

National Disability Insurance Agency Mental Health Sector Reference Group Sector Communiqué – March 2016

The NDIA Mental Health Sector Reference Group (NMHSRG) provides expert advice from a cross section of the mental health sector to the NDIA about the progressive integration of psychosocial disability into the Scheme. The NMHSRG is also an important mechanism for information sharing across the mental health sector, NDIA and the broader community. As such, the purpose of this Communiqué is to provide the key outcomes of the sixth meeting of the NMHSRG, and first meeting of 2016, which took place on 4 March 2016 in Melbourne.

The meeting was well attended with members noting the important work underway in planning an integrated approach to psychosocial disability for the participants of the NDIS.

The NMHSRG, chaired by NDIA Strategic Adviser Mr Eddie Bartnik, includes diverse sector representatives and is attended by expert guest presenters when necessary.

The following members, project managers and invited guests were in attendance:

Members

- Mr Eddie Bartnik, Chairperson
- Ms Julie Anderson, Consumer representative
- Ms Janet Meagher AM, NDIS Independent Advisory Council
- Dr Gerry Naughtin, NDIS Independent Advisory Council
- Mr Evan Bichara, Consumer representative
- Ms Arahni Sont, Carer representative
- Ms Marita Walker, Perth Hills Trial Site Manager
- Mr John Feneley, NSW Mental Health Commissioner [*via teleconference*]**
- Mr Daniel Casey, Mental Health Australia (for Mr Frank Quinlan)
- Mr John Riley, Department of Social Services
- Ms Anne Skordis, GM Scheme Transition
- Ms Jillian Paull, NDIA Branch Manager
- Ms Robyn Humphries, Mental Health Drug and Alcohol Principal Committee*
- Ms Teena Balgi, Mental Health Drug and Alcohol Principal Committee (for Ms Fiona Wynn)
- Ms Sarah Johnson, NDIS Scheme Actuary (Item 5.1 only)
- Dr Anthony Millgate, Department of Health

Project Managers

- Mr Mark Rosser, NDIA Mental Health Section
- Ms Deborah Roberts, NDIA Mental Health Section
- Ms Petra Hill, NDIA Mental Health Section
- Mr Josh Fear, Mental Health Australia (Item 4.1 only, *via teleconference*)
- Ms Janie Lawson, Department of Social Services
- Ms Belinda Ashton, NDIA Actuary (Item 6.1 only)

Invited Guests

- Professor Mal Hopwood, RANZCP President (Item 5.1 only)
- Ms Jessica Spiers, RANZCP Manager of External Relations (afternoon sessions only)
- Dr Paul White, Department of Communities, Child Safety and Disability QLD
- Ms Sue Ham, Regional Manager Tasmania and Former Barkly Trial Site Manager (afternoon sessions only)
- Ms Lizzie Gilliam, Regional Manager Northern Territory [*via teleconference*]
- Ms Kylie Wake, SDF Project Manager Mental Health Australia

Apologies

- Mr Frank Quinlan, Mental Health Australia
- Ms Fiona Wynn, Mental Health Drug and Alcohol Principal Committee
- Ms Paula Zylstra, Department of Health
- Ms Vanessa D'Souza, Independent Hospital Pricing Authority (IHPA)

*representative of the Mental Health Drug and Alcohol Principal Committee (MHDAPC) of the Australian Health Ministers Advisory Council

**representative of Mental Health Commissions.

Summary of the Sixth Meeting

The Chairperson acknowledged the Wurundjeri people as traditional owners of land and paid respect to elders both past and present.

The Chairperson welcomed members to the first meeting of the NDIA Mental Health Sector Reference Group (the NMHSRG) for 2016 and thanked members for their attendance.

The Chairperson acknowledged the valuable contribution of people with a lived experience of mental health difficulties, along with their families/ carers and all those in the sector who support them. The Chairperson reminded the NMHSRG that the core purpose of the Group is to ensure people with psychosocial disability accessing the Scheme (including through the ILC) have the best life they can in the community.

Chairperson's Report

The Chairperson reflected on the following developments (noting that much detail was provided in members and project reports) of the *NDIA Mental Health Work Plan 2015-16*:

- recent media coverage and narrative construction about the Scheme. The Chairperson assured members that the Scheme remains steadfastly on track and on budget. However, the Chairperson also noted the particular challenge of 'scaling up' to full Scheme and bringing a large population of diverse people into the Scheme in a respectful and efficient way as being the current imperative for NDIA operations. This requires joint deliberate effort by the NDIA, government stakeholders, mental health and disability sectors to actively build trust in the community.
- the *Mental Health Work Plan 2015-16* continues to progress well with evidence of deepening partnerships (e.g. with the RANZCP)
- scoping of a website project (related to the My Choice Matters website) to design and deliver online self-directed NDIS planning and resources for people with psychosocial disability and their families
- Mental Health Section is consolidating with new staff member Mr Mark Rosser and a new Program/Data Analyst to join the Section in May 2016, and
- recent briefing to the Mental Health Drug and Alcohol Principal Committee (MHDAPC) and connection to the Department of Health team working on the 5th National Mental Health Plan, including recent communication from NSW Council on Intellectual Disability regarding the mental health needs of people with intellectual disability.

Scheme Actuary's Report

The Chairperson thanked the Scheme Actuary, Ms Sarah Johnson for her ongoing attendance and commitment to the provision of regular Scheme data to the NMHSRG. The Chairperson reminded the NMHSRG about the power of establishing a consistent national

database around Scheme access and utilisation for people with psychosocial disability as a valuable resource for the NMHSRG and the mental health sector as a whole.

Ms Sarah Johnson, Scheme Actuary and Ms Belinda Ashton (via Telepresence) gave a presentation on *People with Psychosocial Disability and the NDIS – as at 31 December*. It was noted that the December 2015 Quarterly Report, a Sustainability Report and Trial Site ‘dashboard’ are now available on the NDIS website. A pilot [Outcomes Framework](#) has also been released. The Framework is not specific to psychosocial disability. However, the [NDIA Outcomes Measures and Reference Packages for Psychosocial Disability](#) project is expected to inform future refinement of the NDIS Outcomes Framework.

The Scheme Actuary provided the background to the NDIS roll out across Australia, noting that the NDIS commenced on 1 July 2013 with four trial sites in the:

- Hunter region– including Newcastle, Lake Macquarie, and Maitland Local Government Areas (LGAs) in New South Wales
- Barwon region – including Greater Geelong, Surf Coast, Queenscliff and Colac-Otway Local Government Areas (LGAs) in Victoria
- South Australia – including 0-14 year olds; and
- Tasmania – including 15-24 year olds.

On 1 July 2014 three additional trial sites commenced in the:

- Australian Capital Territory
- Perth Hills - Swan, Kalamunda and Mundaring LGAs in Western Australia; and
- Barkly region in the Northern Territory

Lastly, the beginning of transition to full scheme in New South Wales commenced on 1 July 2015 in Nepean Blue Mountains, with participants receiving plans from 1 September 2015. Two other sites operate under the Western Australian Government’s My Way initiative - from July 2014 for people in the Lower South West area and from July 2015 for people in the Cockburn-Kwinana area. The NDIA does not have access to data for My Way sites.

As at 31 December 2015, 2,432 (9%) of all scheme participants have a psychosocial disability, and 1,681 participants (6%) recorded their psychosocial disability as their primary disability. In the New South Wales-Hunter and Victorian trial sites the proportion of participants with a primary psychosocial disability is 9.6% and 14.1% respectively. Note: these numbers should be treated with caution as psychosocial disability is still being phased into the New South Wales trial site, and potential participants continue to approach the scheme.

The Chairperson highlighted the continuing trend of alignment between emerging trial site data the Productivity Commission’s initial estimates of overall percentages. It was noted that as the data set grows across sites comparisons across trial sites, and other variables, it will become increasingly meaningful and highly valuable. In particular, data around outcomes for people with psychosocial disability will provide significant insights around populations including whether their needs are being met.

Members' Reports

A 'Members Reports' session followed allowing shared visibility of NDIS transition and readiness planning. Of significance, the NMHSRG heard feedback that:

- the [6th Consumer Workforce Conference](#) (titled: A Changing Landscape) will be hosted by the Victorian Mental Illness Awareness Council (VIMIAC) on Monday 21 and Tuesday 22 of March 2016. The conference will consider the far-reaching effects the NDIS will have on mental health planning and service delivery – particularly in the ways Mental Health Community Support Services interact with their clients.
- the NDIS Independent Advisory Council reported being pleased to have the first of the NDIA's annual Mental Health Report to the Board as recommended in the IAC's advice on implementing the NDIS for people with mental health issues. Dr Gerry Naughtin reflected the sense of reassurance of the IAC regarding the NDIA's significant body of work now underway. The IAC's forward work plan includes an exploration of how peer work be supported, strengthened and sustained in practice.
- Access to mental health services and support for people with Intellectual disability – Dr Naughtin noted that the membership of the IAC did not initially include representation of people with intellectual disability. Principal Member, Dr Rhonda Galbally has subsequently established an [Intellectual Disability Reference Group](#) which will also consider the interface between intellectual disability and mental health in the context of the NDIS. The Department of Social Services (DSS) is progressing the development of an Integrated Plan for Carer Support Services (the Plan). The Plan is being developed to reflect the Australian Government's priorities for carers, and outlines practical actions to recognise, support and sustain the vital work of unpaid carers. Stage one commenced in December 2015 with the implementation of the Carer Gateway. Developed specifically for carers, Carer Gateway helps carers access practical information and advice and to connect with services in their local area. For further information, please visit [Carers Gateway](#) website or call 1800 422 737 Monday to Friday 8am – 6pm
- the Mental Health Drug and Alcohol Principal Committee (MHDAPC) is overseeing the development of the *Fifth National Mental Health Plan* with initial meetings to take place in April 2016
- the Department of Health will attend the 5 April Workshop on the development of the *Fifth National Mental Health Plan*. Suicide prevention in Aboriginal and Torres Strait Islander communities will be a key priority of the Plan. The Plan is expected to be finalised by June 2016 and the NDIS has been identified as an essential component of the planning.
- the NSW Mental Health Commissioner raised the issue of people with complex needs under the NDIS noting that functions of Aging Disability and Home Care NSW (ADHC) will be subsumed by the NDIS with state wide NDIS implementation to be completed by July 2018. It was noted that ADHC works closely with the NDIA to support implementation of the NDIS in the Hunter Trial Site from July 2013. Consistent with joint priorities, ADHC is implementing a range of initiatives to support the launch.
- Mental Health Australia are working hard to engage early with Primary Health Networks (PHN) around the practical aspects of rolling out mental health reform. MHA is also assisting the Independent Hospital Pricing Authority (IHPA) to engage the mental health

sector in the development of the new Australian Mental Health Care Classification (AMHCC).

NDIS and the Royal Australia and New Zealand College of Psychiatrists

The Chairperson welcomed the President of the Royal Australian and New Zealand College of Psychiatrists (the RANZCP), Professor Malcom Hopwood to the meeting. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college has strong ties with associations in the Asia-Pacific region.

Opportunities for collaboration:

Professor Hopwood provided a presentation to the NMHSRG about the RANZCP and opportunities for collaboration on the NDIS. In particular, it was noted that:

- there is an overarching theme of 'distance' between psychiatrists and the NDIS
- membership to RANZCP includes 5,000 members including 3,700 fully qualified psychiatrists and almost 1,200 members who are training to qualify as psychiatrists
- to date, engagement with the Scheme, including the NDIA, has been through correspondence, submissions (ILC and other) and Board meeting attendance by the Chairperson Eddie Bartnik
- there is considerable need for further education of psychiatrists around the NDIS and its impact 'on the ground'
- Professor Hopwood proposed the establishment of NDIS 'champions' to actively promote and educate members on what the NDIS means for them, and the mental health sector as a whole
- the Chairperson, Mr Eddie Bartnik will attend the 2016 International RANZCP Congress of Psychiatry which will include a symposium on the NDIS. For more information visit the [RANZCP International Congress of Psychiatry 2016](#) webpage; and
- the RANZCP is also in the process of developing fact-sheets for the RANZCP website on the NDIS (effectively, NDIS 101 facts sheets).

Professor Hopwood noted that many of the concerns shared within the RANZCP are not unique to those already raised by the sector. Regardless, he provided a brief overview of some concerns, including that:

- the breadth and coverage of the Scheme may not adequately meet the communities' unmet needs arising from mental health issues
- the 'ongoing cognitive impairment' of many people with psychosocial disability has been adequately accounted for in NDIS access processes
- a barrier exists for some potential participants where establishing permanence, or likely permanence, of disability is a requirement of Scheme access
- the 'consumer driven' nature of the scheme may compromise the receipt of support for some individuals who 'lack insight' into their needs or have difficulty expressing their life choices, goals and aspirations. It was noted that the RANZCP have a keen interest in the release of the NDIS Quality and Safety Framework
- measurement process may not adequately capture individual progress, variations in intensity ('episodes') nor the 'stabilisation' of mental health issues
- the availability and accessibility of supports for non-participants with mental health issues as part of the ILC and beyond the ILC part of the Scheme
- how the specific and diverse needs of carers and families of people with psychosocial disability will be met

- what the interaction between national and jurisdictional mental health reform and the NDIS will look like 'on the ground'
- how the assessment of needs will be carried out and monitored for this cohort; and
- how variations in intensity ('fluctuation of illness' and 'episodes') will be accommodated for in Plans and under the Scheme.

Professor Hopwood reflected on the particular challenge of supporting Scheme access for people with psychosocial disability who are increasingly marginalised. For example, those on Community Treatment Orders.

On behalf of the RANZCP, Professor Hopwood expressed a strong willingness to continue engagement and discussion with the NDIA on these issues.

The Chairperson warmly thanked Professor Hopwood for his presentation and welcomed continued engagement with the RANZCP.

A discussion around some of the issues raised by the President of the RANZCP ensued, including that:

- the proposed ILC is not designed to meet the needs of all people experiencing mental health issues and that this responsibility sits within the existing mental health system
- as psychiatrists hold positions of trust with the people they support and within communities, clear accurate and timely communication with psychiatrists about the NDIS access process is imperative
- the Australian National Survey of High Impact Psychosis (the SHIP Report) describes the prevalence and profile of psychosis in Australia and identifies factors associated with good outcomes in psychosis that are amenable to change and critical to recovery. Members agreed that the SHIP Report be a resource for NDIS operational policy refinement and service delivery planning
- there are plans for streamlined access processes for people currently accessing services including in the ILC space and there is the need for psychiatrists to understand these processes including the role of Local Area Coordinators at the point of access, especially where people are not linked to mental health services; and
- the need for breadth of understanding of access processes noting that private mental health arrangements are accounted for within the recently released Principles to Determine the Responsibilities NDIS and Other Service Systems. For more information see the [COAG Principles to Determine the Responsibilities of the NDIS and Other Service Systems](#) webpage.

Members acknowledged the significance of the RANZCP attendance and engagement with NDIS, however, it was also stressed that vulnerability can be heightened for people when accessing psychiatric services. It was acknowledged that working with some consumers in a person centred paradigm can be challenging and encouraged the RANZCP to bolster their practices around self determination to better align with the emerging model of choice and control.

The Chairperson summarised the value of a deep relationship between Royal Australia and New Zealand College and Psychiatrists and the NMHSRG and committed to consolidating and further strengthening this with the support of members.

Rural and Remote

Rural and Remote issues in the context of the NDIS and mental health was the focus session of the meeting and included guest presenters: Ms Sue Ham, Former Barkly Trial Site Manager, Ms Lizzie Gilliam, Barkly Trial Site Manager and Dr Paul White from the Queensland Department of Communities, Child Safety and Disability. The session was broken into three agenda items to engender a shared understanding of the issues and identify opportunities for collaboration. The agenda items were:

1. NDIS Rural and Remote Strategy and Implementation Plan
2. Update on the Barkly Trial Site; and
3. Clinical Experiences of Cognitive Disability in Rural and Very Remote Queensland

NDIS Rural and Remote Strategy and Implementation Plan

Ms Anne Skordis General Manager Scheme Transition began the session by providing the NMHSRG with the finalised Rural and Remote Strategy (the Strategy). It was noted that the Strategy and implementation plan articulate the NDIA's response to people in rural and remote Australia and their awareness of and access to the Scheme based on positive community based engagement approaches and service delivery.

The Strategy was formally endorsed by key governance bodies including the NDIA Board, Disability Reform Council (DRC) and the Council of Australian Governments (COAG). It was noted that pictorial, Plain English and other accessible formats of the Strategy must be finalised before the Strategy is launched and made publically available by the NDIA. Ms Skordis noted that the Strategy is complemented by an Aboriginal and Torres Strait Islander Engagement Plan which has been recently endorsed by the NDIA's Executive Management Group (EMG).

In recognition of the need to guard against market failure, work needs to be across different sectors, (including mental health) and develop solutions to NDIS and mainstream service interaction.

Under the Strategy, a range of activities are required to take place in the Markets and Sector Division of the NDIA. It will also require the further simplification of access processes. The NDIA has developed a Rural and Remote Strategy and is developing an Implementation plan which will support the Strategy. The intent of the Implementation Plan is to outline actions to be taken by the NDIA to deliver on the vision, goals and activity areas of the Strategy.

This Implementation Plan is being developed in close partnership with:

- Commonwealth Government
- State and Territory governments
- NDIA business areas
- NDIA Rural Remote Aboriginal and Torres Strait Islander Reference Group, and
- NDIA Rural and Remote Working Group.

The Implementation Plan will be used to guide NDIA Divisions and measure progress towards achieving outcomes against the deliverables in the Strategy. The NDIA will work with its stakeholders to monitor and evaluate the impacts of service delivery effectiveness throughout the NDIS transition.

Finally, it was noted that the Strategy and Implementation Plan must be considered within the overarching framework of the National Disability Strategy 2010-2020 (the NDS) to ensure the Scheme's responsiveness to people with disability, their families and carers living in rural and remote areas.

Update on the Barkly Trial Site

Ms Sue Ham, Regional Manager Tasmania (Former Barkly Trial Site Manager) and Ms Lizzie Gilliam, Regional Manager NT provided an overview of the NDIS Barkly trial site experience to date. For the benefit of members, Ms Ham provided the context of the operation of the site, noting that the Barkly Region is the second largest Local Government Area (LGA) in Australia and is located in the middle of the Northern Territory. NDIA staff are required to drive upwards of 5 hours per day to reach the 8 different communities dispersed across the LGA. Currently, most active NDIS participants are based in Tennant Creek.

The NT trial site was 'slow to start' in part due to the very low numbers of locally based NDIA staff. Eighteen months later, two thirds of staff are local making a significant impact on the NDIA's ability to engage communities across the Region.

Ms Ham then provided an overview of key issues relating to mental health and the NDIS in the Barkly Region. Namely that:

- while good progress is being made against the bilateral targets (120 eligible participants, representing 78 per cent of the expected participants provided for under the Northern Territory (NT) bilateral agreement), as at 31 December 2015 only 3 per cent have a primary psychosocial disability
- 3 per cent is around half the national average and is less than the expected proportion of participants with psychosocial disability at full scheme.

NDIA Barkly trial site initiatives to address this issue include:

- focussing on reaching out to individuals who have chosen not to enter the NDIS (from either NT programs or Commonwealth funded programs)
- ongoing work with providers (and in particular the NT Mental Health Team and Catholic Care, Personal Helpers and Mentors program (PHaMS) provider to jointly reach out to encourage testing their eligibility to access the NDIS)
- capitalising on the experience and expertise from the Barwon trial site. In particular, Barwon's experience of reviewing access decisions made for clients of the PHaMS program in 2015 and supporting Plan Support Coordinators on the ground
- ongoing and intensive engagement and trust building within communities
- engagement by Mr Eddie Bartnik, NDIA Strategic Adviser and Dr Russell Ayres, DSS Program Director in September 2015. A number of mental health forums in Darwin and Alice Springs were held as well as a Video Conference with Tennant Creek staff.
- feedback on the Remote PHAMS model and Barkley experience is being considered by DSS in transition planning
- working with participants with psychosocial disability as their primary diagnosis, includes recognising the importance of supporting people to connect to country, for example, the Maryanne Dam is significant for Aboriginal women in the town. These connections to country are built into NDIS Plans.
- funded supports range from small amounts up to around \$32 000 in these plans. An NDIA Project Officer works alongside staff at the Anyinginyi Health Aboriginal Corporation. This is an additional strategy to support engagement and support the NDIA's collaborative early intervention work including childhood and working with Primary and Secondary Schools in Tennant Creek.

Other key rural and remote learnings from the Barkly trial site include:

- streamlining of access processes including the use of a one page Access Request Form (ARF). However, early reports indicate that the one page version of the ARF is not still not adequately accessible for this cohort, subsequently, work is underway to implement a verbal access and consent process
- ongoing capacity building of staff around mental health in the context of the Scheme. There has also been some delays from providers about registering with the NDIS, until they had considered the business model and risks for their organisation. The NDIA has worked hard to encourage providers to consider what other supports they could consider offering beyond those currently registered for. This has assisted the diversification of support providers in the Region helping to facilitate access to services in communities, including for participants with psychosocial disability.
- proposal to establish an innovative training program that will support NDIS transition across diverse communities and cohorts; and
- actively building the capability of local people (including providers) to deliver supports into homes.

Ms Ham noted that there has been an exponential growth in the numbers of providers in the Barkly Region from around 7 to 28. Additionally, there has been an expansion of shared support accommodation in the area, providing stable and appropriate housing options for people. These initiatives have had a visible tangible impact on the Region including creating opportunities for employment.

Mr Astbury noted the concern arising from the Joint Support Design project consultations in the Region around whose responsibility chronic, complex health problems will be. Especially in the context of the incredibly low numbers of people identifying/ identified with psychosocial disability (or psychiatric diagnoses). Mr Astbury emphasised the different discourses around within and across communities and that deep understanding of this is fundamental to meaningful engagement.

Ongoing areas of challenge:

- Complex disabilities
- Co-occurring mental health and drug and alcohol issues
- Disaggregation of roles and responsibility of systems including 'mainstream' systems such as health, education and transport. In particular, the interface of the aged care system with the NDIS requires further examination to ensure that Elders with disability are appropriately supported within communities; and
- Primary Health Networks (PHNs) now also active in the Barkly Region making discussion of interface principles essential.

Clinical Experiences of Cognitive Disability in Rural and Very Remote Queensland

Dr Paul White provided a presentation on the clinical experiences of neurocognitive disability in rural and very remote Queensland. Dr White shared the power point presentation titled: *Cognitive disability amongst Australians in remote and rural Areas: Implications for the NDIS.*

Note: Section to be updated once content cleared by Dr Paul White (currently on leave).

Project Updates

A session focusing on the progress of key NDIA mental health projects, and opportunities for feedback on these, then took place. A summary is provided here:

Outcomes Measures and Reference Packages

[NDIS Outcomes Measures and Reference Packages for Psychosocial Disability](#)

Reference packages are utilised in safeguarding the sustainability of the Scheme and contain information that assist in determining whether a proposed statement of support aligns with what is expected for a participant of similar characteristics and needs. Reference packages do not determine Scheme access or allocation of resources; however, are important tools for monitoring Scheme effectiveness and costs. This project is designed to assist shaping optimal access arrangements for people with psychosocial disability by enabling greater sophistication of reference packages and outcomes measures.

Ms. Deb Roberts provided a brief update as follows:

- first report from the consultants was received by the NDIA. The report recommends the use of HONOS and/or LSP16 for use in the development of reference packages for psychosocial disability; and
- the first meeting of the newly established expert panel is tentatively scheduled to take place on Friday 6 May 2016. The panel will assist selection of appropriate measures and also developing levels of funding using the chosen measure. To be put in touch with the project team, please contact:

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Joint Support Design Project

[MHA / NDIA Design of Supports for Psychosocial Disability](#)

Ms Deborah Roberts and Mr Josh Fear (via teleconference) provided an update on the progress of the MHA/ NDIA Joint Support Design project. Overall, it was noted that the Report is expected to be finalised very shortly and includes robust and valuable information about the design of supports for people with psychosocial disability accessing the NDIS. It was noted that the report has been developed in consensus and will provide a list of recommendations for consideration. It was also noted that:

- the alignment of views within the report is a significant step forward
- evolution of ideas around support design has been recorded in the Appendix
- finding a 'common language' around mental health supports in a 'disability' or NDIS context has been the greatest challenge, and will be its greatest strength
- the Report describes a number of principles to guide support design in a mental health context.
- not all issues could be resolved in the Report, and that these would 'play out' over time
- jurisdictional consultations on the report took place between September and November 2015. Consultations revealed that 'engagement readiness' and 'pre-planning' means different things across different audiences.
- based on feedback from consultations, the draft report recommend that Mental Health Service Principles be formally adopted by the NDIA. There are also a number of recommendations regarding NDIA processes and practices and the inclusion of a small number of additional items in the NDIS support catalogue.

Members of the NMHSRG agreed that they would appreciate it if the draft Report consider further the:

- role of peer workers in the context of mental health and the Scheme and in the design of optimal supports for people with a psychosocial disability; and
- the adoption of trauma informed practices and principles in the design of individual supports for people with psychosocial disability.

For further information relating to this project please contact:

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Access Review

[Operational Access review for Psychosocial Disability](#)

Mr Mark Rosser provided an update on the progress of the Operational Access Review for Psychosocial Disability project. Current work includes the:

- clarification and refinement of the NDIA's operational approach to the Early Intervention gateway in the context of mental health and the Scheme, especially as a the Scheme rolls out
- development of a suite of NDIA mental health staff training. It was noted that a hierarchy of training needs (from broad education and awareness raising to specific technical training) have been identified across different NDIA roles and responsibilities. The NDIA Mental Health Section is working with Learning and Development Section to progress this work; and
- further development and implementation of a national Mental Health and the NDIS Engagement Strategy is of high priority. This work is to include an explanation of how the Scheme will work for people with psychosocial disability, their families and carers. Ms Janet Meagher reminded the NMHSRG that many mental health conditions are 'cyclic', or vary in intensity, and that consumers are the critical reference group regarding the development of personally meaningful and flexible plans. In particular, it was noted that "most of us know what our triggers are," what may ameliorate these, and what types of behaviors or emotional states are typical in certain circumstances. For further information relating to this project please contact:

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The Chairperson reminded members that the focus of the NMHSRG's work is the NDIA's *Mental Health Work Plan 2015-16* including projects captured in the plan. Additionally, the NMHSRG is an important mechanism for information sharing across the mental health sector, NDIA and the broader community.

Priority topics for consideration on the next agenda include: Aboriginal and Torres Strait Islander Engagement Plan, the 5th National Mental Health Plan and national and jurisdictional mental health reform, and Scheme Transition.

The next meeting is expected to take place in June 2016.

For further information regarding the NDIA Mental Health Sector Reference Group please contact:

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As agreed at the 4 December meeting of the NMHSRG, an updated Terms of Reference for 2016 is available at [Attachment A](#).