

Thursday, 22 February 2018

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Joint Standing Committee Members

MARKET READINESS FOR THE NATIONAL DISABILITY INSURANCE SCHEME

It is with pleasure that we submit the Queensland Alliance for Mental Health (**QAMH**) response regarding 'Market Readiness for the NDIS'.

The QAMH is the peak organisation for the community mental health sector in Queensland. Representing over 130 organisations across the State, the QAMH works with our members and key stakeholders to build capacity, promote professionalism in the sector, build innovative partnerships and advocate on behalf of people experiencing mental health issues.

The QAMH acknowledges the significant challenges faced by the NDIA, particularly when rolling out the program in rural and remote regions in Australia. We also take this opportunity to acknowledge the substantial work the NDIA is undertaking to develop participant pathways for people with psychosocial disability accessing the NDIS. We look forward to the outcomes of the forums that the NDIA has conducted across Australia and the improved outcomes for people with psychosocial disability, their families and carers.

The QAMH is pleased to provide the following responses to the Standing Committee's call for submission. This submission takes into account feedback provided by our members, in addition to the experiences of individuals seeking to access the NDIS and organisations working across the sector in Queensland.



Readiness for people with psychosocial disability

According to the most recent report by the Australian Institute of Health and Welfare (**AIHW**), around 9.4 million community mental health care service contacts were provided to around 410,000 patients in 2015-16.¹ It can reasonably be assumed that those figures have not decreased in the intervening years.

This submission relates specifically to the experiences of people with psychosocial disability when applying for and/or accessing the NDIS. Psychosocial disability is defined as arising:

‘... from mental health conditions. Whilst not everyone who has a mental health issue will experience psychosocial disability, those that do can experience severe effects and social disadvantage. People with a significant disability that is likely to be permanent may qualify for NDIS support.’²

At the outset, the QAMH is particularly concerned with a statement made in the Report on Government Services (**ROGS**) that reports: ‘Support services for people whose lives are affected by mental illness are transitioning to the NDIS. By 2019-20, all clients and care recipients will have transitioned to the NDIS or continuity of support arrangement.’³ Regardless of the ascertains in the ROGS report, the NDIA have estimated that around 64,000 people with a primary psychosocial disability requiring support will access the NDIS. The QAMH supports the call for greater support made in the Mind the Gap Report⁴ that highlights significant gaps for people with psychosocial disability, suggesting that ‘up to 91% of people with severe mental illness, or 166,000 – 626,000 (depending on the figures used), will have to rely on non-NDIS community mental health services to meet their needs.’⁵

The QAMH remains concerned that Queenslanders with psychosocial disabilities will be left without support, relying on underfunded organisations to assist them. Community Mental Health Australia⁶ (**CMHA**) notes that ‘people with psychosocial disability are missing out in the implementation of the NDIS as gaps arise and solutions are poorly coordinated and funded.’⁷ Across Queensland, our members tell us that, although many of their clients have had positive experience with the NDIS, gaps are forming for people struggling to engage with the changes. They are simply not ready or equipped for this level of change!

¹ Australian Institute of Health and Welfare, Mental Health Services in Australia Report, State & Territory community mental health service, p1. Accessed 3 February 2018 - <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary>

² National Disability Insurance Scheme website, accessed 21 February 2018
<https://www.ndis.gov.au/psychosocial/products.html>

³ Productivity Commission, Report on Government Services 2018 – Mental Health Management, p13.6. Accessed 30 January 2018 - <https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/health/mental-health-management>

⁴ For a copy of the report, please see: <http://qldalliance.org.au/uni-of-sydney-mind-the-gap-the-national-disability-insurance-scheme-and-psychosocial-disability-report/>

⁵ Mind the Gap: The National Disability Insurance Scheme and psychosocial disability. Final Report: Stakeholder identified gaps and solutions, January 30, 2018. University of Sydney – Sydney Policy Lab and Community Mental Health Australia, p4. Accessed 30 January 2018 – <http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf>

⁶ For further information on CMHA, please see: <http://cmha.org.au/>

⁷ Mind the Gap, op cit, p8

In particular, our community mental health service members highlight:

- people with psychosocial disability are experiencing increased levels of stress, anxiety and/or paranoia when attempting to access the NDIS, particularly in the planning stages;
- people with psychosocial disability are often not linked to treatment or support networks,⁸ so may not be aware of, or ready for the changes, the NDIS is bringing;
- individuals with complex needs, such as living with addiction, unstable housing / homelessness, and/or domestic violence, need urgent support for those issues before considering applying for NDIS support. Although this has the potential to slow the NDIS application process for the individual, it highlights the need for an understanding of the multiplicity of needs for individuals – not just a ‘one size fits all’ approach;
- that the quality of the registration/application to the NDIS is not consistent, making it confusing for both the applicant and their supports;
- the cost and difficulty getting reports and assessments is prohibitive. In many cases, people with psychosocial disabilities (particularly those who experience other social disadvantage) do not have access to a regular, bulk billing general practitioner (**GP**) so are unable to request an assessment for the NDIS process. In some rural and remote locations in Queensland, there are simply no available bulk billed appointments with GPs;
- GPs and other health professionals, including psychologists, are not able to bill for the time spent preparing the assessment, leaving the individual out of pocket, or simply not able to request the report due to unaffordability. We understand that, in some cases, the GP has simply refused to undertake the report, leaving the individual at some loss as to how to properly apply for the NDIS;
- participants are struggling to understand the process and, when found eligible, the packages they receive. We note that, around Queensland, PHNs are providing information/education to individual’s to support their understanding of the process and packages,⁹ however, this support is often sporadic and relies on the individual (or their family/carer) knowing where to turn for available support;
- individuals are remaining in hospital beds for long periods of time as ‘they could not access disability or aged care services’;¹⁰ and
- people who are incarcerated or in forensic mental health services were not able to access support from services who were not funded to provide in-reach services to assist them with applying for the NDIS. With around 50% of prisoners experiencing a cognitive or psychosocial

⁸ Ibid, p19

⁹ Submission from QAMH member, February 2018.

¹⁰ Submission from QAMH member, February 2018.

disability,¹¹ access to support while they are still within the ‘system’ would ensure better connections when they are back in the community, lowering rates of recidivism.¹² In their recent report on prisoners with disabilities, Human Rights Watch argues that ‘if a person’s NDIS plan is suspended while in prison, hospital or psychiatric facility, it should be reviewed and resumed immediately upon their release so that they receive the supports to which they are entitled.’¹³ The QAMH supports this recommendation.

Inconsistencies with application and planning processes are leaving people out of the system, without services and is creating a second class of people amongst those who are no longer able to access services (such as PhAMs) that they were previously accessing, leaving them with no support.¹⁴

Market readiness in Queensland

Although some members report positive experiences with the NDIS for themselves and their clients, for the most part, the membership of the QAMH is concerned with the lack of readiness amongst services, in addition to a lack of services in some markets – specifically rural and remote regions of Queensland.

On behalf of our members, stakeholders and the broader Queensland community, the QAMH takes this opportunity to highlight the following issues.

- **Supply – providers and services**
 - According to the Productivity Commission,¹⁵ the Australian National Audit Office estimates that up to 40,000 providers will be required by 2020 across Australia.¹⁶ For the Queensland market, consideration must be given to the vast distances between cities/regional centres and rural/remote towns where individuals require support. Service provision, in this case, is complicated further by the hours of travel required to visit and work with individuals.
 - Members note that a ‘round trip’ of 4-6 hours travel may be required to service individuals who are residing in places where there are no providers for the services identified in their plans. As funding is not fully funded, services are either left out of pocket or unable to deliver support in rural and remote regions.
 - The QAMH supports the Productivity Commission’s call for arrangements to be made to deal with thin markets (including Provider of Last Resort arrangements) in a timely way,

¹¹ Human Rights Watch, ‘I Needed Help, Instead I Was Punished’: Abuse and Neglect of Prisoners with Disabilities in Australia, p1 (3 February 2018) - <https://www.hrw.org/report/2018/02/06/i-needed-help-instead-i-was-punished/abuse-and-neglect-prisoners-disabilities>

¹² Ibid, p19

¹³ Ibid, pp89-90

¹⁴ Mind the Gap, op cit, p39

¹⁵ Productivity Commission, National Disability Insurance Scheme Costs: Productivity Commission Study Report, October 2017, please see: <https://www.pc.gov.au/inquiries/completed/ndis-costs/report/ndis-costs.pdf> - accessed on 21 February 2018.

¹⁶ Ibid, p266

particularly in rural and remote regions where there is less competition or no services at all.¹⁷

- **Changes to service and business models**

- The QAMH knows that many community mental health services are struggling to redesign their business models in an uncertain environment. Even though PhAMS and PIR are funded until June 2019, organisations are unable to determine ongoing funding arrangements, leaving them in a precarious position.
- The QAMH is particularly concerned that some organisations were identifying they were running at a loss in order to provide required services. This has significant governance impacts as many services during transition were not funded, including pre-planning and application phases.¹⁸ As a result, the organisations struggled to ensure solvency, placing their board and executive at legal risk.
- The Productivity Commission highlights the withdrawal of funding for mental health support programs by State and Territory governments in order to channel the funding towards the NDIS.¹⁹ Urgent clarification is required to ensure ongoing funding for people with mental health issues, particularly those requiring community-based services. In this light, the Productivity Commission argues that: ‘governments need to be clearer about how they will approach continuity of care, and transparent about what disability services they will continue to provide for people who are not eligible for the NDIS.’²⁰
- For QAMH members to plan, develop and staff their programs and services for people on NDIS packages, they need urgent clarification of funding. Changes to service and business models require certainty of longer-term funding, rather than 12 month contracts. Our members remain frustrated with funding that is only guaranteed for 12 months, meaning they are unable to appoint qualified and committed staff to permanent positions. This is particularly challenging in rural and remote regions where there is already a staff shortage in the sector.
- The QAMH supports the Productivity Commission’s call for clarity regarding funding, in addition to the CMHA’s suggestion for clarification of funding, including those services not transitioning to the NDIS is required urgently so that services ‘can work backwards from them with clients’ needs in mind.’²¹

- **Pricing as a market steward**

- In an environment where the market is already outstripping the recommended supply,²² organisations are struggling to deliver where pricing is being used as a market steward.

¹⁷ Ibid, p263

¹⁸ Mind the Gap, op cit, p33

¹⁹ Productivity Commission Study Costs Report, op cit, p31.

²⁰ Mind the Gap, op cit, p32.

²¹ Ibid, p15

²² Submission from QAMH member, February 2018.

- The QAMH calls for an urgent reconsideration the pricing structure in rural and remote regions so that current, and potential, services can strengthen their service delivery. While there is remote weighting for these regions, the amount does not fully take into account the tyranny of distance, a thin market and the challenges of good governance and competition in rural and remote regions.
- Members have indicated that administration fees are being charged multiple times with a changeover of providers.²³ This has an impact on the client.
- *Market intervention to address market failure (rural and remote)*
 - The QAMH notes that the NDIA has indicated that they may act as a ‘market steward’ where the market ‘lacks supply, competition or informed consumer choice’.²⁴ While this commitment is applauded, the QAMH seeks urgent assurances from the NDIA that such market stewardship is continued for extended periods of time so that rural and remote regions in Queensland are serviced effectively.
 - Members have suggested that the NDIA consider working with remote Indigenous councils who may be able to train staff and deliver NDIS services in their region – building capacity for local people and businesses, and increase employment, while providing much needed services in their region.

In consideration of the significant challenges highlighted in this submission, the QAMH believes that further work must be done to ensure full market readiness for the continued implementation of the NDIS in Queensland.

The QAMH will continue to work with our members and services in Queensland to ensure a successful transition to the NDIS in our State. Our focus, like that of our members, is on the clients of services who require support and care to access services.

Should you require any further information, please do not hesitate to contact me on (07) 3252 9411.

Yours sincerely,



Kris Trott
Chief Executive Officer

²³ Ibid.

²⁴ National Disability Insurance Scheme, NDIS Market Approach, Statement of Opportunity and Intent (November 2016). Accessed 19 February 2018 - <https://www.ndis.gov.au/medias/documents/h08/h2e/8799510396958/Statement-of-Opportunity-and-Intent-PDF-1.02MB-.pdf>