WAAMH
Western Australian Association for Mental Health

22 February 2021

Mr Martin Hoffman
Chief Executive Officer
National Disability Insurance Agency
GPO Box 700
Canberra ACT 2601

Dear Mr Hoffman,

RE: Submission to the Planning Policy for Budget Flexibility

The Western Australian Association for Mental Health **(WAAMH)** is the peak body for community mental health in Western Australia. WAAMH influences community attitudes, mental health priorities, policy and practice through mental health promotion, systemic advocacy and development so Western Australians have the rights, resources and support needed for mental wellbeing, recovery, and citizenship. One of the main change priorities of our Strategic Plan 2019-2024 is to influence NDIS implementation in WA to ensure its responsive for people with psychosocial disability, in order to achieve our organizational vision. WAAMH welcomes the National Disability Insurance Scheme's invitation to lodge a submission in relation to the Planning Policy for Personalised Budgets and Plan Flexibility.

Our response is focused on the needs and experiences of NDIS participants, or prospective participants, with psychosocial disability. It has been informed by our NDIS Mental Health Sector Reference Group which includes NDIS participants and family members, lived experience peak bodies and service providers; formal and informal consultations; and WAAMH staff with expertise in psychosocial service provision, policy, advocacy, workforce development and quality assurance processes.

2. How can we support participants to prepare for a planning meeting? What might be needed to support participant decision-making?

WAAMH supports the NDIA's aim to support participant decision-making during their planning process, in line with the NDIS's ethos to be person-centred, whilst facilitating choice and control. It is encouraging to see that the NDIA will provide a draft plan to the participant before their planning meeting, but WAAMH would like to see clarification on changes that can be made on the plan, if the participant or their support network are not in agreeance with what has been included.

Recommendation: *WAAMH encourages that participants should be supported by understanding that they can bring a support person/s to their planning meeting, and encouraged to do so, to support them through the process.*

Recommendation: *Planners are trained to facilitate supported decision-making practices with participants during planning meetings, empowering participants to take control of their lives and play a part in determining their supports. This training should also ensure Planners can facilitate the inclusion of the participant's family/friends/carers, to assist with participant decision making.*

Recommendation: *The NDIA or its delegate should be as transparent as possible with participants, clearly outlining, in plain language, what the planning meeting involve, how long the meeting will take and what a participant can do to prepare for a planning meeting. For example, this could include preparing any information or evidence that they may need for their planning meeting, and prepping responses to any questions they may be asked.*

4. How can we assure participants that their plan budgets are at the right level?

WAAMH has heard concerns from participants and providers about the planning process and participant NDIS plan budgets, given that funding will be informed by outcomes from the participants independent assessment **(IA)**, as outlined in the Planning Policy[1]. Participants and providers in psychosocial disability sector have voiced their apprehensions regarding the independent assessment process, given it does not align with Recovery-Oriented Practice, is deficit based as opposed to strengths based, and the time allocated (3 hrs) for the IA may not allow sufficient time for the assessor to adequately capture the episodic nature of psychosocial disability. Please refer to our submission on Independent Assessments for further details about these and other concerns.

If a sound, simple process to develop NDIS plans is implemented, this will be reassuring for participants. This should include a collaborative approach, informed by deep knowledge of psychosocial disability, and inclusive of positive support people such as family members or case managers/support workers who work alongside the participant. A solid focus on capacity building and/or Recovery Coaching will be of benefit to the majority of people with psychosocial disability – the reasonable and necessary need for this item to be included should be the planner's starting point, moving on to explore how it may benefit the participant, rather than excluding this support and potentially creating the need for a plan review to be instigated at a later date.

[1] https://www.ndis.gov.au/community/have-your-say/planning-policy-personalised-budgets-and-plan-flexibility

WAAMH regularly receives reports from providers and participants about the varied level of understanding of psychosocial disability amongst planners and that this results in significant inconsistency in plans, both in the types of supports funded and the amount of supports funded. Please see further explanation of this issue in response to Question 11.

Recommendation: *Participants should have the ability to have the plan reviewed and this process should be more transparent with shorter time frames.*

Recommendation: *WAAMH recommends that where IA's are undertaken, they are only a small part of the information used to determine the types of supports and levels of funding included in participants NDIS plans. This plan development and budget formation should be done with a person-centred, collaborative approach with the participant and their support network, in line with choice and control, to ensure the participant obtains the type and levels of funding they actually need, as opposed to being based on the outcomes of a (limited) functional assessment. As recommended in our Independent Assessments submission WAAMH proposes that the opinion and contribution of the treating professional is taken into account, as is the participant's recovery plan or eco map of personal supports and social connection when building the person's plan and budget.*

Recommendation: *Planners receive adequate training to properly understand psychosocial disability, the role of a Psychosocial Recovery Coach and how this can complement and be funded alongside Support Coordination. WAAMH recommends Recovery Coaching is included in plans and is funded for between 130 to 150 hours over a 12-month period, as recommended by Gerry Naughtin during the Community Mental Health Australia – Mental Health and NDIS Conference.*

7. What ideas do you have for how people can use their plan more innovatively?

Due to the current structure of plans and funding, participants with psychosocial disability who require additional support during the prevention or actual period of crisis, can sometimes then be left with insufficient funding for the remaining duration of their plan due to this intensive need for supports. Due to the episodic nature of psychosocial disability, this escalation can sometimes occur quickly, without sufficient time to instigate and undertake the plan review process. Whilst this process could be instigated after the fact, the participant may then not be well enough to do so.

Recommendation: *WAAMH would like to see a portion of plans for people with psychosocial disability be allocated for the prevention of, or during, a mental health crisis. This should be added on top of their additional funding package for other reasonable and necessary supports, and mandatory in all plans for people with primary AND secondary psychosocial disability. This would enable the NDIA to take a proactive, as opposed to reactive, approach to the promotion of mental health outcomes for people with psychosocial disability.*

9. How should check-ins be undertaken? Under what circumstances is a check-in needed? Who should be involved in a check-in?

WAAMH supports the introduction of check-ins with all NDIS Participants, especially those with psychosocial disability due to its episodic nature.

Recommendation: *In with participant choice and control, check-ins should be undertaken in line with participant-identified preferences for communication – i.e., for some this may be via text-messaging, others via a phone call, some could be done via video conferencing and in some cases house calls/drop-ins, where practical. This could require an associated escalation process should the NDIA or its delegate be unable to contact a participant.*

Recommendation: *WAAMH endorses a broad scope for check-ins, involving contact with the participant themselves, as well as identified key people in their support network. This could be a family member, primary carer or friend, as nominated by the participant, and with participant consent.*

10. How often should we check-in with participants in different circumstances?

Given the episodic and unpredictable nature of psychosocial disability, the frequency of check-ins should be determined on an individual basis, in line with the NDIS principle of person-centred care.

Recommendation: *WAAMH proposes that check-ins should be undertaken periodically by the NDIA or its delegate, with frequency determined by the associated risks with a participant, i.e. the nature of their disability; current formal and informal supports in place; levels of isolation etc. Depending on the check-in and how the participant is going, this could potentially trigger additional, more frequent check-ins to maintain the participant's wellbeing.*

Recommendation: *In line with choice and control, WAAMH suggests the NDIA or its delegate communicate clearly about the availability of participant check-ins, but let the mode, duration and frequency be determined by the participant themselves, or through a supported or substitute decision-making process.*

11. How can the NDIS ensure positive relationships between participants and planners?

WAAMH regularly receives reports from providers and participants about the varied level of understanding of psychosocial disability amongst planners and that this results in significant inconsistency in plans, both in the types of supports funded and the amount of supports funded. Recently these reports have focused most on the lack of understanding of Recovery Coaching, with planners incorporating funding for Recovery Coaching into participants plans, where psychosocial disability is their primary disability. This often happens but the details may not fully be explained to participants, meaning the supports

go unused or they lose their existing Support Coordinator relationship, for example. Providers have also reported receiving participants plans that include Recovery Coaching, but the details are not in keeping with the role of that support. Examples include complex support coordination described as recovery coaching, and at the other end of the spectrum take away meal pick up and other core supports described as recovery coaching. While this is a new and not yet well understood support, this is merely the latest example of NDIA staff and their delegates not sufficiently understanding psychosocial disability, resulting in inequitable plans and access issues.

Recommendation: *The NDIA or its delegate should require all planners to have deep experience in working with people with psychosocial disability, and to undergo in depth training in understanding psychosocial disability, and in trauma informed care, and provide access to this training (perhaps through state and territory peak bodies that hold this expertise) so they can properly meet the needs and build relationships with this cohort.*

Recommendation: *The NDIA or its delegate employ a number of planners who specialise in psychosocial disability, who have either lived or learned experience, to facilitate trust and build hope with these participants during the planning process and ensure NDIS plans are constructed to meet the episodic needs of individuals with psychosocial disability and to support their recovery.*

Recommendation: *The NDIA need to clarify the distinguishing features of Psychosocial Recovery Coach and Support Coordination line items, determine if they can co-occur within NDIS plans, and properly educate planners and the sector once this has been determined. WAAMH has heard repeatedly from participants and providers that this is still not clear, and the information received from the NDIA on this matter is inconsistent.*

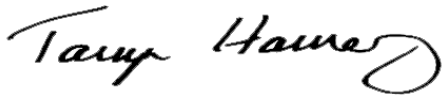
12. How can we best support participants to transition to this new planning model?

The NDIA or its delegate should be as transparent as possible with participants, clearly outlining, in plain language, why the changes have been introduced, how their new plans with differ and what impact these changes might have on the participant and their supports.

Recommendation: *WAAMH suggests this information should be provided well in advance of any changes occurring, to allow the Participant sufficient time to understand what will happen and ask any questions they may have. This could include a dedicated email or phone number through which they can contact for more information or have someone contact on their behalf to answer any questions they have, or seek additional information.*

WAAMH looks forward to continuing to work with the NDIS and NDIA to ensure that people with mental health issues and psychosocial disability, their families and carers, receive the high quality and safe service that the Scheme intends to deliver.

Sincerely,



Taryn Harvey
Chief Executive Officer
WA Association for Mental Health