



Thank you Chair. Community Mental Health Australia would like to thank the Joint Standing Committee on the NDIS for the opportunity to address the Committee and this hearing.

CMHA is a coalition of the eight state and territory peak community mental health organisations. CMHA promotes the recovery of people living with a mental health condition so that they are contributing citizens and included in all of the economic and social aspects of their community. The organisation presents a united and representative voice for the community managed mental health sector who work every day on mental health issues and have the expertise through a specialised workforce.

CMHA remains committed to the NDIS and the benefits that it can bring to the lives of people living with mental health issues. However, it is vital to ensure that the recovery focus of community managed mental health services is not lost. We also do not want to create a situation where some people receive a high level of support and others do not. People living with a mental health condition must have their psychosocial needs met regardless of whether they are eligible for the NDIS or not.

CMHA has significant concerns that the NDIS is not being implemented as it was envisaged, in particular for people with psychosocial disabilities. These concerns include:

- The impact of the NDIS pricing structure and its relationship to qualified mental health staffing, with a seeming misunderstanding between what constitutes psychosocial disability support and what constitutes psychosocial rehabilitation.
- The transferring of funds for federally funded mental health programs from the Department of Health and the Department of Social Services (DSS) - Partners in Recovery (PIR), Day to Day Living (D2DL) and Personal Helpers and Mentors (PhaMs) - to

the NDIS whilst many of the people currently receiving assistance from the funding will be ineligible for the NDIS.

- The PHNs being stated as a key means to address gaps outside of the NDIS when the PHNs are being directed by the Federal Government to not commission psychosocial services.
- Cost shifting occurring between the state and territory and federal governments including the withdrawal of funding for state and territory funded mental health programs under the guise of this gap being addressed by the NDIS; and inconsistency with state and territory governments not confirming future state and territory funding when they are or will be at full NDIS implementation.
- The significant lack of support for carers, including Mental Health Respite Carer Support funding transitioning to the NDIS. CMHA contends that support for carers should be separate to the NDIS, in that carers should not have their access to services, such as respite, tied to the assessment of the person they care for. CMHA also supports the submission to the inquiry by Mental Health Carers Australia.
- The NDIA moving away from face-to-face assessment and planning for people applying for the NDIS which will have a significant impact on all people applying for the NDIS, but particularly people with any form of cognitive impairment or disability.
- Non-English speaking NDIS participants with disability no longer being able to access NDIS funding to purchase professional interpreting and translating services, due to the NDIA stating that these supports can be accessed through other mainstream services.

The most significant issue and concern for CMHA is the gap in service provision that will be created with the transferring of funds for federally funded mental health programs, particularly PIR and PHaMs, to the NDIS whilst many of the people currently receiving assistance from the funding will be ineligible for the NDIS.

Mark Cormack, Deputy Secretary, Strategic Policy and Innovation Group, Department of Health stated in Budgets Estimates on 1 March 2017 for the Health Portfolio on questioning about who was responsible for the group of people currently receiving Health Department funding who won't be eligible for the NDIS that: 'We have responsibility for two programs and will continue to have responsibility for those right up until the end of June 2019. Over that time the clients in those programs will transition across (to the NDIS)'. Mr Cormack also stated that the policy responsibility for people who will not be eligible for the NDIS is not with Health but DSS.

Ms Felicity Hand, Deputy Secretary, Disability and Housing, Department of Social Services stated in Budget Estimates on 2 March 2017 in relation to questioning on people with a mental illness who will not be eligible for the NDIS that: 'As you are probably aware, the Department of Health is responsible for people who have a mental illness, from the Commonwealth perspective, and for people who are not eligible for the NDIS, obviously the states and territories are. Having said that, we spoke at the last estimates, in October, about the fact that we were in consultation with both the Department of Health and the states about mental health and being outside the NDIS. So there are some discussions on that underway.' Further Ms Hand stated: 'If someone has a mental illness, at the Commonwealth level the Department of Health is responsible' and 'We are looking at what the system today looks like outside the NDIS and what might be some options going forward. But I stress that we are not the lead on this because it is not our accountability'.

It is entirely unacceptable that we have no government department at the federal level taking responsibility for people who will not be eligible for the NDIS. It is simply not good enough to state we don't have responsibility or it is not our accountability, when the federal government has been funding services for well over a decade and removes the funding with nothing to replace it, with an expectation that the states and territories will fill this void. The federal government and states and territories are effectively at brinkmanship over who will provide funding for these people. Meanwhile the ACT is at full transition and the rest of the country continues on the path to the NDIS, and these people that no government will take responsibility for continue to be seen by community based mental health services with nothing for these people to be referred to.

CMHA well understands the complexity of federal, state and territory funding arrangements, and that the movement of various funds to the NDIS creates an added level of complexity. However, I will reiterate that the federal government has been funding programs such as PIR and PHaMs and doing this successfully. This is where the role should be for the federal government in being a funder of coordination services, remembering that PIR and PHaMs coordinated other federal, along with state and often local services – not just state and territory services. It is also vital that support for carers continues to be funded and that they have stand-alone support that sits outside of the NDIS.

CMHA contends that the Federal Government must continue to fund a flexible, low barrier to entry service that sits outside of the NDIS for people who need ongoing community and coordination support. Such a service cannot not sit within the NDIS – if someone is assessed as not being eligible for the NDIS they will cease to engage with the NDIS and people cannot go



through NDIS eligibility or process each time they need to access such as service, as it would completely defeat the purpose.

I would like to once again state that CMHA remains committed to the NDIS. The community managed mental health sector has already made significant shifts in terms of workforce and service delivery to transition to the NDIS. CMHA's submission to this inquiry outlined a number of recommendations that we believe can address some of the problems that are occurring with the NDIS for mental health.

The key issue is that the NDIS was never meant to be and cannot replace the mental health system. Both disability and psychosocial rehabilitation and recovery services must be part of a continuum of support for people living with a mental illness. It is vital that governments' work in partnership with community managed mental health service providers to develop solutions to concerns and issues that have emerged. Both the federal, state and territory governments are responsible, and we as a community are responsible.