

Mental Health developments at the national level

VICSERV Forum
*Mental Health in the NDIS
world*

Eddie Bartnik & Mark Rosser NDIA

October 2016



Delivered by the
National Disability
Insurance Agency

Welcome – Eddie Bartnik



- Acknowledgements
- Context of presentation
- The National Disability Insurance Scheme (NDIS) gives effect to Australia's obligations under the *United Nations Convention on the Rights of People with Disabilities* (2006), which includes people with psychosocial disability their families and carers.



Presentation outline

- NDIS overview
- Strategic update – mental health work plan
- Strategic update – data, principles, changes to the market and outcomes framework
- Project updates; operational access review, support design project
- NDIS products & resources



NDIS Overview

Eddie Bartnik, Strategic Adviser, NDIA

October 2016



Delivered by the
National Disability
Insurance Agency



Role of the NDIA

The National Disability Insurance Agency (NDIA) administers the National Disability Insurance Scheme (NDIS).

The Agency's job is to:

- Deliver the NDIS
- Build community awareness of disability
- Ensure financial sustainability of the NDIS
- Develop and enhance the disability sector

The NDIA Board governs the NDIS



Matrix of change

Feature	Former system	NDIS
Access criteria	Varies from state to state	Nationally consistent as set out in legislation
Choice and control	Varies from state to state - most people have little say over the supports they receive	Individual has control over the type and mix of supports, delivery and how their funding is managed
Level of assistance	Capped – people may be eligible but may spend years on waiting lists	Demand driven – people with disability get the support they need, when they need it, to make progress towards their goals
Funding	Multiple programs within and across governments	Single pool of government funding administered by NDIA

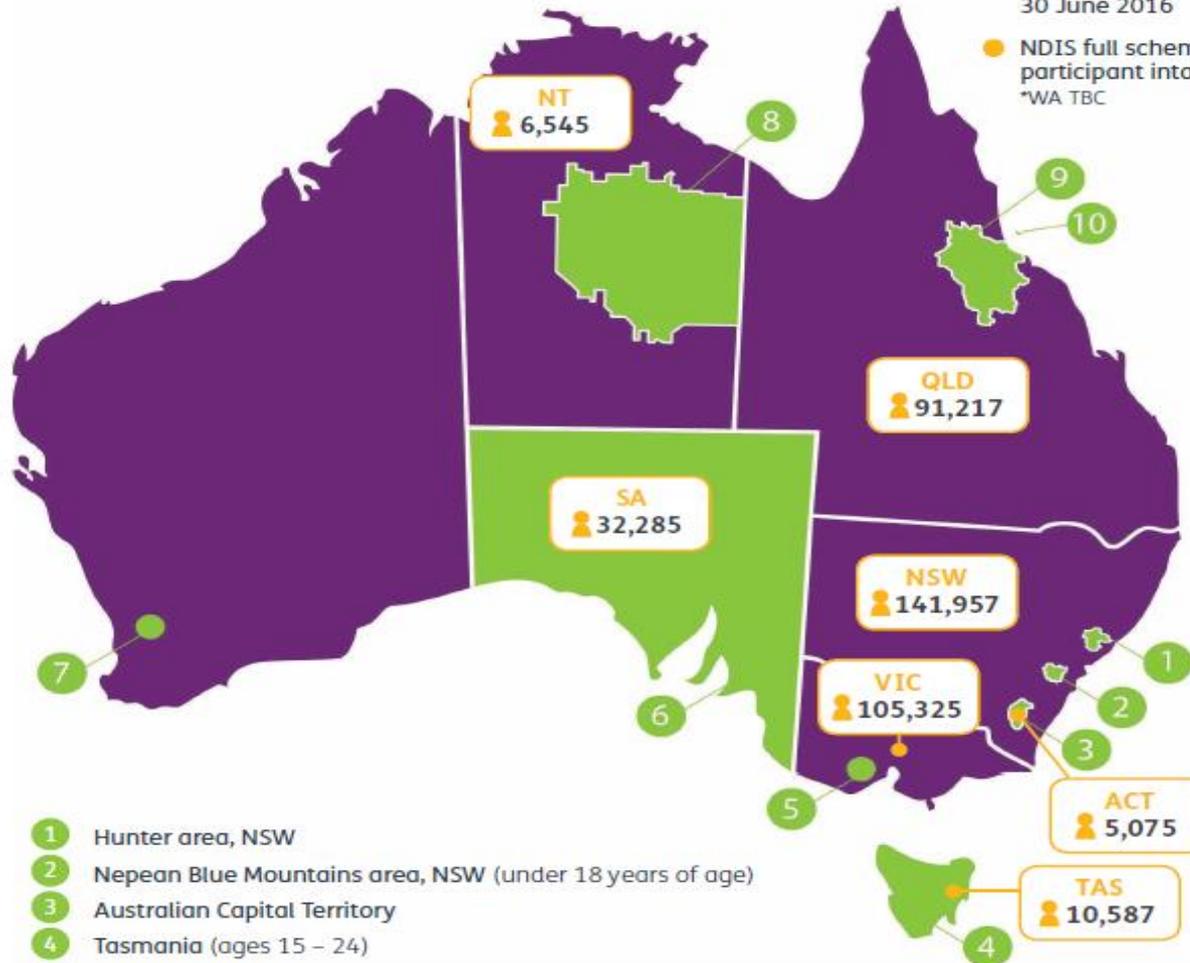


From trial to transition

- We are moving from nine trial and early transition sites to preparing for full Scheme roll out from 1 July in New South Wales, Victoria, Queensland, Tasmania, South Australia and Northern Territory.
- Rollout in ACT is now complete.
- More NDIA offices will be established across Australia with many more participants beginning their journey with us.
- WA agreement expected shortly.
- Stages include trial/transition/development/maturity.

NDIS trial site map / full scheme participant intake

- NDIS trial and early transition sites as at 30 June 2016
- NDIS full scheme participant intake *WA TBC



- 1 Hunter area, NSW
- 2 Nepean Blue Mountains area, NSW (under 18 years of age)
- 3 Australian Capital Territory
- 4 Tasmania (ages 15 - 24)
- 5 Barwon area, VIC
- 6 South Australia (age 13 & under on 1 July 2014)
- 7 Perth Hills area, WA
- 8 Barkly region, NT
- 9 Townsville and Charters Towers, QLD (under 18 years of age)
- 10 Palm Island, QLD

Victoria



Monthly Intake

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total
2016-17	708	708	708	1,329	1,328	1,328	858	858	857	2,140	2,140	2,140	15,103
2017-18	1,161	1,160	1,160	3,318	3,318	3,317	3,320	3,320	3,320	2,366	2,366	2,366	30,493
2018-19	2,661	2,660	2,660	5,446	5,446	5,445	4,384	4,383	4,383	5,720	5,720	5,719	54,627

Victoria (phasing by area)

2016-17

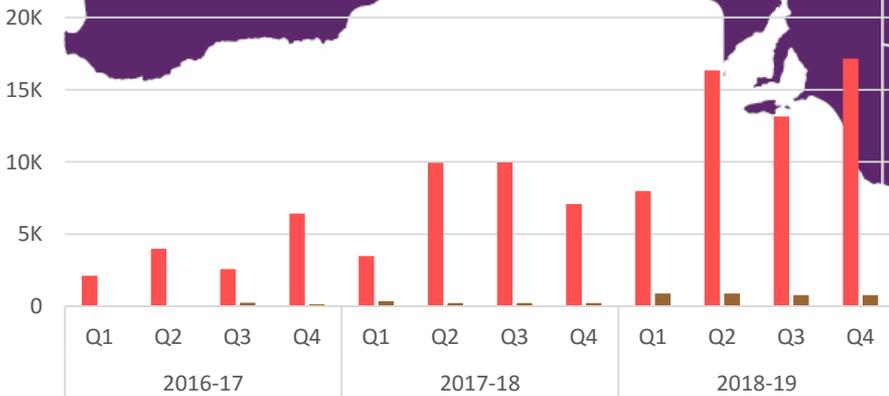
- 1 July - North East Melbourne
- 1 January - Central Highlands
- 1 May - Loddon

2017-18

- 1 October - Inner Gippsland, Ovens Murray & Western District
- 1 November - Inner Eastern Melbourne and Outer Eastern Melbourne
- 1 March - Hume Moreland
- 1 April - Bayside Peninsula

2018-19

- 1 September - Southern Melbourne
- 1 October - Brimbank, Melton & Western Melbourne
- 1 January - Goulburn, Mallee & Outer Gippsland



The NDIS path ahead

The Scheme will grow substantially over the next 3 years



Projected Growth in NDIS participation - Source: NDIA/ NOUS report

Scheme Achievements



Quarter 3, 2015–16 Report

31 MARCH 2016

NDIS trial sites



- 1 Hunter area, New South Wales
- 2 Nepean Blue Mountains area, New South Wales (age 0-17 years)
- 3 Australian Capital Territory
- 4 Tasmania (age 15-24 years)
- 5 Barwon area, Victoria
- 6 South Australia (age 0-13 years)
- 7 Perth Hills area, Western Australia
- 8 Barkly region, Northern Territory

✓ On time

29,769 people

have become participants in the NDIS.

24,866 people

have received individualised plans, helping them change their lives by accessing the supports and services they need to live more independently and engage with their community.

✓ Within budget

\$1.96b

has been committed for participant support to date.

✓ High satisfaction



Participant satisfaction remains high with

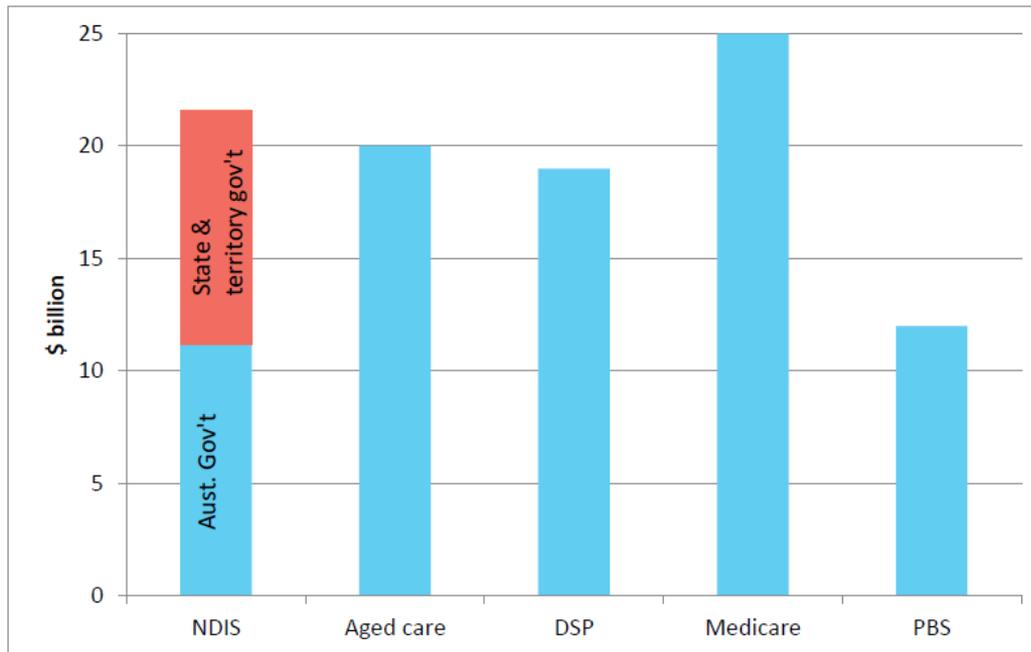
95%

rating their planning process as “good” or “very good”.

Participants with approved plans by state and territory

NSW Hunter	NSW Nepean Blue Mountains	SA	TAS	VIC	ACT	NT	WA
6,510	1,083	5,825	1,135	4,867	3,429	135	1,882

How does the NDIS market compare with other comparable markets?



Source: Australian Government, [Portfolio Budget Statements](#), (various), 2016–17, accessed 1 September 2016.

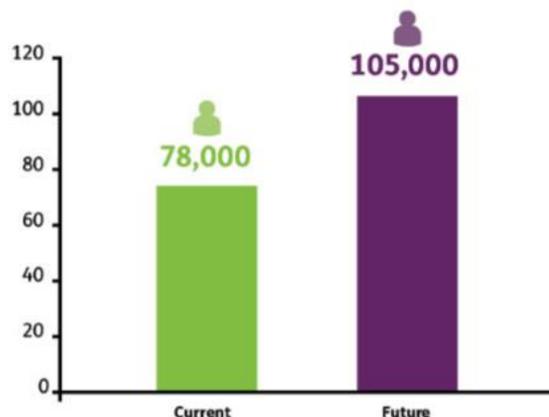
Sourced from: Parliamentary Library *The National Disability Insurance Scheme: a quick guide*

Market Position: VIC

Forecast increase in demand

+ 27,000 participants

More people: The Victorian market for disability supports is estimated to grow from 78,000 people in 2016 to 105,000 in 2019.



Market size (\$ value)



More funding: The level of annual expenditure is estimated to grow from \$2.6 billion to \$5.1 billion in 2020.

Market Position: VIC

Continued

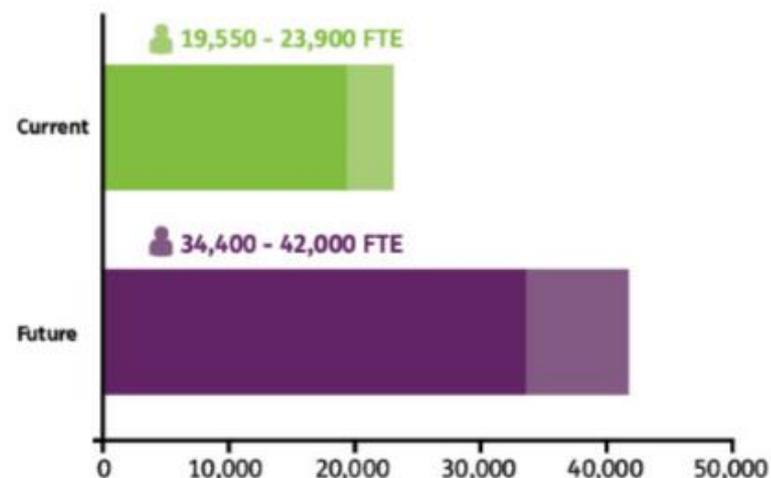
Growth required to meet demand

+ \$2.5b in supports, and

+ 14,850 - 18,100 FTE jobs

is the estimated growth in supply required across Victoria to meet demand at full scheme.

Growth in workforce at full scheme



More jobs: The workforce required to service this demand is estimated to grow from 19,550 - 23,900 to 34,400 - 42,000 FTE in 2019.



Mental Health and the NDIS

- Alongside the roll out of the NDIS, the mental health sector is undergoing significant parallel reform.
- National Health Reform (LHN's and PHN's)
- National Mental Health Reform (NMHC Review, National Recovery Framework, 5NMHP)
- State and Territory Mental Health and Drug and Alcohol Plans
- NDIS – builds on Recovery Framework, provides additional opportunities
- “Recovery oriented, disability focused support”

Strategic Update: NDIA Mental Health Work Plan

Eddie Bartnik, Strategic Adviser, NDIA

October 2016



Delivered by the
National Disability
Insurance Agency

National Mental Health Sector Reference Group (NMHSRG)



- The engagement stream of the National Mental Health Workplan includes the establishment and continuance of a National Mental Health Sector Reference Group (NMHSRG)
- The purpose of the NMHSRG is to ensure a strong partnership between the mental health sector and the Agency. Members of the NMHSRG provide expert advice from a cross-section of the mental health sector to the NDIA about the national work required to integrate mental health into the Scheme.
- NMHSRG member representatives include: consumers, carers, Mental Health Commissions, Commonwealth Departments of Health and Social Services, the NDIS Independent Advisory Council, Mental Health Australia (MHA), Community Mental Health Australia (CMHA), the Mental Health Drug and Alcohol Principal Committee (MHDAPC), and key NDIA staff.
- Communiques 3x year and a new data attachment

NDIA Mental Health Work Plan

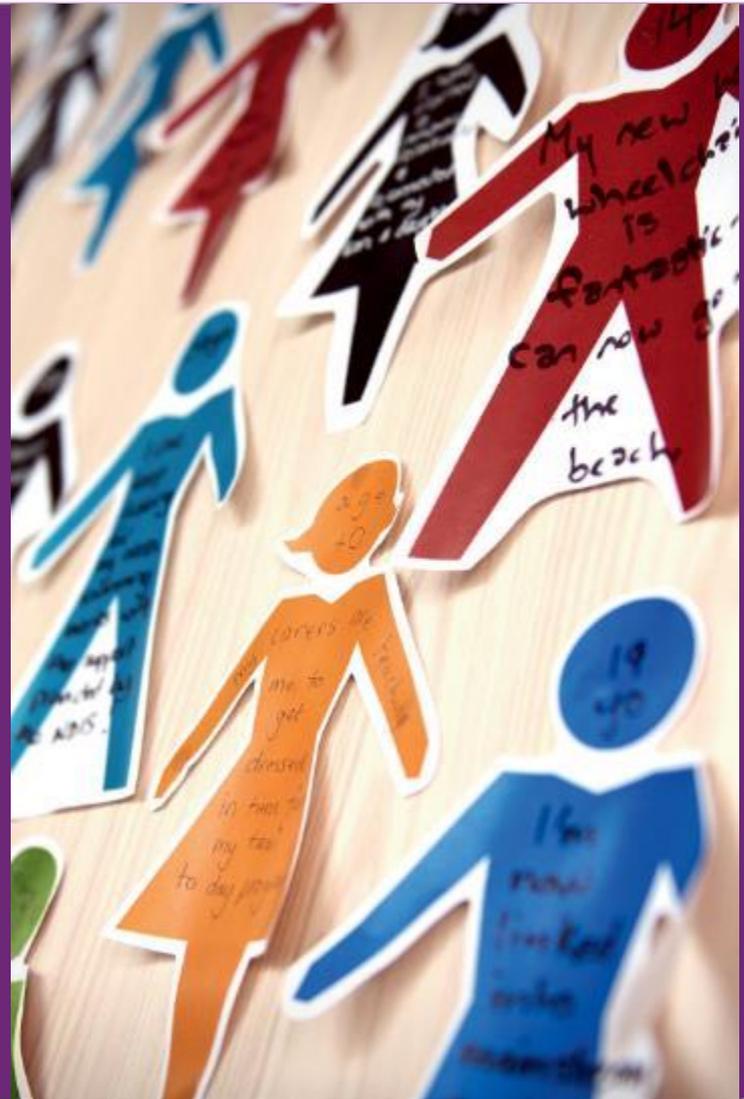


- The NDIA has established a robust plan (NDIA Mental Health Work Plan 2015-16) to systematically address emerging policy and operational issues. As per the NDIA's co-design framework, people with psychosocial disability, their families and carers are a critical reference group in the development and implementation of the plan. The plan includes overarching streams, addressing:
 - Mental Health sector engagement
 - Key reviews and projects (scheme access, support design, reference packages)
 - Programme transition, data, and mainstream interfaces or reforms.
 - Community of Practice for the Inclusion of Psychosocial Disability
 - Note MHA and Sector Development Fund
 - Key emerging areas – PHN/LHN's, transition of programmes, supporting transition and the role of LAC partners, market and supply data, pricing/funding/service mix, forensic/hospital discharge, outcomes framework.
- Initiatives of the plan aim to enhance the Agency's administrative arrangements and capacity to respond to people with psychosocial disability, their families and carers.

Strategic Update: Scheme Actuary's Data on Psychosocial Disability/Insurance Principles

Eddie Bartnik, Strategic Advisor, NDIA

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Scheme Actuary's Data

- The *Productivity Commission Inquiry into Disability Care and Support* estimated that 411 250 people would meet the Scheme access requirements. Further, the Productivity Commission estimated that approximately 56 880 people would be participants with a primary psychosocial disability (13.8%)
- In 2019-20 the total number of expected participants is approximately 460 000, of which around 64 000 participants are estimated to be those with a primary psychosocial disability (13.9%).
- As at 31 March 2016: Across all trial sites 2,945 (10%) of all scheme participants have a **psychosocial** disability, and 2,137 participants (7%) have psychosocial disability recorded as their **primary disability**.
- 1,602 (75%) participants with a **primary psychosocial** disability currently have an **approved plan**.

Key Data: Psychosocial Disability



- 75% of participants with a psychosocial disability submitting an access request have been found eligible for the scheme (noting that a further 5% are in the process of having their eligibility assessed).
- Across all trial sites, \$107.0m (5.5%) of approved committed supports is for participants with a primary psychosocial disability, and a total of \$197.8m (10.4%) is for participants with any psychosocial disability.
- In the Victorian trial sites the proportion of participants with a primary psychosocial disability is (780) 14.1%.

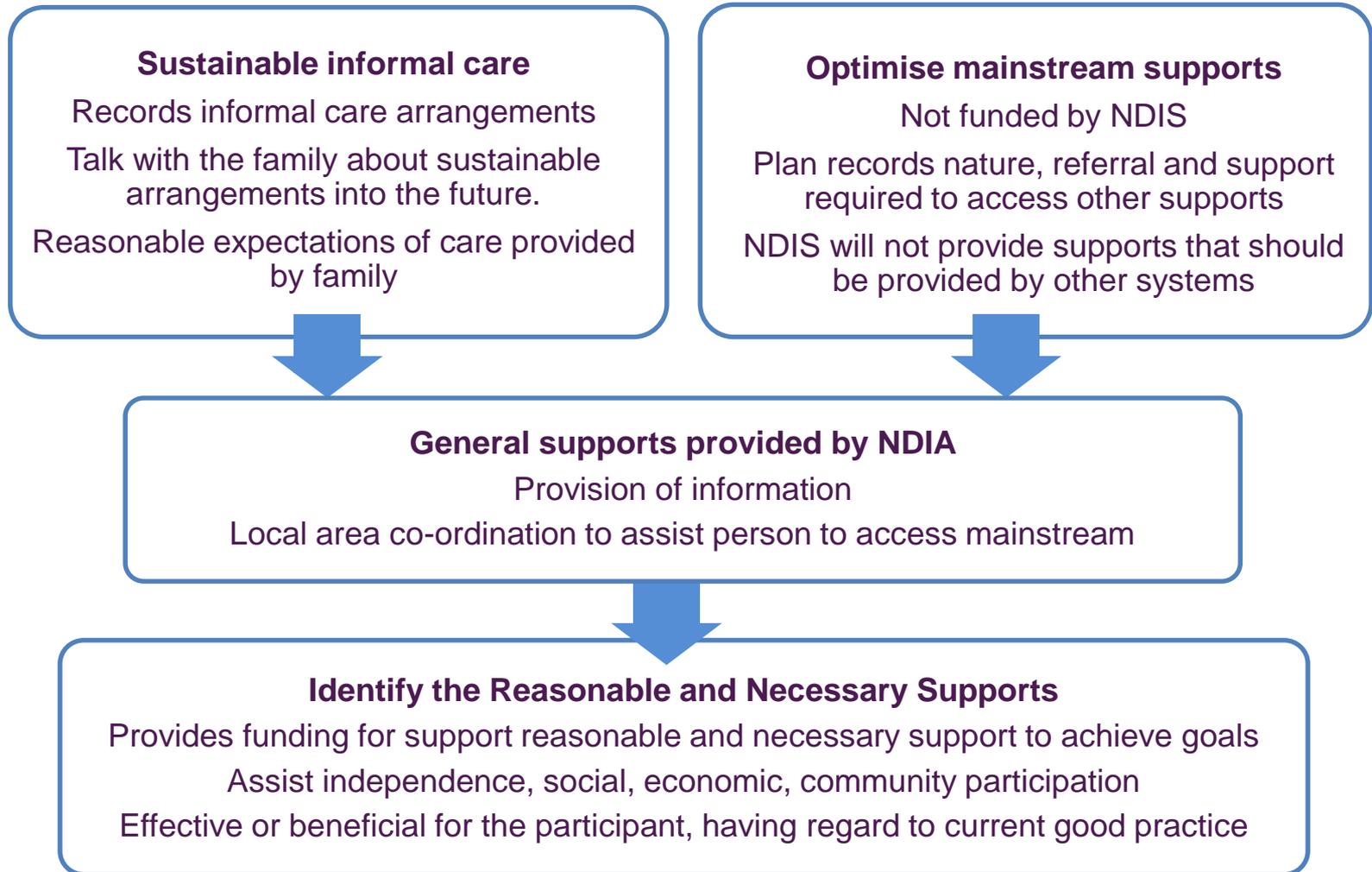
The Agency's insurance principles



Aligned with the NDIS 2013-2016 Strategic Plan:

- The aggregate **annual funding requirement** will be estimated by the Scheme Actuary's analysis of reasonable and necessary support need, including a buffer for cash flow volatility and uncertainty.
- The NDIS will focus on **lifetime value** for scheme participants, and will seek to maximise opportunities for independence, and social & economic participation with the most cost-effective allocation of resources.
- The NDIS will **invest in research and innovation** to support its long term approach and objective of social and economic participation, and independence and self-management, for participants.
- The NDIS will support the **development of community capability and social capital** so as to provide:
 - an efficient, outcomes-focused operational framework and local area coordination, and
 - a support sector which provides a high quality service and respects participant social and economic participation and independence.

Developing a Statement of Support takes into account



Definition



Financial sustainability

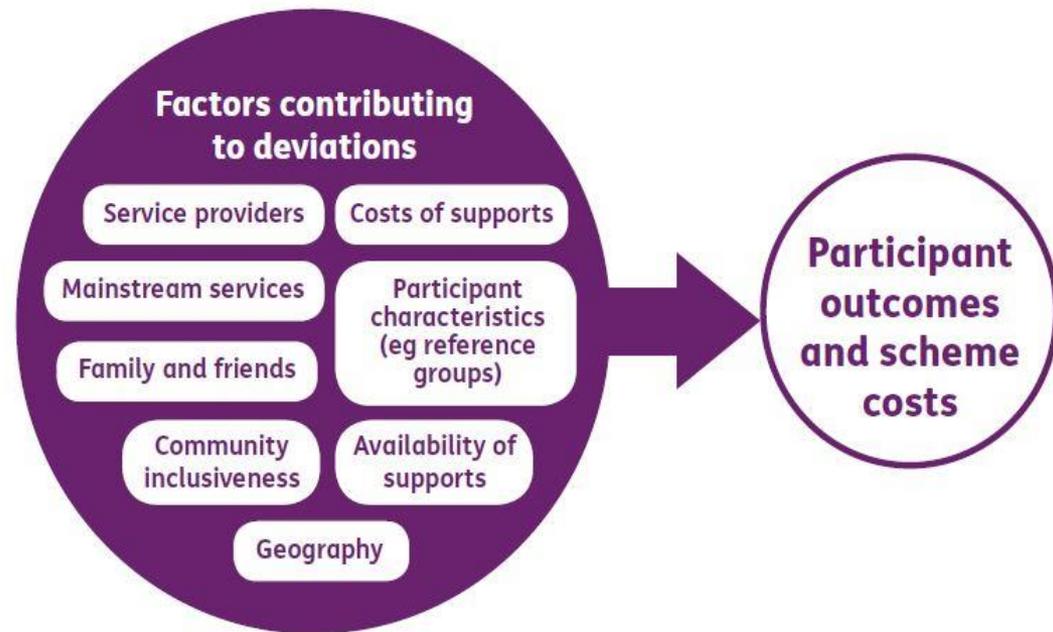
- The scheme is successful on the balance of objective measures and projections of economic and social participation and independence, and on participants' views that they are getting enough money to buy enough goods and services to allow them reasonable access to life opportunities – that is, reasonable and necessary supports; and
- contributing governments think that the cost is and will continue to be affordable, is under control, represents value for money and, therefore, remain willing to contribute.

Monitoring and managing financial sustainability



How do we monitor what is 'reasonable and necessary'?

- Collect data on the number of participants, the characteristics of these participants (to allow analysis of reference groups), the outcomes for these participants, and the cost of supports provided to participants
- Detailed understanding of deviations between actual scheme experience and expected scheme experience and hence identification of cost drivers
- Identify drivers of outcomes – benefits to participants, their families and the community

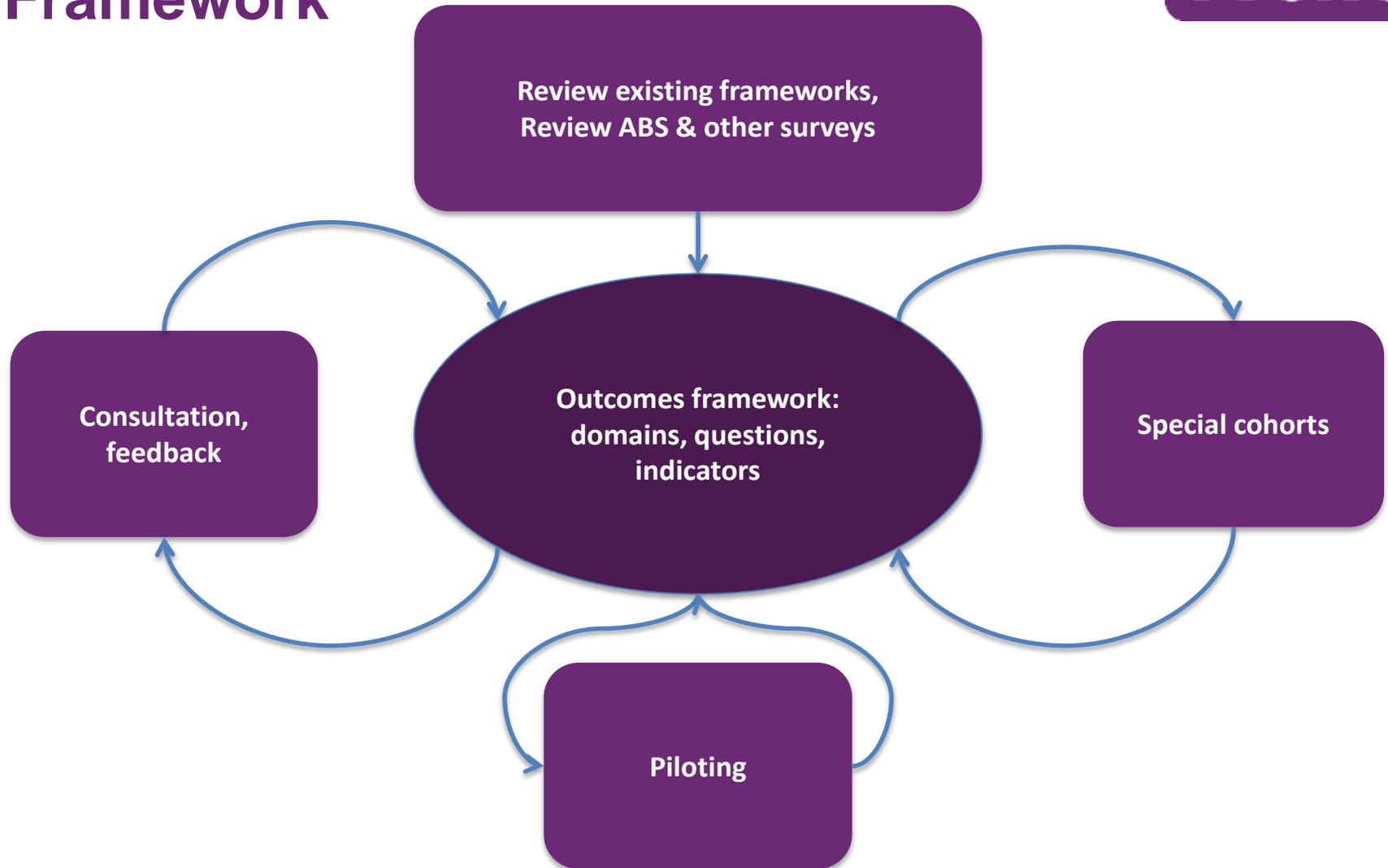


Developing the NDIS Outcomes Framework Guiding Principles



- Two ways of measuring progress
 - The distance from “an ordinary life”
 - Progress towards an individual’s own goals
- Indicators must be
 - Meaningful: widely accepted as important measures of progress
 - Informative: able to indicate what is working to improve outcomes and what is not
 - Feasible to collect and report: avoid over-surveying participants and undue burden on staff

Developing the NDIS Outcomes Framework



The NDIS Outcomes Framework: Lifespan approach



- Independent Advisory Council (IAC) report: Reasonable and necessary support across the lifespan
- The lifespan approach recognises that participants, their families and carers have the potential to grow and develop at any stage of life
- The lifespan approach guides the NDIS to enable each participant to positively experience the key features of a life stage that their peers without disability take for granted
- Reasonable and necessary support by age group is the support required for participants to meet the same milestones and achieve the same goals and aspirations as their peers without disability

Outcomes across the lifespan and questionnaire versions



Participant: Birth to school entry



Participant: school entry to age 14



Participant: 15 to 24
Standard & Easy English/pictorial



Participant: 25 to 55
Standard & Easy English/pictorial



Participant: over 55
Standard & Easy English/pictorial

Family: participant aged
0 to 14

Family: participant aged
15 to 24

Family: participant aged
25 and over (residing &
not residing with
participant)

Adults (15 and over): Participant Domains

1. Choice and control
2. Daily activities
3. Relationships
4. Home
5. Health and wellbeing
6. Lifelong learning
7. Work
8. Social, community and civic participation

Pilot study



- Piloting was undertaken in the Barwon, Hunter and Tasmanian trial sites.
- Design: stratified on questionnaire type (except Tasmania) (effective stratification on age and whether participant had an intellectual disability).
- Almost 400 interviews were conducted (both participants and family members/carers), either face-to-face or by phone.
- Interviews took place January to March 2015.

Pilot study: limitations

- Primary purpose of pilot study was to assess validity of questions rather than to allow in-depth analysis.
- Sample sizes are small.
- Results only present a snapshot of participant experience.
- Nevertheless, some preliminary analysis was conducted, revealing some early trends and giving an indication of the types of analyses that will be possible once full data collection commences and a longitudinal database is built up.

Pilot study results



- Results from the pilot study have been analysed and a summary report released publicly:
<http://www.ndis.gov.au/document/outcomes-framework-pilot>

NDIS Outcomes Framework development since pilot study



Based on results of the pilot study:

- Questions were refined (for example, redundant/uninformative questions were removed, some questions/options were reworded for clarity);
- Two versions of the outcomes framework were developed: a short form (SF) (to be asked of all participants) and a long form (LF) (to be asked of a sample of participants).
- Back-capture of the SF has been undertaken by the NAT and planners, as well as two external contractors (Australian Healthcare Associates (AHA) in Victoria and Assessments Australia (AA) in other sites). From July 2016 collection has been undertaken in the new CRM, prior to plan approval.
- As at 30 June 2016, approximately 24,000 Short Form Outcomes Framework questionnaires had been completed: 13,000 for participants and 11,000 for their family/carers. In addition, around 800 Long Form Outcomes Framework questionnaires had been completed. These data are being analysed and will provide a baseline for participant experience.
- Longitudinal collection of this information will allow us to track how this changes over time for individual participants and for the Scheme overall.

Project Update: Operational Access Review

NDIA Mental Health Team

Mark Rosser, Assistant Director Mental Health



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Operational Access Review

- Based on feedback from the mental health sector, including from consumers and their families, the NDIA initiated an Operational Access Review for Psychosocial Disability project.
- The review commenced in November 2014 and was scoped in accordance with NDIA's governance arrangements and in the spirit of co-design with consumers, carers and their families.
- Contributors to the Operational Access Review for Psychosocial Disability project included carefully selected individuals from a cross section of the mental health sector. Crucially, this included government stakeholders such as the Department of Social Services and the Department of Health.





Operational Access Review

The review produced 38 NDIA endorsed recommendations across **5 themed based topics** including:

1. Access (for Tier 3 funded supports)
2. Early Intervention
3. Language, Processes, Products and Narrative
4. Engagement and Outreach, and
5. Population Data

Access - what's been done?

1. Access (for Tier 3 funded supports)

- A. Established close working relationship with the National Access Team to ensure processes and language are appropriate for people with psychosocial disability
- B. Reviewed all Access resources used by the National Access Team and provided recommendations for amendments
- C. Worked collaboratively with Commonwealth Programs (PIR, PHaMs etc.) to establish supportive processes for potential participants to prepare for access to the Scheme
- D. Implementation of the Psychiatric Hostels Project – WA specific
- E. Implementation of the 'hard to reach cohorts' pilot project in the Barwon region.
- F. Developed and released the 'Tips' resource – included in delegate packs

Early Intervention - What's been done?



2. Early Intervention

- A. Developed a background paper on early intervention criteria and access to the Scheme for people with psychosocial disability including recommendations. This paper was recently endorsed by the Executive Management Committee and will lead to further work in this area
- B. MIND independently commissioned an EI Research report which is now available as a resource. This was completed in May 2016
- C. Established working relationship with National Access Team to specifically support access decisions in relation to early intervention criteria
- D. Established a data project specific to early intervention to build a detailed understanding of access through this criteria

Language etc. - what's been done?

3. Language, Processes, Products and Narrative

- A. Established the 2 page easy read quarterly communique published after each National Mental Health Sector Reference group – available on the NDIS website
- B. Purchase and implementation of a ‘Recovery Suite’ eLearning package to be used by all NDIA and LAC partner staff
- C. Established and ongoing quarterly meeting of an internal Community of Practice in relation to psychosocial disability. National representation from all NDIA sites.
- D. Developing a ‘recovery’ fact sheet – soon to be released
- E. Established the ‘Tips’ resource
- F. Developing a Psychosocial Resources Online project with the Mental Health Coordinating Council of NSW – focused to provide prospective participants and their carers and support staff with a dedicated resource about the NDIS including; pre planning, access and community supports

Engagement and Outreach - what's been done?



4. Engagement and Outreach

- A. Established the NDIS and psychosocial disability information and strategic engagement calendar 2016. The mental health sector in all states and territories will be visited this year

- B. Establishment of the 'Psychiatric Hostels Project' in WA

- C. Established a 'how to reach the hard to reach' pilot project in Barwon to facilitate understanding specific engagement processes including outreach for cohorts including; homeless, refugee, CALD

Population data - what's been done



5. Population data

- A. Established a data analyst position within the mental health team
- B. Internal Agency quarterly report produced by the Scheme Actuary specific to psychosocial disability
- C. Established a data stream to the mental health work plan including 9 separate data projects including;
 - A. CALD communities and access rates to the Scheme
 - B. Analysing committed supports within participants plans
 - C. Early Intervention access criteria and access rates

Achievements

- Access rates are increasing – 75-80%
- Establishment of the National Access Team – and increasing liaison with the Mental Health Team
- Strong examples of engagement and access to the Scheme for people living in WA psychiatric hostels
- Developed an Agency position to inform staff training and guidelines for the use of early intervention criteria for participants with psychosocial disability
- Established dialogue with the mental health sector to understand; NDIS and psychosocial disability, NDIS and recovery, Scheme access and early intervention
- Improved Agency wide understanding of recovery and recovery practice
- Increased NDIS resources tailored to psychosocial disability
- Improved NDIA understanding of key themes emerging within the mental health sector including access for CALD/ refugee cohorts and people transitioning hospitals
- Improved Agency understanding of data and trends for people with psychosocial disability within the Scheme
- Improved capacity to engage with the mental health sector through sharing data to demonstrate Scheme achievements and emerging themes.

Joint Support Design Project

Mental Health Australia
NDIA Mental Health Team

Mark Rosser, Assistant Director Mental Health
October 2016



Delivered by the
National Disability
Insurance Agency

Mental Health
Australia



Context

- Concerns from mental health providers about the applicability of the NDIS Support Catalogue and the NDIS Price Guide to psychosocial support services
- Related concerns about the *types of supports* and *pricing levels* in plans for participants with psychosocial disability



Project Aims

The broad aims of the Project were:

- To describe in detail the range of disability supports that NDIS participants with psychosocial disability may choose; and
- To make evidence based recommendations, where new support items may be needed to adequately assist NDIS participants with psychosocial disability.

Methodology

- Literature review
- Trial consultations
- National consultations
- Consolidation and synthesis of feedback
- Mapping of feedback against the NDIS Price Guide
- Response to new developments

Themes from literature review: Opportunities and challenges



- Reconciling the concepts of **permanency** with the fluctuating nature of mental illness and the **recovery** paradigm
- An assumption of a clear differentiation between clinical and social supports
- Implementing the NDIS within the context of an under-developed system for mental health

Themes from stakeholder consultations



- Engagement, readiness and pre-planning
- Service principles and skillsets
- NDIA practices and processes

Stakeholder suggestions for additional support items



- Advanced care planning
- **Crisis planning**
- Hoarding and squalor
- Individual advocacy
- Assistance to access and navigate the legal system
- Emergency step-down services upon hospital discharge
- Support items triggered at points of transition
- **Support coordination**
- Peer worker support
- Supports integration
- Supportive escorting
- Planning for next plan
- 'Hospital in the home' support
- **Life skills training and coaching**
- Access to psychological therapies
- **Building relationships**
- **Support to gain work readiness skills**
- Capitalising on periods of wellness
- **Carer support**
- Loading for special needs (eg Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse communities, involuntary treatment order, post-discharge, comorbidity)

Recent developments

- Refined Price Guide
- Flexibility of supports in plans
- Support coordination
- Price reviews
- Outcomes framework

Conclusions and recommendations



- Continuous improvement and further investigations
- Peer work
- Outreach and relationship building
- Commonwealth programs supporting Scheme access
- Addressing pricing concerns
- Workforce and sector development
- Communication issues
- NDIS vs other systems

Progress On Recommendations



- Factsheet - *Completing the access process for the NDIS: Tips for communicating about psychosocial disability* for individuals with psychosocial disability. Will also help family members, clinicians and service providers to support participants with the NDIS access process.
- Factsheet on Recovery and NDIS ready to launch.
- The Mental Health team has presented at 40+ strategic engagement events this year.

Progress On Recommendations



- A range of NDIA, DSS and DoH joint engagement activities to help service providers to support participants to transition have happened and further events will occur in August, September and October 2016.
- The NDIA Mental Health team has engaged Mental Health Co-ordinating Council (MHCC) to develop an interactive website specifically focused on self-direction, information and supports for people with psychosocial disability. This due for launch in March 2017.
- The NDIA Learning & Development team has E-learning modules on psychosocial recovery, has provided mental health first aid for NDIA staff, and is sourcing mental health awareness training for NDIA staff and partners.
- The NDIA National Mental Health Sector Reference Group (NMHSRG) has published their July communique along with an Easy Read version.

Progress On Recommendations



The NDIA Markets and Providers Division have:

- engaged with Mental Health Australia (MHA) and mental health sector providers to provide information about the Pricing Review (personal care & community participation) & benchmarking project.
- Design of the National Benchmarking project and pilot data collection will be completed by Dec 2016.
- launched the Specialist Disability Accommodation Decision Paper.
- held Provider Engagement workshops in all States and Territories to help providers work effectively with NDIA.
- completed the state baseline Market Positions Statements to help providers anticipate growth and local opportunities as a result of the NDIS.

Progress On Recommendations



Next Steps:

- Develop communication materials to help the mental health sector understand the responsibilities of the NDIA and other mainstream service systems.
- Develop communication materials to help the mental health sector better understand LAC and ILC.
- Develop NDIA policies and projects to consider the issues of those who are 'hard to reach/hard to engage' and 'complex cohorts'.
- Review of NDIA terminology will be undertaken to help the NDIA and the mental health sector achieve shared understanding of terms frequently used and potentially misunderstood.

Progress On Recommendations

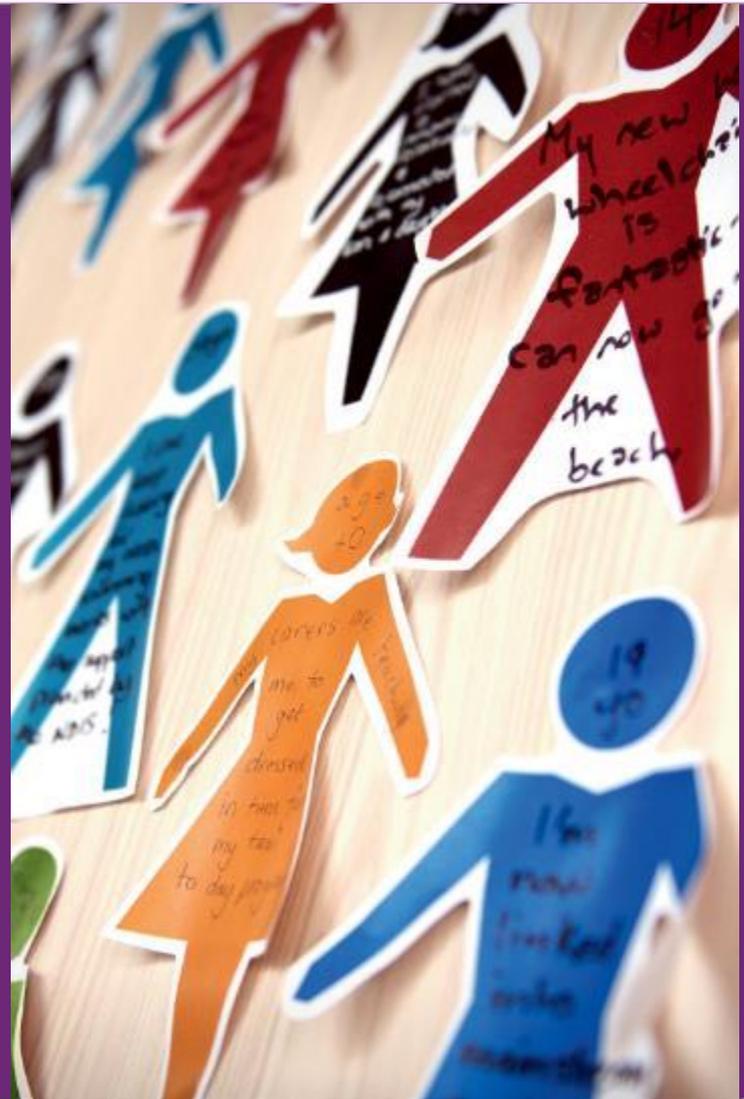


Next Steps:

- The NDIA Market and Providers division will focus on analysing specific market modules, such as service type or topic, to encourage best practice.
- The NDIA Market and Providers division continues to act as a market steward to support the delivery of services where there is evidence of thin markets or poor market outcomes.

NDIA Products

NDIA – Psychosocial disability



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Mental Health
Australia

Psychosocial Supports Design Project – Final Report

April 2016



Completing the access process for the NDIS

Tips for Communicating about Psychosocial Disability



Sector Communique – June 2016

National Mental Health Sector Reference Group

The National Mental Health Sector Reference Group provides expert advice from the mental health sector to the NDIA about mental health and the NDIS

| People with lived experience | Family and carers | Mental Health Commissions | NDIS Independent Advisory Council | Commonwealth Departments of Social Services and Health | Mental Health Australia | Mental Health Drug and Alcohol Principal Committee | Scheme Actuary | NDIA Mental Health Section | NDIS Strategic Adviser

The NDIS gives effect to Australia's obligations under the *United Nations Convention on the rights of People with Disabilities* (2006). The National Mental Health Sector Reference Group (NMHSRG) was established by the NDIA in 2014 to build a strong working relationship between the mental health sector and the NDIA. For the NMHSRG terms of reference (updated January 2016) visit the NDIS website.

the mental health sector to engage with the NDIS. Current work includes:

- engaging [Richmond Wellbeing](#) to deliver NDIS peer education and train-the-trainer workshops around Australia
- engaging National Disability Services to deliver NDIS organisational readiness training for mental health service providers, and
- [NDIS Mental Health Network](#) update



Mental Health Recovery Suite





Psychosocial Recovery Fact Sheet

The NDIS exists to support people with disability. Providing quality Intervention early is important.

What is Recovery?

The concept of recovery has grown out of the mental health consumer movement and describes the personal process as people and their families/carers work through the challenges of mental health conditions and their experiences with services to re-establish self-esteem, identity and a meaningful role in society.

Recovery
encompasses
challenges
is a process
for people
with disability
to





Questions?

Email: Mental.Health.Team@ndis.gov.au

Visit: www.ndis.gov.au

Phone: 1800 800 110

8am-8pm eastern standard time weekdays



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