



## **WA NDIS Community of Practice**

### **Projects Update: Mental Health NDIS Peer Groups**

**Prepared by Consumers of Mental Health WA & Carers WA 25<sup>th</sup> May 2016**

#### **1. Background**

Carers WA, Consumers of Mental Health WA (CoMHWA) and Helping Minds (the Partnership) were funded by the Disability Services Commission of WA (DSC) to develop two Consumer and Carer Peer Networks (the Network) for people accessing NDIS Plans with a primary diagnosis of Psychosocial Disability in the NDIS My Way trial areas; the Lower South West and Cockburn/Kwinana.

The purpose of the Network was to provide peer support, customised community engagement and capacity building strategies for people who were accessing NDIS plans and their family/carers.

Six meetings were planned per region over the duration of the project, with peer groups continuing until June 2016. A final report is now underway for submission to DSC, which will include reporting on de-identified advocacy issues.

A related project of peer group capacity building, continuing until December 2016, has also been commissioned at federal level (NDIA) and is being delivered in WA for mental health consumers by Consumers of Mental Health WA.

This report focuses on key learnings for service providers about peer groups based on the WA NDIS Consumer Carer Peer Network project.

#### **2. Participant Outcomes**

Participants reported the Network had clear and significant benefits to their mental health and recovery.

Reasons for benefit included:

- feeling able to share experiences without judgment or stigma and feeling heard

- learning about their plan options from hearing about others' plans and supports
- feeling able to raise questions, comments and issues freely
- Overcoming isolation- there were limited social supports with which to engage with other than an individual worker or peer group due to loss of day program funding.

### **3. Learnings Relevant to the Community of Practice**

#### **Part A: South- West Network**

##### ***Key Theme: The Value of Facilitating & Promoting Self-Advocacy***

- Self-advocacy is important to recovery and to a successful transition to individualised supports. Feedback from participants shows that Peer Groups are a valuable way to assist with this.
- The benefits of facilitating self-advocacy was also reported by people who were satisfied with their plans and supports (i.e. advocacy issues do not need to be present for people to find benefit from being able to exchange ideas and connect with other peers on plans).
- Self-advocacy is often also supplemented and assisted by individual advocacy. Many mental health consumers would feel more able to speak up with support but do not have family or friends to fill this role. Advocacy needs may exist with respect to NDIS, other life circumstances or both.

##### ***Recommendations to Network:***

- Service providers can help participants to facilitate & promote self-advocacy by:
  - Assisting participants to address information gaps they may have about the NDIS
  - Ensuring staff have training in contemporary recovery mental health approaches, particularly with regards to best interests or rehabilitation approaches, compared with personal recovery approaches. Best interest's approaches undermine self-advocacy and are one cause of disengagement/poor relationships with service providers
  - Raising awareness with participants of what advocacy is and providing options to link to advocacy.
  - Recognise the importance of independent advocacy as a complement to the advocacy that services may already offer as part of recovery supports;
  - Being alert to the commonness of, and reasons for, consumers and carers being reluctant to freely air their views, questions, preferences, rights and options within services and the NDIS, such as fear of losing

supports, fear of stigma, and negative repercussions in the past from speaking up

- Facilitating referrals to advocacy services, when consumers raise issues or have complaints about their plan or services, or when a review of the plan may be required;
- Informing and promoting peer groups with participants on NDIS plans, such as facilitating access to education and information about peer support;
- Assisting with support and transport to attend peer groups- mindful that a peer only space during the meetings is essential to delivering peer group benefits, such as self-advocacy and peer to peer problem solving;

### **Part B: Cockburn-Kwinana Network**

Participation rates have been insufficient to develop a peer group in the Cockburn-Kwinana area.

We anticipate similar outcomes would have been reported by participants had a group been established, but are disappointed that the unique voices and experiences could not be captured by a peer network in the region.

Participation barriers to peer group attendance in the South-West region have been captured (Appendix A). Many of these are specific to the region and a broader understanding of participation barriers is needed.

### ***Recommendations to the Network***

Carers WA, CoMHWA and Helping Minds would appreciate feedback from Community of Practice Network members regarding:

- potential community participation barriers for mental health consumers and carers on NDIS plans being identified by consumers, carers/family members and paid supports, that may be impacting on peer group uptake in the region
- what consumers and carers might find helpful to accessing peer group options in Western Australia

This feedback is valuable and important due to the key role informal supports, such as peer groups, will play in preparing and enabling people in the full scheme NDIS.

There is no close date for this feedback.

### **Feedback Contact details/Further Enquiries:**

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## Appendix A: Participation Barriers to Community & Peer Group Participation

Key participation barriers reported back in the South-West region were:

- *Geographic:*
  - Travel distances and costs, for people who could transport independently to group
  - In the South-West, participants may have limited time to attend due to greater travel time to appointments (e.g. a single appointment may require a day for travel & attendance, limiting how many activities people can participate in)
  - Social isolation, related to the above & limited range of mental health supports in the region
- *Issues with flexibility of planned supports*
  - Participants may be reluctant to commit in advance to a group due to limited life stability and predictability- such as day to day variations in energy, needs & priorities, or on account of their dual identity as a carer with caring responsibilities, in addition being a NDIS participant;
- *Gatekeeper Effects:*
  - Service provider and NDIS Coordinator support with linking into peer group contacts, RSVPs and transport to group was a key factor in whether people could attend
- *Relationship with Plan Funding:*
  - In some cases, consumers had already planned hours of support required, before peer groups had been established and promoted, and thus it was not necessarily budgeted for in planned supports to be assisted with transport to the group *Support to attend peer group meetings*
  - There was a tension between Network participants being able to feel that they could share their experiences in a peer only space (independent to providers), and being able to have a paid supporter present with them in the group. Paid supporters have an ethical responsibility to recognise and manage the conflicts of interest associated with being a NDIS provider when they act as support persons.