



QUEENSLAND TRANSITION to NDIS FOR MENTAL HEALTH (QTN Forum)
COMMUNIQUE – MAY 2017

The Queensland Transition to NDIS for Mental Health Strategic Forum (QTN Forum) provides a mechanism to discuss the specific issues for people who live with a mental illness, mental health service providers, representative bodies and state and commonwealth governments in the plans to roll-out the National Disability Insurance Scheme (NDIS) in Queensland.

The role of the Forum is to develop a shared vision for a future service system once the NDIS is implemented. The members will work together to consider issues and plan for the implementation of NDIS in Queensland.

The purpose of this Communique is to provide the key outcomes of the full working group meeting of the QTN Forum, held on 18 May 2017. The QTN Forum is chaired by Queensland Alliance for Mental Health (QAMH) CEO Kris Trott and attended by representatives from the Queensland and Australian governments, National Disability Insurance Agency and the Queensland and National sectors. The following members were in attendance at this meeting:

Present- Full Working Group

- Kris Trott, Chair, Queensland Alliance for Mental Health
- Jeremy Audas, Mental Illness Fellowship of North Queensland (MIFNQ)
- Kingsley Bedwell, Richmond Fellowship Queensland
- Meg Quinn, Department of Education & Training
- Joanne Llewellyn, Department of Social Services (and representing Department of Health)
- Pauline Coffey, Brisbane North Primary Health Network
- Josh Fear, Mental Health Australia
- Emma Whitehead for Pattie Hudson, Central Qld, Wide Bay, Sunshine Coast Primary Health Network
- Tony Stevenson, Mental Illness Fellowship of Australia
- Richard Nelson, National Disability Service
- Steven O'Reilly, Queensland Department of Aboriginal and Torres Strait Islander Partnerships
- Jennifer Pouwer, Mental Fellowship of Queensland
- Deborah Pratt, Queensland Mental Health Commission
- Eddie Bartnik, National Disability Insurance Agency
- Ross Carlton, National Disability Insurance Agency
- Fiona Anderson, National Disability Insurance Agency
- Marie Skinner, Mental Health, Alcohol and Other Drugs Branch, Queensland Health
- Craig Stanley-Jones, Aftercare
- Jonathan Leitch for Christine Castley, Department of Housing and Public Works
- Tracy Worrall, Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)
- Geraldine Woods, Department of Communities, Child Safety and Disability Services
- Darren Marks, Toowoomba Clubhouse
- Daniel Clark, Hospital and Health Service (Townsville)
- Suzy Berry, SOLAS
- Mark Reimers, for Karyn Walsh, Micah Projects
- Jennifer Cullen, Synapse
- Adam Schickerling, Synapse
- Amanda Bresnan, Community Mental Health Australia (CMHA)

-
- Debbie Bailey, Toowoomba Clubhouse
 - Noel Muller, Queensland Voice for Mental Health
 - Graham Kraak, Strategy, Policy and Planning Division, Queensland Health

Invitees

- Julia Riordan, Queensland Alliance for Mental Health (Secretariat)
- Sue Pope, Queensland Alliance for Mental Health
- Andrew Wallace MP, Federal Minister for Fisher and Member of Joint Standing Committee Inquiry
- Simon Thwaites, Office of Andrew Wallace MP

Apologies

- Christine Castley, Department of Housing and Public Works
- Rebecca Lang, Queensland Network of Alcohol and other Drug Agencies (QNADA)
- Tony Hayes, Department of Communities, Child Safety and Disability Services
- Debra Burden, SOLAS
- Laura Barnes, Queensland Council of Social Services (QCOSS)

Meeting opened 9.00am

Summary of the fifth meeting of the Full Working Group

The chair welcomed participants and explained the intention and focus of the Strategic Forum. Jennifer Cullen gave acknowledgement and respect to the Turrbal and Jagera people and asked that the wisdom of the ancestors be given for today's meeting.

Update on the Joint Standing Committee Inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition (Andrew Wallace MP, Member for Fisher)

Mr Andrew Wallace MP, Member for Fisher and Member of the Joint Standing Committee Inquiry updated the QTN Forum on the Inquiry progress. Overall, almost all submissions to the review have started out by providing comments on a positive experience, such as:

1. Many service providers have taken on new staff, some new services are expanding into new geographical areas.
2. There are a great many individual stories of life change, including benefits. Many getting help for the first time and have structure to their care plus additional control.
3. Benefits to health workers and new opportunities for them in terms of expanding service providers.

Mr Wallace gave a comprehensive update and this is summarised below:

Six key areas for improvement were consistently raised in submissions:

1. Definition of psychosocial disability and the assessment process

- Functional capacity criteria is difficult to apply to mental illness and is likely to result in incorrect decisions which may exclude people with a mental illness in an application.
- Eligibility criteria of permanence not aligning with the episodic nature of psychosocial disability, *(noting that a formal written definition of permanence is to be embedded in the regulations with a formal framework committed).*

-
- Best practice emphasis is on recovery – not on actual disability, as per the assessment process.
 - The difference in criteria led NDIA to focus on a specific diagnosis which may not be the best model as the impact of a particular disorder impacts people differently.
 - Resistance of diagnosis by clients with psychosocial disability due to stigma and fear, noting some demographic groups experience this to a greater degree.
 - Many planners are allocating a higher focus on core supports vs capacity building supports.
 - There is a degree of distrust of authority for some Aboriginal Torres Strait Islander people, culturally and linguistically diverse, homeless people and those from the criminal justice system displaying a resistance to change, thus making them difficult to reach via usual communication channels. The application system can be complex, time consuming and stressful.
 - The application system is extremely slow and some plans are not being completed in the mandated 21 days. Recommendations for changes include:
 - Training for planners, slow down assessments, allocate greater resources to NDIA.
 - Formal written definition of permanence should be provided for psychosocial disability either in the Act or in the regulations.
 - In the assessment process, the focus should be on functional capacity in their assessments.
 - A requirement for an automatic review of the care of people deemed eligible.

2. Greater outreach and service provision for those who have difficulty engaging with the sector

- General Practitioners (GPs) not receiving adequate information about process which poses significant problems given they are often the first point of contact.
- PiR's are committing extra time of which there is some reports that this time consumption has a detrimental effect on their services.
- Funding for outreach is unclear.

3. Understanding how services will be provided for those who will be ineligible for NDIS

- There is uncertainty on the future of services being incorporated into the NDIS. Many of these organisations provide services that will not be covered by NDIS. Most organisations report that a third of the people that they support will not be eligible for NDIS packages.
- Lack of clear responsibilities across levels of government which risks State government abdication of responsibility.
- Uncertainty about continuity of support for clients anticipated to be ineligible for the NDIS. *It is noted that submissions have consistently recommended that un-funded crisis services be funded under the NDIS.*
- Future of funding for PiR services not covered by NDIS is unclear. Information Linkage and Capacity (ILC) not currently filling the gaps and is unlikely to without specific funding.
- It is estimated that 64,000 Australians with severe disability due to mental health conditions will be funded by the NDIS but there are 230,000 Australians who require long-term support.

4. Future of service providers and the importance of business modelling and workforce planning

- New systems in an individual-led, market-based approach which requires a re-think about how to design and deliver packages. This is a move to a business model to maximise income. Considerable financial risk is passed from government to providers.
- Previously block funding allowed for service providers to plan. They could act in the interest of their own survival rather than their clients. There is risk that providers will withdraw services that are not profitable or too challenging or costly to deal with.
- There are some concerns about market failure – there is a risk that competition will drive some providers out of business and leaving a hole in service provision. Reduced rates may lead to a drop in quality as providers compete on cost. New commercial providers will move into the market.
- Workforce planning is now more difficult – due to withdrawal of funding from programs risks leaving a large unemployed workforce vulnerable to pay and conditions. For most providers, the NDIS has allowed them to take on more staff, however, finding skilled employees is the bigger problem.

5. Understanding the impact upon carers

- The impact on carers has not yet been sufficiently examined.
- Carer support linked to participant packages – leaves carers at the mercy of their own charges. Many of whom do not consider their carer's needs in the package.
- There is concern at the potential long term lack of support to carers.

6. Ensuring service provision in the rural, regional and remote areas of Queensland.

- Complications of social isolation, increased stigma and reluctance to seek help. Uncertainty that there will be services available to them.
- Distances mean it is expensive to provide a full range of services. Expecting people to travel to access services is unrealistic, when only 20 minutes of travel time can be claimed by participant.
- There is potential risk of potential market failure if larger providers attracted by larger packages might drive out smaller community services. If larger providers then withdraw their services because there is not enough profit – this leaves the community with no one. There is a need to reconsider this in terms of rates payable and the increased cost of service delivery.

Federal Budget Announcement

- There is an additional \$170M in the Federal Budget for mental health programs, including \$80M for community mental health services to help people with severe psycho-social disability but who are ineligible for the NDIS.
- Positive to see the Federal Government recognising the concerns and needs of rural and remote Australians by budgeting \$9.1 million for people with psychosocial disability to access psychologists and counselling referred by General Practitioners in their homes.
- Uncertainty about whether states and territories will match Federal funding. There is a need for community mental health organisations to lobby for this in their states.
- Uncertainty about whether the Senate will support the 0.5% Medicare Levy increase to fund the NDIS.

-
- Positive to see the Federal Government commit to supporting mental health in Australia and meeting the community mental health service gap for people with a psychosocial disability.

For further information please contact:

Simon Thwaites, Communications Director, Office of Andrew Wallace MP, Member for Fisher

E: simon.thwaites@aph.gov.au

Community Mental Health Australia (CMHA) – NDIS and Mental Health (Amanda Bresnan, CMHA)

An update was provided on CMHA's submission to the Joint Standing Committee Inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.

[PowerPoint presentation available here.](#)

The main concerns CMHA included in the submission were:

- NDIS pricing structure and its relationship to qualified mental health staffing
- The transferring of funds for federally funded mental health programs- PIR, D2DL & PHaMs
- 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.
- The lack of transparency in the bilateral agreements
- NDIA moving away from face-to-face assessment and planning for people applying for the NDIS.
- The use or interpretation of the NDIS Act 2013 by the NDIA appears to be an area requiring examination.

Key recommendations were:

- There must be pre-planning assistance for consumers; allowing consumers to view their plan before it is finalised; and having planners with an understanding of psychosocial disability undertaking planning for people with a mental health condition.
- PHNs should be able to commission psychosocial services
- There should be a review of the NDIS Act 2013 as its interpretation is leading to implementation problems and escalating administrative costs with the scheme
- Strong recognition that assertive outreach is sometimes required.
- The NDIA must identify tailored ways in which to support the transition of the NDIS utilising an outreach model, in particular for Aboriginal and Torres Strait Islander and CALD communities.

For further information please contact:

Amanda Bresnan, Community Mental Health Australia

E: abresnan@cmha.org.au

National Disability Insurance Agency (NDIA) Update (Eddie Bartnik, NDIA)

Acknowledgement was made to QAMH for the Queensland forum provided as it is the only one of its kind around the country. Eddie Bartnik provided an update on the national work plan for mental health/psychosocial disability and progress within the Scheme. He advised that A National Mental Health Sector Reference Group Sector Communique – March 2017 is available on the NDIA website, or via the link. The Communique more fully covers the points from Eddie's update presentation and includes a short easy read version as well as a fuller and more detailed version including a Data Attachment which sets out

key mental health data for the Scheme. Eddie also noted that Hansard summaries are available from the Joint Standing Committee (JSC) Inquiry sessions and these can be found on the JSC website

In addition to Eddie's update, Fiona Anderson who is Director Stakeholder Relations for Queensland South with the NDIA, provided the following update on Engagement activities and also the First Plan process for her region:

Regional engagement with providers and also consumers/participants and their families/carers is undertaken by:

- NDIA regional engagement team which is responsible for higher level engagement with peak bodies, Partners in Recovery (PIR) consortia, Primary Health Networks (PHNs), government agencies, and all provider engagement including support coordination. Two NDIS team members are from mental health background/lived experience.
- Local Area Coordination (LAC) Partner in Community Carers Qld (Toowoomba and Ipswich) who are responsible for participant readiness and community engagement and community development. Some LAC staff have lived mental health experience

A snapshot of engagement activities is as follows:

Jan-May 2017

- 14 NDIA-led engagement activities targeted to mental health providers or consumer groups
- 20+ mental health organisations received additional NDIS targeted engagement/support to assist with participant access, provider registration and troubleshooting
- Future: 15 NDIA-led mental health engagement events scheduled May to July 2017
- 16 LAC-led engagement activities March-May

Ongoing engagement

- NDIA support to regional Hospital & Health Services (HHS) Mental Health teams, as requested
- NDIA delivery of NDIS information sessions to PHNs
- NDIA contribution to provider-based activity, for example supplying responses to questions from participants in SANE webinar
- NDIA run provider workshops on Support Coordination (as well as NDIS 101, Supported Independent Living, Managing NDIS funds in plans, 1:1 support to providers to assist them with registration and other queries)

Some key points regarding the First plan process:

- Face to face and phone planning conversations available as requested, noting that some participants with mental health conditions choose phone planning because it can be done in their home at a time that suits them with the support people they invite to attend
- First plans are the foundations for a life-long relationship with the NDIS, noting that plans will change as a participant's needs change. First plans outline the supports participants require to live daily life, participate more actively in social and economic life and become more independent. Plans outline supports provided by families and carers (informal supports); the mainstream systems (Health) and Community (community groups); and the NDIS (funded reasonable and necessary disability supports)

For further information please contact:
Fiona Anderson, National Disability Insurance Agency

fiona.anderson@ndis.gov.au

Eddie Bartnik, National Disability Insurance Agency (NDIA)

E: eddie.bartnik@ndis.gov.au

National Mental Health Landscape (Josh Fear, Mental Health Australia)

An overview of the national mental health landscape and the strategic role for Primary Health Networks (PHNs) was provided. The Productivity Commission Review could impose significant changes to the design of NDIS or even mainstream systems that intercept with the NDIS. The draft report is expected in a few weeks.

Specific developments

- The \$53 million in funding for Veterans' mental health is a positive injection of resources into the present system, with defence force personnel and their families now entitled to lifetime mental health support without question of the cause of trauma.
- The Commonwealth has acknowledged the gap in psychosocial disabilities services that has emerged by rolling a number of services into the NDIS.
- Services will be facilitated through PHNs to enable a regionally focussed stepped care approach to approve coordination.
- An Advisory Panel on PHNs has been established to:
 - develop a national snapshot of progress made to date in mental health through the PHN initiative and to measure future progress
 - better understand what variation looks like
 - make recommendations to the Minister to support the ongoing success of the reforms of the NDIS initiative.

It was noted that the panel is about supporting and meeting the needs of PHNs rather than changing policy as this will not impose a national uniform approach to all PHNs.

For further information please contact:

Josh Fear, Mental Health Australia

E: josh.fear@mhaustralia.org

Disability Markets Survey 2016 (Richard Nelson, National Disability Services(NDS))

The findings of the [Disability Markets Survey 2016](#), conducted with 570 disability service organisations around Australia, were presented to the QTN Forum.

Diversification

- 60% of service providers are planning to increase scale in their range of service
- Growth in net assets is small and only 35% of organisations say that their net assets are increasing
- Organisations are defining their own market as they want to manage risk as appropriately as they can.

Demand, Profit and Growth

- 50% of organisations are in the NDIS
- 20% do not deliver into NDIS
- 37% cannot keep up with demand

-
- Profit margins are small – 35% reported a profit of 4% or more, 60% of whom are worried about change.
 - 1 in 10 discussed winding up.
 - 16% said they will stop providing disability services as it is perceived in the sector, as too difficult
 - 60% are worried they are not able to provide the services under the pricing structure.
 - Sole traders are remaining in the market – organisations are saying the only thing left is to manage risk and business accordingly.
 - It's an uncertain and volatile market. Most business think twice about stepping into a volatile market.
 - Approximately 47% of people activate their plan within a month. It is unknown what the rest are doing and some of these figures are hitting businesses hard.

Queensland

- Service providers are finding the quarterly reports useful.
- The average NDIS package is approximately \$55K.

Open Discussion (Richard Nelson, NDS and Kris Trott, QAMH)

An open discussion ensued, facilitated by Richard Nelson of National Disability Services and Kris Trott of Queensland Alliance for Mental Health. Some comments and concerns included:

- The requirement for reasonable or necessary supports is causing anxiety.
- The strategy for culturally and linguistically diverse communities was not released until after the planning had been done, and remains outstanding.
- Who will meet the needs of homeless people and those with alcohol and other drugs use issue?
- How the \$80 million will be spent is still being negotiated.
- Where do asylum seekers fit into the scheme?
- There remains a risk of a future workforce being casualised, inexperienced, and inadequately skilled and trained due to the NDIS pricing structure.
- Threat to the disability, mental health and alcohol and other drugs markets in regional areas.

For further information please contact:
Richard Nelson, National Disability Services (NDS)
E: Richard.nelson@nds.org.au

Date and Time of Next Meeting

Dates are to be advised for both the Full Working Group and Core Working Group meetings.

For further information regarding the QTN MH Strategic Forum please contact:
Secretariat
Ms Julia Riordan
E: jriordan@qamh.org.au
P: 07 3252 9411