# WAAMH Position Paper

# Future Governance of the National Disability Insurance Scheme (NDIS) in Western Australia

WAAMH

Western Australian Association for Mental Health

Peak body representing the community-managed mental health sector in Western Australia

Prepared – December 2015

Western Association for Mental Health
Lotteries House, 2 Delhi Street, West Perth WA 6005
ABN: 15 165 640 637
T: (618) 9420 7277 F: (618) 9420 7280 E: info@waamh.org.au W: waamh.org.au

# WAAMH's Position on the Future Governance of the National Disability Insurance Scheme in Western Australia

## Introduction

The Western Australian Association for Mental Health (WAAMH) was incorporated in 1966 and is the peak body representing the community-managed mental health sector in WA. With around 150 organisational and individual members, our vision is to support and promote the human right that every one of us who experiences mental health issues has the resources and support needed to recover, lead a good life and contribute as active citizens. WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery. Further information on WAAMH can be found at www.waamh.org.au

The NDIS is an important reform, and WAAMH welcomes the inclusion of psychosocial disability in the scheme. However, there are some critical differences to mental illness which will affect how people with psychosocial disability and the community managed mental health sector engage in the scheme.

WAAMH supports the trial of two models in WA which provides an opportunity to ensure that the issues for people with a psychosocial disability are attended to in all aspects of the trial, that learnings from the evaluations are examined, discussed and applied during full scheme roll out and that the scheme achieves its objectives (as outlined in the NDIS Act) and the best outcomes for people with a psychosocial disability.

## Key Principles

WAAMH does not recommend the adoption of one governance model for the NDIS in Western Australia over another. Rather WAAMH has identified the key principles which it considers must underpin the future governance of the NDIS in this state:

## Recovery Approach

International best practice and national policy in mental health is driven by the recovery approach;

"… a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning."

Unique elements of the recovery approach centred on hope and the redefining of self are critical to the engagement of and the provision of support to people with psychosocial disability in the NDIS.

In light of these unique elements WAAMH's position is that both models must take account of the principles which underpin recovery and align with the National Framework for Recovery Oriented Mental Health Services.

## Eligibility and Language

Whichever model of governance is adopted, WAAMH recommends the scheme moves away from the eligibility requirement of permanency or likely permanency, [1] because this language is stigmatising and undermines personal recovery. Instead the scheme should base access on the impact of the impairment on the person's lived need and functioning in terms of the core activities of communication, social interaction, learning, mobility, self-care, and self-management, that are set out in the Act. This will enable people with psychosocial disability to access the scheme based on their needs and capabilities as with all other people wishing to access the scheme. It would also best enable the scheme to operate in keeping with mental health recovery principles and meet its objectives.

## Lived Experience and other Mental Health-Specific Expertise

Mental health lived experience and other expertise specific to mental health and recovery is crucial in the design, implementation and governance of the NDIS at all levels. This should include proactive strategies that genuinely and effectively engage consumers, carers and families, and others with mental health and recovery expertise in understanding the scheme and its implementation, for providing feedback and influencing the scheme, and representation in decision making at all levels including the governance of the scheme and of the responsible agency.

## Evaluation Framework

The evaluation of both models (NDIS and NDIS My Way) should be underpinned by a framework which takes into account the dynamics of the provision of support and its effectiveness for people with a psychosocial disability in WA. The effectiveness of support should be evaluated from all angles, including a consumer, carer and Community Managed Mental Health (CMMH) organisation perspective. These approaches should also take into account person centred approaches and responsiveness of the models to engaging with and providing support to Aboriginal people and people from CaLD backgrounds.

WAAMH recommends that the current evaluations of various aspects of the models tested in the different trial sites should be transparent and the results used as a stepping stone to further build on the achievements of the models. The evaluation should provide a specific analysis about how well the scheme is meeting its objectives with regard to people with psychosocial disability.

## Support Clusters and Pricing

The assumptions underpinning the support clusters and pricing structures must be transparent, clearly articulated and be reviewed periodically. The reviews should take account of increases in indexation and be inclusive of all costs associated with delivering the services. The price should reflect direct and indirect costs of providing services and incentivise achievement of outcomes for people with a psychosocial disability.

The pricing assumptions need to take into account sustaining a quality workforce with the diversity of qualifications and skills required to support people with psychosocial disability. Best practice CMMHs have identified the importance of relationship skills, and the strategic

[1] Definition of permanent and likely to be permanent is taken from the National Disability Scheme Act 2013, Chapter 3 Part 1 https://www.comlaw.gov.au/Details/C2013A00020/Html/Text#_Toc352761886

and competitive advantage that a workforce with high quality relationship capabilities can provide. Alongside this are the added costs of supervising a workforce which will be self-managed; the pricing needs to reflect this.

There should be a transparent ongoing process of refinement of the costing model over time as the market matures and the scheme is rolled out.

## Safeguarding and Risk

Person centred strengths based practice is an imperative. Intentional safeguards must underpin the planning process, and as such it is critical that the NDIA and NDIS My Way planning staff are appropriately skilled and have the competencies required to effectively engage with people with a lived experience of psychosocial disability. The planning process should adopt language which is not deficit focussed, supports choice and control in risk taking, and has a recovery and well-being focus.

Alongside this, we recommend that a consistent national registration framework, informed by the National Standards for Mental Health Services, be established. Recognition of other industry standards which organisations have been accredited against should occur and systems mapped to reduce administration and reporting.

## National Consistency and Localised Decision Making

There must be both an effective level of localised decision making and flexibility of implementation, as well as national consistency of eligibility, access and funded supports. The localised decision making takes into account contextual issues and enables stakeholders to learn from one another. This also assists in the identification and building of local resources, such as people and systems.

This process highlights the fact that localised decision making cannot be undertaken in isolation but must maximise collective knowledge, which can generate new insights and ways of working, aid in solving problems and create innovations.

In terms of the national consistency of eligibility and access it will be important to ensure that packages of support are the same across all states through the portability provisions of the legislation. This means that for someone moving interstate, their support is not compromised because what is deemed reasonable and necessary differs.

## Access to Housing

Housing for people with a psychosocial disability must meet their needs, achieve desired outcomes and allow flexibility in both housing type and financing arrangements. Tackling the absence of a house is not sufficient in its own right. WAAMH recommends that the housing and support services are co-designed and client centred, and that support and housing are integrated rather than isolated from each other as separate services.

It is critical that both demand side options, through subsidies to consumers to access housing thus increasing affordability, and supply side market incentives which create choices of different types of housing, are put in place.

WAAMH recommends that both models have clarity about the policy and implementation roles of the NDIS, commonwealth and state governments in addressing the shortfall in housing for people with psychosocial disability. It is also critical that both models show how they will address the issues of housing and housing readiness to inform the best way forward.

## Community Mental Health Services – Information Linkages and Capacity Building

Notwithstanding the increase in federal funding since 2006, there are significant gaps in community services to meet the needs of people with psychosocial disability and their carers. By using the National Mental Health Services Planning Framework with a focus on Western Australia, CMMH services are underfunded to a factor of 3:1. This reflects the reality that most investment is still concentrated in clinical care and public mental health and there is a serious gap in recovery-oriented community services and supports.

There is a critical need to strengthen and retain a community managed mental health sector that delivers both NDIS and non-NDIS services for consumers and carers and families. This should fill the gaps between NDIS psychosocial supports and the acute care provided by the public community health system.

It is also noted that a number of models of planning and coordination have been adopted during the trial phase; including the DSC Local Area Coordination model (My Way sites) and the Alliance model (NDIA Hills sites) in WA. WAAMH believes that the benefits and costs of these models should be made explicit so as to inform sound decision making about the most effective and efficient model of planning and coordination to be taken forward.

## References


1. *A National Framework for Recovery-oriented Mental Health Services: Policy and* Theory', 2013, Commonwealth of Australia, www.ahmac.gov.au
2. Mandell MP, Keast R, and Brown K "The Importance of a New Kind of Learning in Collaborative Networks"
3. Community Managed Mental Health Sector National Disability Insurance Scheme Workforce Development Scoping Paper: FINAL REPORT. October 2015
4. Australian Housing and Urban Research Institute. "Individualised and market-based housing assistance: evidence and policy options", November 2015