

National Disability Insurance Agency Mental Health Sector Reference Group Sector Communiqué – December 2015

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 fifth meeting of the NMHSRG which took place on 4 December 2015 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 is chaired by NDIA Strategic Adviser Mr Eddie Bartnik and includes diverse sector representatives. The following members and project managers were in attendance:

Members Present

- Mr Eddie Bartnik, NDIA Strategic Adviser (Chairperson)
- Ms Julie Anderson, Consumer Representative
- Mr Evan Bichara, Consumer Representative
- Ms Arahni Sont, Carer Representative
- Ms Janet Meagher AM, NDIS Independent Advisory Council
- Ms Marita Walker, NDIA Perth Hills Trial Site Manager
- Mr Rod Astbury, Community Mental Health Australia
- Ms Robyn Humphries, Department of Health and Human Services VIC*
- Mr Frank Quinlan, Mental Health Australia
- Dr Russell Ayres, Department of Social Services
- Dr Anthony Millgate, Department of Health
- Ms Anne Skordis, NDIA GM Scheme Transition and Integrity
- Ms Tully Rosen, Mental Health Commission (NSW) (for Mr John Feneley)
- Ms Sarah Johnson, NDIA Scheme Actuary

Invited Guests

- Mr David Meldrum, Mental Illness Fellowship Australia
- Ms Cathy O'Toole, SOLAS Mental Health and Wellbeing (QLD)
- Dr Martin Cohen, Hunter New England Health (*via Teleconference*)

Project Managers

- Ms Janie Lawson, Department of Social Services
- Mr Josh Fear, Mental Health Australia
- Ms Kylie Wake, Mental Health Australia
- Ms Melody Schofield, Department of Health
- Ms Deb Roberts, NDIA
- Ms Amy Waters, NDIA

Apologies

- Dr Gerry Naughtin, NDIS Independent Advisory Council
- Ms Fiona Wynn, Health NSW*
- Mr Peter De Natris, NDIA Scheme Integrity
- Mr John Feneley, Mental Health Commission (NSW)**
- Ms Paula Zylstra, Department of Health
- Ms Petra Hill, NDIA

*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 fifth meeting

The NMHSRG noted a number of changes to government representatives of the group, these were:

- *Department of Health* - outgoing Ms Fiona Nicholls, replaced by Dr Anthony Millgate, and
- *National Disability Insurance Agency* - outgoing Ms Kerry Hawkins, replacement to be appointed early 2016.

The Chairperson extended a warm welcome to incoming members and his sincere thanks to the outgoing members for their dedication to the work of the NMHSRG and wished them well in their future endeavours.

Chairperson's Report

The Chairperson reported on highlights of the NDIA's work in the Mental Health space that had occurred since the last meeting, including:

- NMHSRG input for the Expert Review Group that informed the Government response to the *National Mental Health Commission Review of Mental Health Programs and Services*
- an [NDIS and Mental Health Webinar](#) which took place on 7 October 2015 as part of Mental Health Week. The panel included Ms Janet Meagher and was facilitated by Dr Gerry Naughtin, both members of the NDIS Independent Advisory Council. Over 700 people participated in the live webinar generating many questions and comments. In response to this, the [NDIA Mental Health Section developed responses to the key themes arising from the webinar](#).
- engagement with the *Queensland Transition Forum* working on mental health transition to the NDIS
- engagement visit to the Northern Territory
- a joint national meeting between Partners in Recovery, the Department of Health and the NDIA to facilitate smooth transition to the NDIS
- briefings with the National Mental Health Commission and Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG briefing on Rural and Remote Strategy and ATSI engagement strategy), and
- attendance at the Mental Health Conference Sydney in November 2015.

The Chairperson also shared information on a new project called the [International Initiative for Disability Leadership \(IIDL\)](#) which sits under the umbrella of the [International Initiative for Mental Health Leadership \(IIMHL\)](#). Australia has recently joined as a member country of IIDL and the NDIA is the lead sponsoring organisation. Mr Eddie Bartnik and Ms Anne Skordis are the NDIA representatives on the IIDL and Mr Bartnik is Chair of IIDL's Sponsoring Countries Leadership Group. Additionally, Mr John Feneley chairs the Sponsoring Countries Leadership Group for IIMHL.

Both IIMHL and IIDL are unique international initiatives focussing on organising systems for international leadership exchange, innovation sharing, networking and problem solving across countries and agencies with the overall aim to provide better outcomes for people

across mental health, addiction and disability support systems. The NDIA is now the Australian representative for the IIDL initiative and will be responsible for designing and coordinating the Australian leadership exchange and network meeting in Sydney in March 2017, in collaboration with Mr Feneley and IIMHL.

The Chairperson informed the group that co-design of the Information Linkages and Capacity Building Commissioning Framework was underway and that the NDIA had opened a tender for Local Area Coordination in Victoria. The Chairperson identified that probity arrangements were in place and that statements about a national approach to Local Area Coordination are not expected to be released until 2016 due to the timing of the signing of bilateral agreements.

For the purpose of this communique, note that the draft [Information Linkages and Capacity Building Commissioning Framework](#) was released for consultation on 18 December 2015. The NDIA will undertake consultation and co-design activities in early 2016 to inform its plans for this funding.

Review of NMHSRG Terms of Reference

The NMHSRG Terms of Reference (TOR) requires that a review of its contents be undertaken annually. As such, the Chairperson led a discussion on the NMHSRG Terms of Reference. The four key areas identified for discussion and updating were:

- conflict of Interests
- membership
- reporting to the NDIA Board and NDIS Independent Advisory Council
- protocol for external feedback

Following endorsement from the NMHSRG, the updated NMHSRG TOR 2016 will be made publically available on the NDIS website.

NDIA Mental Health Work Plan 2015-16

The Chairperson shared that the NDIA's *Mental Health Work Plan 2015-16* has been finalised and outlines the NDIA's commitment to continue the:

- NMHSRG and ongoing mental health sector engagement
- NDIA Community of Practice
- implementation of the recommendations arising from the NDIA Operational Access Review for Psychosocial Disability project
- completion of the Support Design and Reference Packages projects
- NDIA, DSS and Health Data Group meeting
- collaboration with Mental Health Australia work on sector development, and
- formal reporting to the NDIS Independent Advisory Council and the NDIA Board.

The *Mental Health Work Plan 2015-16* identifies a number of new pieces of work including:

- the development of a national mental health and psychosocial disability communication strategy for the NDIS
- increasing understanding and use of emerging Scheme data across the mental health sector. In particular, this includes data about who are participants of the Scheme and the types of supports accessed by participants
- regular communication of any changes to the implementation of the Scheme to the mental health sector

- strengthening the links, and clarifying the interface, between the NDIS and national mental health reforms including the commissioning of mental health services via Primary Health Networks
- strengthening links, and clarifying the interface, between mental health sector and mainstream services and supports.

The Chairperson also shared that the Mental Health Section is now part of the NDIA's Scheme Transition Division and reports through Ms Anne Skordis, General Manager to Ms Louise Glanville, Deputy CEO. A full time team located in Geelong is being consolidated. Mr Eddie Bartnik remains as Strategic Adviser and leads the overall *Mental Health Work Plan 2015-16*. Some additional project resources have been secured to implement key recommendations from the Operational Access Review for Psychosocial Disability project. This includes work around data mapping and a national communications strategy.

Mental Health Services Planning in the Hunter

Dr Martin Cohen provided the NMHSRG with a presentation on *Mental Health Services Planning in the Hunter (NSW)*. Dr Cohen highlighted the significant work that had been undertaken at Hunter New England Mental Health (HNEMH) to assist people with psychosocial disability to access the NDIS. In particular Dr Cohen noted that activities had been undertaken to:

- develop, implement and evaluate the efficiency and sustainability of initiatives to maximise benefits for consumers accessing the NDIS
- ensure that HNEMH moves smoothly through NDIS transition
- establish collaborative relationships across mental health services, community managed organisations and the NDIA
- manage and identify opportunities within the reform process, and
- support the pivotal role of *NDIS Service Champions*.

Dr Cohen noted a number of opportunities for people with psychosocial disability in the NDIS Hunter trial site including:

- increased opportunities for access to support services
- increased flexibility for level of support available including the choice of service provider and/or support worker, the amount and timeframes in which that support is received.
- participants staying well longer due to increased community support. This is evidenced by reduced admissions to acute and non-acute mental health facilities and shorter stay hospital admissions.
- people who may meet the access requirements of the NDIS, with low to moderate support needs, may not require mental health community management if adequate level of support is secured through the Scheme
- a minimal number of clients have been deemed ineligible when supported by a clinician
- services for mental health clients are slowly expanding. New services and disability services that have not traditionally partnered with Health are now providing line item support for mental health
- intensive support models for those with complex and/or so called 'treatment resistant' mental health conditions, and
- the potential for those residing in long term mental health facilities (such as long stay non-acute rehabilitation at Morisset Hospital) to be discharged into the community with the appropriate level of support. This includes forensic mental health residents.

Dr Cohen also noted a number of challenges in the trial site including:

- clinical governance-health policy, guidelines and procedures to support staff around a range of 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 developed 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

The Chairperson highlighted the positive evolution of language choice adopted by Hunter New England Mental Health (HNEMH) such as the explicit use of *disability focussed and recovery oriented supports* as a descriptor of NDIS mental health supports. Additionally, the Chairperson noted the significant commitment to leadership and clinical governance for NDIS strategies within the Health system including the establishment of *NDIS Service Champions* and robust processes for partnerships with NDIA and community support organisations.

Members' Reports

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

- consumers and carers are concerned about the supports available for people with psychosocial disability particularly in regards to housing, employment and virtual assistance for those in rural and remote areas. Mr Evan Bichara presented his Reflections on the NDIA Mental Health Sector Reference Group (see [Attachment A](#)) article. The NMHSRG agreed the article be published as an attachment to the current communique. Concerns were also raised regarding Scheme access for psychosocial disability and the tools used to determine access. It was noted that the current work of the NDIA and broader sector will assist in addressing these issues.
- the Department of Health reported on the announcement of the Government's response to the *National Mental Health Commission's Review of Mental Health Programme and Services*. The Department will provide a more detailed update on the Government's reform package at the next meeting. Regular meetings are now underway between the Department of Health, National Partners in Recovery Organisations Reference Group and the NDIA to facilitate NDIS transition.
- The Department of Social Services reported that the Disability Employment Taskforce's *Disability Employment Framework Discussion Paper* was open for comment until Monday 7 December. Further consultation is foreshadowed to inform the implementation approach, as well as some targeted engagement on specific issues to assist policy development.
- The Mental Health Commission NSW reported that a Summary paper of issues that emerged around support of NDIS clients with a mental health-related disability during

the first two years of the NDIS operation in the Hunter is now available online: <http://nswmentalhealthcommission.com.au/publications/the-nsw-ndis-and-mental-health-analysis-partnership-project>

- The MHC NSW also shared a short film featuring the experiences mental health consumer participants in the Hunter NDIS site. The film is intended to illustrate to policy-makers and the wider community the potential of NDIS to support people with psychosocial disability more effectively: <https://www.youtube.com/watch?v=9X-ea-O50Vg&feature=youtu.be>
- Mental Health Australia reported that a number of key pieces of work are currently being developed, these are:
 - Carers Paper (in collaboration with Carers Australia)
 - Supported Decision Making Paper
 - Impact of the NDIS on Mental Health Workforce Paper
 - The MHA tender for Peer Education Workshops opens the week beginning 7 December 2015

Scheme Actuary Report

The Scheme Actuary, Ms Sarah Johnson presented to the group on the NDIS insurance model and current psychosocial disability data. In particular Ms Johnson noted that:

- the NDIS is based on an insurance model that is underpinned by four principles. These are that the:
 1. annual funding requirement will be estimated by the Scheme Actuary's analysis of reasonable and necessary support need
 2. NDIS will focus on lifetime value for scheme participants
 3. NDIS will invest in research and innovation to support its long term approach and objective of social and economic participation and independence and self management for participants.
 4. NDIS will support the development of community capability and social capital so as to provide an efficient outcome focused operational framework and local area coordination and a support sector which provides a high quality services.
- financial sustainability can be defined as a state where:
 - the scheme is successful on the balance of objective measures and projections of economic and social participation and independence, and on participants views that they are getting enough money to buy enough goods and services to allow them reasonable access to life opportunities – that is, reasonable and necessary supports; and
 - contributing governments think that the cost is and will continue to be affordable, is under control, represents value for money and, therefore, remain willing to contribute.
- the Scheme Actuary is developing reference packages to provide a benchmark funding amount for people with similar support needs and characteristics. It is a link between resource allocation to individual participants and the overall funding envelope.
- an Outcomes Framework has been developed to measure the success of the scheme for participants. It will allow outcomes for participants and their families/carers to be tracked over time, the gap between all Australians and people with a disability to be tracked, and the gap between Australia and other OECD countries to be tracked.

- the Outcomes Framework is divided into different age cohorts with plain English and Easy English/pictorial versions of the tool available. Outcomes Framework questionnaires have been developed for participants, their families and carers. For the purpose of this communication, note that the [NDIS Outcomes Framework](#) was publically released on 10 December 2015.
- the Scheme Actuary then presented high level data from the 30 September 2015 Quarterly report. As of 30 September, 1450 participants with a primary psychosocial disability and additional 696 with a secondary psychosocial disability are accessing the Scheme. The Barwon trial site has the most comprehensive data and the current proportion of participants with a psychosocial disability is 14.2% which compares favourably to the Productivity Commission estimates of 13.8%.

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:

[NDIA 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. Progress on the project includes that the:

- first report Review of Measures for Psychosocial Disability has been received by the NDIA. The report recommends that the NDIA consider the use of the HONOS and/or LSP16 to develop reference packages for psychosocial disability. This recommendation is based on the widespread use of these measures in the Mental Health sector and the availability of population data for these measures. This report was circulated for information to the NMHSRG after the last meeting.
- the next phase of the project is the formation of the Expert Panel. This Panel will assist with choosing the appropriate measure and also developing levels of funding using the chosen measure. Nominations have been received and the project team are currently in the process of finalising the panel.

To be put in touch with the project team, please contact:

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

An update on the progress of the NDIA/MHA Joint Support Design project was provided by Ms. Deborah Roberts and Mr. Josh Fear. In particular, it was noted that:

- the NDIA's consultant (Synergia) completed its contract in July 2015 and provided 2 papers for the Joint Working Group (NDIA, Mental Health Australia and Community Mental Health Australia) to use in planning and running stakeholder consultation sessions.
- consultations aimed to provide input into the development of 'typical' kinds of support items and support packages for NDIS participants with psychosocial disability
- consultation workshops were convened by state and territory community mental health peaks in all jurisdictions between October and December 2015. Workshops

were attended by mental health consumers (including some NDIS participants from trial sites), families and carers, service providers, consumer/carer peaks and (in some locations) state government officials. A total of 166 people participated in the consultation workshops.

- Community Mental Health Australia (CMHA) has provided the Joint Working Group with the consultation findings. This will be a key input into the final report and recommendations, which are expected in early 2016.

For further information relating to this project please contact:

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[Operational Access review for Psychosocial Disability](#)

Ms. Deb Roberts provided an update on the Operational Access Review for Psychosocial Disability Implementation Plan. In particular it was noted that:

- the plan to implement the recommendations arising from the Operational Access Review for Psychosocial Disability project has been completed along with a Final Report. The key recommendations have been considered and prioritised within the *Mental Health Work Plan 2015-16*.

These projects will interface with other *NDIS Mental Health Work Plan 2015-16* projects, as well as remain responsive to developments in relevant NDIS areas such as the Information, Linkages and Capacity Building Framework and ongoing monitoring of psychosocial disability access data.

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The next meeting of the NMHSRG will take place in early March 2016.

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