

10 August 2021

Hon Kevin Andrews MP  
Chair  
Joint Standing Committee on the National Disability  
Insurance Scheme  
PO BOX 6100  
Parliament House  
Canberra ACT 2600



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Dear Mr Andrews,

Mental Health Victoria (MHV) welcomes this opportunity provide feedback to the Joint Standing Committee on the National Disability Insurance Scheme's Workforce Plan.

MHV is the peak body for mental health in Victoria. Our membership includes consumer, family and carer groups, public hospitals and non-government organisations, unions, medical colleges, police and emergency services, local government, and peak bodies.

Through engagement with consumer and carer peaks, NDIS participants, NDIS service providers, and other key stakeholders, MHV has a sound understanding of the issues and opportunities surrounding the provision of supports to people with psychosocial disability.

The NDIS psychosocial workforce is distinct. This workforce should be supported to develop the specific capabilities which allow for the delivery of safe and effective services to people with psychosocial disability in the NDIS. This includes an understanding of mental illness and its impacts in the social context.

To attract and develop these capabilities, the NDIS Workforce Plan must ensure that the psychosocial workforce, including the essential contribution of people who use their lived experience in this work, is remunerated and supported accordingly.

To attract, retain and evenly grow a capable psychosocial workforce, MHV recommends:

- remuneration and development opportunities for a capable psychosocial workforce.
- strategies to ensure capable providers can support the psychosocial workforce and grow services.
- better data to grow the psychosocial workforce to meet demand.
- coordinated action across sectors and national and state workforce planning.

## **Remuneration and development opportunities for a capable psychosocial workforce**

The delivery of safe and appropriate supports to people with psychosocial disability requires capabilities beyond general disability support. A capable psychosocial workforce, delivers supports that are:

- recovery-oriented and trauma-informed
- appropriate to the episodic nature of mental illness
- responsive to participants' higher needs for support coordination (given the higher likelihood of engagement across health and social support providers), and
- based on a trusting and continued working relationship between worker and participant.

Since the transition to the NDIS the number of organisations and workers with these capabilities and experience providing services to people with severe mental illness has declined. Uncompetitive remuneration and the resulting gap in skills, experience, and therefore worker confidence, present significant challenges to providers attracting and retaining staff willing and able to do this work.

It is even more difficult for providers to find staff appropriately skilled to:

- work with participants with high or complex needs (including people who frequently experience mental health or alcohol and other drug crises).
- work in rural and remote localities, where the pool of candidates is much smaller.
- work as recovery coaches, who are required to undertake additional responsibilities relative to other similarly priced roles.

Some experienced providers have innovated, often with scarce resources, to upskill the existing workforce to deliver these supports safely and appropriately. However, they often find that many of these workers, after gaining entry-level experience, leave for more competitive conditions in related sectors.

There is a need to adjust NDIS pricing to ensure it provides opportunities for the psychosocial workforce to gain experience and to develop psychosocial capabilities developed by the NDIS, including:

- supervision and mentoring
- supervised work placements
- training and professional development
- peer support, such as communities of practice

Similarly, to keep experienced workers, and to meet the current and future needs of people with psychosocial disability, there is also a need to develop and communicate clear psychosocial career pathways. These should be pathways through the NDIS, and across the NDIS and mental health sectors, where psychosocial supports are also delivered.

### **Recommendations**

MHV recommends that, in collaboration with the mental health sector, the NDIA develop and implement specific strategies to attract, develop and grow the NDIS psychosocial workforce, including strategies that respond to the specific needs of the lived experience workforce.

These strategies should include:

- urgent improvement of the pricing of psychosocial supports to allow for competitive remuneration and conditions appropriate to develop the psychosocial workforce.
- development and implementation of psychosocial capability frameworks, including releasing the NDIS Recovery Oriented Framework.
- integration of psychosocial capabilities into relevant qualifications, including by developing relevant partnerships with the education and training sector.
- development and communication of career pathways for the psychosocial workforce.

### **Capable providers to support the psychosocial workforce and grow services**

Not only do the current NDIS market settings severely limit the attraction, development, and retention of a skilled psychosocial workforce, but pricing also limits providers' ability to undertake essential quality assurance and business planning.

In response to cost pressures, some psychosocial support workers have opted to deliver supports as sole providers. However, like larger providers, many find it is increasingly difficult to provide a safe and effective service whilst also covering administration costs and undertaking business development activities such as quality assurance and strategic planning.

Providers of all sizes require more support, so they are capable and resourced to ensure quality and safety and to grow psychosocial supports to meet need. It is also important that quality and safety are not reduced by a lack of oversight of unregistered providers.

### **Recommendations**

MHV recommends that the NDIS urgently improve pricing to ensure it is adequate for providers to undertake activities associated with quality and growth.

We also recommend the NDIS implement strategies to support psychosocial providers' business planning and innovation, including:

- professional networks and communities of practice
- best-practice guidance
- benchmarking

## Data to grow the psychosocial workforce to meet demand

Anecdotally, the NDIS psychosocial workforce is growing but is unevenly distributed. For example, provider's report that:

- despite growth in delivery of psychosocial core supports, most workers do not stay long.
- there are shortages in the supply of support coordinators and allied health workers.
- there are shortages of workers to provide psychosocial supports to people with complex needs and people living in rural and remote areas.
- increasingly workers provide support to people with psychosocial disability as well as other disability types.
- there is an increasing number of sole providers of psychosocial support.

However, there is currently lack of accessible information to confirm these trends and emerging gaps. For providers to adequately respond to the market for psychosocial supports, they need access to accurate, timely and relevant data and analyses about the psychosocial workforce and the needs of participants with psychosocial disability.

Timely access to such data would also enable:

- the national NDIS workforce plan/strategy to respond to need.
- other relevant plans/strategies (including those related to the mental health workforce) to effectively coordinate workforces across different system interfaces.

### **Recommendations**

We recommend the NDIA establish a strategy for the collection and utilisation of data to monitor and report the psychosocial workforce and the need for psychosocial supports. This would include information about:

- attraction, retention, and workforce movement
- the development of certain competencies
- worker qualities, including skills and qualifications
- worker roles and responsibilities

As part of this, we recommend the NDIA give providers timely access to more detailed, localised information about participants with a psychosocial disability and their need for support, including:

- plan composition
- plan utilisation
- spending
- potential service gaps

## **Coordinated action across sectors and national and state workforce planning**

The concurrent development of a National NDIS Workforce Plan and the National Mental Health Workforce Strategy presents a significant opportunity to ensure a psychosocial workforce that meets the needs of Australian's living with severe mental illness and psychosocial disability.

These plans have the similar end-goal of improving the quantity and quality of services for people with psychosocial disability and mental ill-health. However, there is currently no direct oversight of the actions working towards this. There is therefore a need to ensure the outcomes and recommendations of these plans are implemented in co-ordination with each other.

To develop and grow the psychosocial workforce and meet the needs of people with psychosocial disability, all plans and strategies must also:

- be co-designed and co-evaluated with people with a lived experience, their carers, family, and supporters and providers of psychosocial supports.
- specify timeframes and responsibilities for action.
- ensure oversight and accountability to the aims, goals, and progress of the plan.
- effectively communicate plans and outcomes with relevant stakeholders, including publicly reporting on progress.
- evaluate and correct progress and embed continuous improvement.

### **Recommendations**

MHV recommends the NDIS work with the mental health sector to:

- ensure coordinated action with the National Mental Health Workforce Strategy and other relevant mental health workforce planning, including bringing together initiatives from across sectors and jurisdictions.
- jointly identify and work towards common targets in relation to:
  - workforce growth
  - quality improvement
  - data collection and evaluation measures

Mental Health Victoria commends the Joint Standing Committee on its efforts to shape a better NDIS. There is great potential within the NDIS to provide quality supports to people with psychosocial disability and an attractive career option for the psychosocial workforce. However, the current pricing structure and lack of planning across the NDIS and mental health sectors to grow the quantity and quality of the psychosocial workforce means this potential is yet to be realised.

With comprehensive, co-ordinated workforce planning to drive action, NDIS participants, workers and providers can receive the support they need. The psychosocial workforce will be better placed to meet the objectives of the NDIS

with proper remuneration, opportunities to develop psychosocial capabilities, and the support of capable providers that can ensure quality and growth, including through access to detailed, timely data.

Mental Health Victoria looks forward to continuing to work with all stakeholders to ensure that people with severe and persistent mental illness and their families and carers receive the right supports and services for them to live meaningful lives as contributing members of our community.

Sincerely,



Larissa Taylor  
Director of Policy  
Mental Health Victoria