NDIS and mental health: a Queensland snapshot

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Does mental health fit into the NDIS?

The National Disability Insurance Scheme (NDIS) is a life-changing innovation in health care, designed for people with disabilities, and their families and carers. It includes people with a psychiatric condition that leads to functional impairment that requires support. The Scheme will be rolled out geographically over three years with people transitioning at different times according to their location.

The NDIS focuses on functional impairment and what support is required to enable people to live a quality, 'normal' life. Originally it was not designed to meet the needs of people who experience mental health issues, their family and carers; this cohort was brought into the scheme after it had been designed and is being imperfectly moulded to fit it.

The first regions in Queensland started on 1 January 2016 in Townsville and Charters Towers, for children and young people, and all eligible people from Palm Island. So what were the concerns raised during this early launch?

One issue raised was whether planners had the right skills and knowledge of mental illness, to sufficiently assess people with mental ill-health, an often cyclical disability, against eligibility criteria that focused on permanency. Another was that some packages did not include consideration for transport, particularly for Palm Island participants who may not be able to access services without transport support.

Palm Island participants often come from culturally diverse backgrounds and speak different languages. Participants faced challenges in describing their conditions given language and cultural issues. Some cultures do not have words to describe mental illness and often it is culturally inappropriate to talk about mental health.

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Yet their existing service providers, who know them well, were often discouraged from providing support during the interview process. So designing an NDIS package may be problematic in this sector. Language must be considered when assessing a person with mental health issues, and support encouraged from someone they know, including providers.

Another concern is the lack of focus on mental health recovery in the underpinning guidelines. Worldwide, the focus on service provision is predicated on the basis of recovery or restoration of citizenship for people with a mental illness.

Concerns about service access for those ineligible for the NDIS, such as people who do not have a permanent, or severe and persistent mental illness continue. NDIS legislation dictates that the disability must be permanent, or likely to be permanent[1], however, many mental health issues are episodic in nature and do not fit into this definition of permanency. The cyclic nature of mental illness means that people need different levels of support at different times, with hospital admissions sometimes required.

Furthermore, there is a lack of clarity about what continuity of care will look like for those currently able to access block-funded services but who will be ineligible for the NDIS. There had been expectations that Primary Health Networks (PHNs) might play a role by provisioning services for people ineligible for an NDIS package, however the mental health guidance material developed by the Department of Health for PHNs suggests that the Australian Government wants PHNs to focus on clinical partnerships[2].

Historically, service providers have received block funding, and the services people with disability and their carers have received have been managed by providers. This will change under the NDIS, as people eligible for packages will have greater control and choice over how, when and from whom they receive services.

Service providers will enter into a client-driven environment and it is critical that they move to a service-focussed delivery model. Fundamentally it is the change to a market driven, commercial supply and demand scheme that will dictate how the sector operates. To compete in a more commercial market requires the market to be able to set such things as wage levels.

However, NDIS pricing structure limits what wages service providers can pay their employees, and the current pricing is considered too low[3]. This means that service providers may have insufficient funds to attract and retain staff qualified to assist people who experience complex mental health issues and exclude skilled and qualified mental health practitioners, professionals and peer workers.

This, in conjunction with issues around cash flow management, running dual systems, new IT systems, portal issues, workforce management and invoicing, are placing service providers under considerable pressure.

Cleary a lot more needs to be done to make a square mental health peg fit into a round NDIS hole. As we move into this new paradigm, we need to ensure that funding for programs is not removed before support arrives in all regions and that those ineligible for the NDIS continue to receive support.

There are many organisations involved in this massive change and we all need to work together, so no gaps arise between areas of responsibility, and ensure the great benefits of the NDIS are realised for everyone.

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1. Federal Register of Legislation (2016) *NDIS (Becoming a Participant) Rules 2016*. https://www.legislation.gov.au/Details/F2016C00730/Html/Text#_Toc447096670

2. Australian Government Department of Health (2016), *PHN Mental Health Tools and References: Stepped Care*. http://www.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/$File/1PHN%20Guidance%20-%20Stepped%20Care.PDF

3. Community Mental Health Australia (2015). *Developing the Workforce: Community Managed Mental Health Sector National Disability Insurance Scheme Workforce Development Scoping Paper Project*. http://qldalliance.org.au/cmha-ndis-workforce-development-scoping-paper/

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