as this would perpetuate issues related to poor integration of disability services from public health/mental health services. Quarantining can only be a short-term solution.

Privacy legislation

MHCC emphasise their concern with reference to issues related to inappropriate sharing of information under sections 55-57 of the National NDIS legislation. These do not appear to be addressed in the proposal. Chapter 4, General Matters Part 1: Other persons, Division 2, Section 55 - Power to obtain information from other persons to ensure the integrity of the National Disability Insurance Scheme (NDIS Act 2013). The MHCC is reliably informed that this section is being used as a loophole for providing information between services, without the permission of the participant in the scheme. This is contrary to what we would regard as appropriate practice in mental health services, and we would query how the two pieces of legislation will interface in the context of disclosure of information. We note that the important principles protecting privacy and confidentiality must also be reflected in Part 5: Division 6: Clause 35 – Giving information, and we are deeply concerned about the lack of protection demonstrated in Clause 36 – Protection from liability for giving information, where in (b) "a person cannot be held to have breached any code of professional etiquette or ethics or departed from any accepted standards of professional conduct as a result of giving information or document". 'Good faith' in accordance with Clause 36 is one thing, but the matter of consumer consent for others to pass on information to the Director General or how that information is protected, must be more appropriately and fully addressed.

Language use

Finally, MHCC has a general concern around the use of language and community sector descriptions in the document: e.g. the use of "Clinical" vs "Non-clinical" – an artificial an inaccurate distinction in community mental health.

Conclusion

In most other respects however, this is an excellent starting point to begin an inclusive process of developing psychosocial disability service supports through the NDIS that are inclusive of the extensive experience and skills of the consumers, carers and community organisations from the mental health sector. MHCC congratulates MHCA on its ongoing proactivity in this space.[i]

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[i] Note: MHCC also provided more detailed proposal design and technical comment directly to the MHCA.