

Western Australian Association for Mental Health

Submission to the Joint Standing Committee on the NDIS

Psychosocial Disability and the NDIS in Western Australia

Introduction

Further to the NDIS psychosocial specific session the Inquiry held on 26th February 2019 at which committee members requested practical recommendations for urgent action, the [Western Australian Association for Mental Health](#) (WAAMH) writes to provide evidence to the committee about some of the most urgent and pressing issues in the context of the scheme delays in Western Australia, and to request that three specific urgent recommendations are made by the JSC to support the scheme to reach its objectives for people with psychosocial disability in Western Australia.

Commonwealth mental health programs and transition to the NDIS

As the committee would be aware, funding for the Commonwealth mental health programs will cease on 30 June 2019. The programs affected are Partners in Recovery (PiR), Personal Helpers and Mentors Service (PHaMs), Day to Day Living in the Community (D2DL), and Mental Health Carer Respite (MHCR) . Together these services support an estimated 3,500 - 4,000 people in WA each year. Funding will cease on 30 June; this cessation is premised on the false assumption that these programs duplicate the NDIS and that, as programs assisting with participant transition into the NDIS, will not be required from 1st July 2019.

However, **due to the two trials and associated delayed decision making in Western Australia, approximately 40% of our state is not able to be assessed for the NDIS until 1 July 2018 - the day after funding for these programs ends.** Successful transition for consumers accessing these programs in WA is currently extremely concerning:

- PiR providers report that, as at February 2019, only 15% - 141 people - of the 930 PiR clients supported in Western Australia have had their application for NDIS eligibility approved.
- The rates for PHaMs participants varies, with data from 2018 indicating that at that time less than 20% of PHaMs consumers in WA had applied for the NDIS, with more than half ineligible, based on information for 5 PHaMs providers (CMHA, University of Sydney 2018).
- 1 of 2 WA providers of D2DL reported that, at February 2019, successful transition is sitting at just 14% of consumers accessing their program.

While the government has committed to ensuring that no current Commonwealth client will go without support, alternative arrangements currently proposed after program cessation (Continuity of Support and National Psychosocial Support Measures) are vastly underfunded and, like the NDIS, only assist a small number of individuals relative to those supported through the Commonwealth programs. The amount of funding is particularly problematic given the size and remote nature of many Western Australian communities where service delivery is complex, and costs are high. The WA Primary Health Alliance has advised that **just \$860,000 per annum is available for the Continuity of Support program for the whole of Country (non-Perth metropolitan) WA**. This will not be able to adequately provide continuity of support for the hundreds to potentially a couple of thousand of people ineligible. There is also very likelihood that these programs will not be in place for the 1st July 2019, as they are already delayed.

WAAMH is aware that there are concerns nationwide about the impact of funding for the Commonwealth mental health programs ending, with widespread concern that not all consumers will have transitioned or been able to access effective continuity of supports that meet their needs. The impact is compounded in Western Australia due to the delays. Extending funding for these programs is a pragmatic approach to mitigate the risk and prevent the potential impact on the lives of so many Western Australians with psychosocial disability.

Recommendation:

- i. That the JSC urgently recommend that government extends funding for the Commonwealth mental health programs nationwide for a minimum of one year, with an additional 12 months for Western Australia due to the delays in this state. This is the minimum extension required; we anticipate that 2-3 years is a more tenable timeframe for the transition to be complete and the size and nature of the gap to be understood, and contingency planning commenced.

Impact of transition from WA NDIS to NDIS on people with psychosocial disability

The transition from WA NDIS to the NDIS is causing some specific impacts for people with psychosocial disability in Western Australia. Because of the different models and support types in the two schemes, transfer is not like for like. The area currently of most concern for people with psychosocial disability and psychosocial providers is the loss of support coordination in their funding. The national context is that 78% of participants with psychosocial disability have support coordination in their plans, however, there remain concerns as highlighted in the JSC hearing on 26th Feb 2019. The majority of participants with psychosocial disability will require support coordination due to their complex needs and interface with mainstream agencies including clinical mental health.

Unfortunately, WAAMH is experiencing some difficulty in securing the data to be able to exactly quantify the breadth and depth of the issue affecting transfer plans, however we have received reports from more than ten psychosocial providers that:

- Many consumers with psychosocial disability transferring from WA NDIS to NDIS are receiving no support coordination at all in their plans.
- Some participants have had support coordination cut from 100 hours to ten hours annually. Others have been told they can 'coordinate themselves' or that 'the LAC will do it'.
- While the NDIA reports that LAC Partners will provide support connection (a lower tier of support than support coordination) going forward, these partners will not commence operations until May 2019. There is a current gap in this timing, with potentially very significant consequences for people with psychosocial disability, and support connection is a much lower level of support than support coordination.
- We have requested the NDIA develop and advise us of a process to address the issues without requiring participants to go through lengthy plan review processes - as such no resolution has been forthcoming
- NDIA planners have advised providers and people that only people with 'very complex needs' will have support coordination funded. However, there is no clarity on the Complex Needs Pathway or the Mental Health Stream, how they interrelate and when we can see the changes consistently introduced nationally (they are currently being trialled in various jurisdictions).

Recommendations:

- ii. That the NDIA urgently provides clear and detailed information about the criteria for receiving funded support coordination, how this will interrelate with what will be provided by LAC, how the Mental Health Stream and Complex Needs Pathways will respond to these issues, and the anticipated timeframes for these new pathways to be rolled out nationally.
- iii. We further recommend the NDIA implements a process to review the plans of people affected in the WA NDIS transfer, without them having to go through lengthy plan review processes.

Conclusion

With the number of adult (over age 25) participants accessing the scheme nationally tracking at 8% for psychosocial disability (7% in Western Australia) - **the second highest disability category for adult participants** - the imperative to improve the scheme, both for psychosocial access and ongoing outcomes and objectives, is significant. While the NDIA has

acknowledged and planned improvements to access processes for people with psychosocial disability, public information about these improvements is worryingly scant. The ability of the scheme to maximise outcomes for people with psychosocial disability beyond access processes has received less attention by the NDIA and requires greater attention going forward if the objectives of the NDIS are to be realised.

Thank you for considering WAAMH's submission to the JSC on the NDIS. Please contact me should you require more information - I will be very happy to provide more detailed evidence to the committee.

Contact

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