
WAAMH Submission to the Commissioning of the Information, Capacity Building and Linkages Framework



WAAMH

**Western Australian Association
for Mental Health**

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

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Information, Linkages and Capacity Building – Commissioning framework and other mitigation strategies to manage risk.

1. Background

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 ‘As a human right, 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 <http://www.waamh.org.au>

The NDIS is an important reform, and WAAMH welcomes the inclusion of psychosocial disability in the scheme and the opportunity to provide feedback on the commissioning of the Information, Capacity Building and Linkages Framework (ILC).

The NDIS is only one part of a broader system that offers programs and supports for people with psychosocial disability. Due to various issues including the current eligibility criteria for the NDIS, many people with mental health issues will not be able to access programs and supports if Commonwealth mental health program funding is rolled into the NDIS. This poses a significant risk to the sustainability of the NDIS and to the quality of life of the individuals involved. Commonwealth funding for key programs and supports currently provided in the community managed mental health sector needs to continue alongside the NDIS ILC to provide programs and supports focussed on recovery. State provided public mental health services are also a critical element of service infrastructure. As such, it is essential that the Commissioning Framework for ILC should be considered alongside the government’s response to the Mental Health Commission’s ‘Contributing lives, thriving communities - Review of Mental Health Programmes and Services’.

2. Assumptions

The paper is based on the following assumptions and the recommendations are grounded in this context.

- (a) The NDIS is only one part of a broader system that offers programs and supports for people with mental health issues. These parts of the broader support system are interdependent, and their design and implementation must be considered together.
- (b) Many people with mental health issues are ineligible for individual funding packages of support through the NDIS.
- (c) If funding for mental health programs currently provided by community managed mental health services outside the NDIS system is rolled into the NDIS, then these programs and supports will not be available to many people who need them.

- (d) International best practice and national policy in mental health is driven by the recovery approach, one definition of which is:
- "... 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"¹.

There are some unique elements of the recovery approach, such as the centrality of hope and the redefining of self, that are critical to the engagement of and the provision of support to people with psychosocial disability.

- (e) If people are not able to access programs and supports early enough, that is before their mental health issue deteriorates to the point of psychosocial disability at a level that is eligible for the NDIS, the demand for NDIS individual funding packages will increase.
- (f) To meet people's needs and reduce the future demand for NDIS individual supports, Australian governments must ensure the provision of the full range of supports needed by mental health consumers and those with psychosocial disability inclusive of acute, community based, early intervention and prevention services within a recovery orientation.

3. The NDIS is only one part of a broader system that offers programs and supports for people with mental health issues and illness.

The NDIS is only one part of a broader system that offers programs and supports for people with mental health issues and mental illness, including those with psychosocial disability. The NDIS is a welcome addition to this broader system, which will provide individual support packages to a small number of people with psychosocial disability, with the ILC acting as a bridge between funded supports and unfunded supports for the NDIS. The effectiveness and sustainability of the NDIS is reliant on the rest of the system.

Much of this broader system of community and supports can be conceptualised as Tier 2-type supports that meet the majority of needs of the majority of people; provide earlier intervention and recovery focused services; and prevent and mitigate a worsening of their illness, progression to psychosocial disability, and a need for intensive or specialist services within NDIS funded packages.

These broader systems of Tier 2-type services support all mental health consumers:

- Those identified by the Productivity Commission as likely to be eligible for individually funded NDIS supports, circa 57,000 people;
- Those identified by the National Mental Health Services Planning Framework as having severe and persistent mental illness and requiring ongoing supports and services, circa 290,000 people; and

¹ Commonwealth Department of Health. (2013). [A National framework for recovery-oriented mental health services: policy and theory](#).

- Those accessing public mental health services each year, which in Western Australia alone is roughly 48,000 people.

An effective mental health system would make available the full spectrum of supports from acute to community based, to meet the needs of all these people.

The programs and supports that make up part of this broader support system provide essential services for people with mental health issues, their families and carers, thus enabling people to live a good life in the community. Recovery oriented and person centred, these programs are delivered to meet agreed mental health outcomes.

The broad system of supports includes:

- Clinical programs and the public health system
- Community managed mental health delivered recovery oriented Commonwealth and State funded mental health programs including Partners in Recovery, Personal Helpers and Mentors Program, Day to Day Living in the Community, Mental Health Carer Respite and other locally developed and state/other funder funded programmes and services
- The Primary Health Network and access to the MBS, ATAPS and Better Access
- Services considered part of other systems including drug and alcohol services and Communities for Children which are community development and community capacity building initiatives.

These parts of the broader support system are interdependent with the NDIS. In the current context of NDIS design and concurrent implementation, and the significant reform recommended in the Review of Mental Health Programmes and Services, it is essential that design and implementation of each system be informed by and in keeping with other related reforms.

It is clear from emerging evidence about the NDIS implementation and the Review of Mental Health Programmes and Services that the system is fragmented. The need for strengthened investment and reinvestment in prevention and early intervention is both well evidenced and urgent. The direction of the Commonwealth in rolling out the NDIS and commissioning ILC must seek to build on this existing system.

4. Many people with mental health issues are ineligible for individual support through the NDIS.

Trial data examined by the Independent Advisory Council for the NDIS indicates that ineligibility rates from access requests from people with primary mental illness are significantly higher than other disability rates, and that the number of participants in the scheme with psychosocial disability to date is lower than predicted by the Productivity Commission².

The reasons for this are likely varied and are still being understood. However, people with lived

² Independent Advisory Council for the NDIS. (Dec 2014). [IAC advice on implementing the NDIS for people with mental health issues.](#)

experience of mental health issues, carers and family members, advocates and mental health organisations have long raised serious concerns about the requirement for permanency of disability to access funded supports under the NDIS.³

WAAMH recently recommended in its submission to the NDIS Act and Rules Review “that amendments are made to the access criteria for people with mental health conditions. These should not require permanency or likely permanency of impairment but instead consider the impact of the impairment on the person’s lived need and functioning in keeping with the core activities identified in the Act: communication, social interaction, learning, mobility, self-care, and self-management.”⁴

Eligibility criteria for people with mental health issues was also highlighted in the National Review of Mental Health Programmes and Services which states there is an “urgent need to clarify the eligibility criteria of the NDIS for people with mental health issues and ensure the provision of current funding into the NDIS allows for a significant Tier 2 system of community supports”⁵.

Given the commissioning guidelines and the relatively low level of funding allocated to the ILC⁶, it is clear that ILC is not intended to provide services to support NDIS ineligible people with mental illness and/or psychosocial disability, their families and carers. It is therefore imperative that people with mental health issues who are ineligible for NDIS individual supports can continue to access programs and supports outside the NDIS. Recommendations to enable this are made in section 5 of this submission.

5. If funding for Commonwealth mental health programs is rolled into the NDIS then these programs and supports will not be available to many people who need them.

Of significant concern to WAAMH and its membership including people with lived experience of mental illness and their families, is the roll-in of mental health program funding into the NDIS. The NDIS bilateral agreements outline the proportions of Commonwealth funding to be rolled in for programs such as Personal Helpers & Mentors, Mental Health Carer Respite, Partners in Recovery (PiR) and Day to Day Living.

Where the Commonwealth now stands on these funding arrangements is not clear. As the sector awaits the Government’s response to the Review of Mental Health Programmes and Services, the urgency to clarify future funding arrangements for the NDIS and these crucial mental health programs is heightening.

³ Consumers of Mental Health WA. (n.d) [Making Inroads: Addressing the needs of consumers and those with psychosocial disability within NDIS/My Way.](#)

⁴ WAAMH Submission to the Review of the NDIS Act and Rules <https://waamh.org.au/systemic-advocacy/national-disability-insurance-scheme.aspx>

⁵ National Mental Health Commission. (Dec 2014). [Contributing lives, thriving communities. Review of mental health programmes and services.](#)

⁶ Reference Senate Estimates information provided at Mental Health Australia Members Policy Forum 22 October 2015

Given the figures from the trial data indicate high rates of NDIS ineligibility for people with psychosocial disability⁷, with the degree of cross over between PiR and NDIS clients being lower than anticipated, it is clear these programs must continue outside the NDIS to enable people to access support. The same is true for carer supports. Carers with experience in the Western Australian trial sites have noted the limitations to carer services and supports through individual NDIS plans, and the ongoing need for these services.

The mental health sector recommends funding to continue these programs outside the NDIS are retained. Any roll-in of dollars should be based only on the percentages of people accessing these mental health programs that go on to access individual packages under the NDIS. This should be based on data from the trial sites evidencing access rates for people with psychosocial disability mapped against people accessing PiR and other programs.

Dollars could roll-in tied to individuals as they test their eligibility for the scheme and choose whether or not to access it. This will enable both the retention of a system of supports for those ineligible, and enable the scheme to meet its choice and control objectives.

At the same time, it is critical that the time is taken to get the services mix right including how it fits with other service systems so that gaps and fragmentation are not further exacerbated.

The Partners in Recovery program provides a model of support that has been in place in various areas of Australia and provides a bridge to the ILC framework. PIR supports the multi-service integration and coordination needed to ensure services and supports are matched to people's need. The ultimate objective PIR is to improve the system response to and outcomes for, people with severe and persistent mental illness who have complex needs by:

- facilitating better coordination of clinical and other supports and services to deliver 'wrap around' care individually tailored to the person's needs; strengthening partnerships and building better links between various clinical and community services;
- supporting organisations responsible for delivering services to the PIR target group;
- improving referral pathways that facilitate access to the range of services and supports needed;
- promoting a community based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs;
- system collaboration; PIR promotes collective ownership and encourages innovative solutions to ensure effective and timely access to the services and supports required by people with severe and persistent mental illness with complex needs to sustain optimal health and wellbeing; and
- funding capacity building initiatives in various communities.

PiR further supports people with psychosocial disability who may be eligible for the NDIS to understand, engage with, test their eligibility, and ultimately access the scheme. PiR providers are undertaking this work with people with psychosocial disability to enable their access; this can take 6

⁷ Independent Advisory Council for the NDIS. (Dec 2014). [IAC advice on implementing the NDIS for people with mental health issues.](#)

– 12 months of intensive preparatory work in collecting evidence, building relationship with individuals and enabling them to engage with this scheme. This work can be particularly intensive with historically disenfranchised and excluded consumers such as Aboriginal people and people experiencing homelessness or other complex needs and is not funded by the NDIS.

The early emergent strengths of PiR should be built on through nation-wide roll-out, evaluation and further development and evolution of the program to ensure its effectiveness including in its engagement with the NDIS.

Recommendations:

- **Funding to continue community based mental health programs outside the NDIS, including PiR, PHaMS, Day to Day Living and Mental Health Carer Respite be retained.**
- **The percentage of dollars rolled in to NDIS should be proportional to the numbers of people with psychosocial disability eligible for and accessing the scheme.**
- **The dollars travel with the individual, as they become eligible and choose to be supported on a funded package.**
- **Build on the early emergent strengths of PiR through nation-wide roll-out, evaluation and further development and evolution of PiR to ensure its effectiveness.**

6. If people are not able to access programs and supports early enough, the demand for NDIS support will increase in the future.

The Review of Mental Health Programmes and Services highlights the dire need for prevention and early intervention services, with national mental health policy unequivocally determining the need to intervene earlier at a range of support levels to lessen the impact of mental illness and reduce demand for acute services⁸.

This approach is supported by the Independent Advisory Council for the NDIS, which in its mental health advice notes that future demand for NDIS funded supports will be significantly impacted by the supply and demand of clinical services to young people presenting with mental health issues, citing evidence that early intervention can prevent or minimise long term functional impairments.⁹

The National Survey on High Incident Psychosis (SHIP) highlights the beneficial impact of intervening early in diagnosis and the subsequent positive outcomes of this type of intervention. WAAMH further emphasises that community based, recovery oriented programs, which provide broad person centred supports, not just clinical supports, also have a significant impact on recovery rates.

These programs enable earlier support and recovery than NDIS packages, which are available only to people with permanent or likely permanent psychosocial disability. Should these supports not be available, WAAMH anticipates that more people's mental health will worsen, with potential impacts on day to day functioning and progressions to psychosocial disability, thereby exacerbating the

⁸ National Mental Health Commission. (Dec 2014). [Contributing lives, thriving communities. Review of mental health programmes and services.](#)

⁹ Independent Advisory Council for the NDIS. (Dec 2014). [IAC advice on implementing the NDIS for people with mental health issues.](#)

demand for the NDIS in the future. In this way, the broader system of supports acts as the ILC Framework is intended, that is, to ensure no one misses out and to mitigate demand for individual packages. It is necessary that both be strengthened.

Recommendation:

- **The Commissioning of ILC and further NDIS design and implementation addresses the interdependencies with the mental health system.**

7. To enable people with psychosocial disability to access the scheme specialist psychosocial services elements of the NDIS must be developed and implemented

The low numbers of people with psychosocial disability accessing the scheme in the trials, and the unique elements of mental health and psychosocial disability and how they relate to the NDIS, necessitates the need for a proactive approach to engaging this consumer group. It is essential that specific funding be allocated to this population to enable development of a specialist response or component of ILC.

WAAMH's submission to the Review of the Act¹⁰ identified the limitations of the scheme's ability to meet its objects if these issues are not addressed.

This response could be conceptualised as a specialised psychosocial LAC service that is cohort focused and works to connect people to other parts of the system, build capacity for individuals and communities, make sense of the NDIS and act as a bridge to enable access. This service would fit all funding areas of the ILC Commissioning framework: specialist or expert delivery, cohort focused delivery, multi-regional supports, remote/rural solutions and delivery by people with disability for people with disability.

This LAC specialist service would have the following features:

- Delivery primarily by peer workers
- Delivery by organisations with experience and expertise in supporting mental health consumers
- Understand and respond to the specific features of psychosocial disability
- Locally relevant
- Enable choice and control
- Relational approach to engagement
- Person centred
- Facilitate recovery
- Bridge systems
- Build capacity of other NDIS LACs, the community and other service systems to contribute to attainment of mental health outcomes.

¹⁰ WAAMH Submission to the Review of the NDIS Act and Rules <https://waamh.org.au/systemic-advocacy/national-disability-insurance-scheme-.aspx>

- Specialist peer-delivered independent advocacy and support to engage with, access, participate in scheme processes, and increase choice and control.

Psychosocial LAC service would act as a bridge between funded supports and unfunded supports for the National Disability Insurance Scheme (NDIS) and connect to other mental health and associated systems and services including PiR and PHaMS. The services would facilitate choice and control by supporting people to understand and choose between accepting a funded package of support or maintaining their current system of mental health funded supports. The service would also work with carers and family members of people with psychosocial disability to facilitate their support needs to be met.

These supports should meet the objects of the NDIS Act and support the attainment of national mental health outcomes.

WAAMH further recommends the development of a national website and promotional material that provides guidance for psychosocial consumers and their families about: language, recovery and the NDIS; mental health and eligibility; reasonable and necessary supports; and supports provided by other systems.

Recommendations:

- **Through the ILC Commissioning Framework, design and develop psychosocial focused LACS positions nationwide and further consult with mental health stakeholders on the design of these services.**
- **Commission a national website and promotional material that provides guidance for consumers and their families about the NDIS and psychosocial disability.**

8. To continue provision of programs and supports focussed on early intervention and recovery, and reduce the future demand for NDIS individual supports, the Commonwealth must continue to fund a separate and sustainable mental health sector outside NDIS eligibility requirements.

Coordinated care, secure accommodation and support services focused on recovery are still a long way from the optimum for people with psychosocial disability. Notwithstanding the increase in federal funding since 2006, there are significant gaps in community managed support services (as opposed to clinical services) that 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, community managed mental health 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.

The Review of Mental Health Programs and Services made extensive recommendations to address fragmentation in services and supports and direct investment to ensure better outcomes for people accessing services.

An effective system of mental health supports would sit alongside the NDIS, supporting the sustainability of both systems, fits with NDIS insurance principles, makes good economic sense and warrants significant investment in this area.

Recommendations:

- **The Commonwealth maintain and strengthen investment in the mental health services delivered through Department of Health and Department of Social Services, inclusive of supports for carers. These include existing Commonwealth funded mental health programs include Partners in Recovery (PiR), Personal Helpers and Mentors Program (PHaMS), Day to Day Living in the Community and Mental Health Carer Respite.**
- **The Commonwealth identify and address the range of consumer needs and system interdependencies outlined in this paper in the bilateral negotiations as the NDIS roll-out progresses, and in its response to the Review of Mental Health Programs and Services.**

9. Unanswered questions

Responding effectively to the ILC Commissioning Framework is particularly complicated when considering the needs of mental health consumers and carers. This is both because of the challenges in making the NDIS work for people with psychosocial disability and their families, and the significant recommendations for reform outlined in the Review of Mental Health Services and Programmes. Mental health consumers and the sector await government's response to the review, which in the context of a quick NDIS roll-out, combined create a highly uncertain environment.

The need for the Commonwealth to take a systems view when designing and implementing the NDIS for mental health consumers has never been clearer. WAAMH highlights the need for further consideration across stakeholders of the impacts of all decisions on other parts of the system.

Recommendation:

- **The NDIA and Commonwealth government continue its ongoing consultation and engagement with mental health stakeholders.**

10. Summary of recommendations

- **Funding to continue community based mental health programs outside the NDIS, including PiR, PHaMS, Day to Day Living and Mental Health Carer Respite be retained.**
- **The percentage of dollars rolled in should be proportional to the numbers of people with psychosocial disability eligible for and accessing the scheme.**
- **The dollars travel with the individual, as they become eligible and choose to be supported on a funded package.**
- **Build on the early emergent strengths of PiR through nation-wide roll-out, evaluation and further development and evolution of PiR to ensure its effectiveness \ The Commissioning of ILC and further NDIS design and implementation addresses the interdependencies with the mental health system.**

- **Through the ILC Commissioning Framework, design and develop psychosocial focused LAC service nationwide, and further consult with mental health stakeholders on the design of these services.**
- **Commission a national website and promotional material that provides guidance for consumers and their families about the NDIS and psychosocial disability.**
- **The Commonwealth maintain and strengthen investment in the mental health services delivered through Department of Health and Department of Social Services, inclusive of supports for carers. These include existing Commonwealth funded mental health programs include Partners in Recovery (PiR), Personal Helpers and Mentors Program (PHaMS), Day to Day Living in the Community and Mental Health Carer Respite.**
- **The Commonwealth identify and address the range of consumer needs and system interdependencies outlined in this paper in the bilateral negotiations as the NDIS roll-out progresses, and in its response to the Review of Mental Health Programs and Services.**
- **The NDIA and Commonwealth government continue its ongoing consultation and engagement with mental health stakeholders.**