



Psychiatric Disability Services
of Victoria (VICSERV)

Submission on

Australian National Audit Office

*Decision-making controls for sustainability — National
Disability Insurance Scheme access*

May 2017

Contact details:

Debra Parnell, Policy & Communications, VICSERV

T 03 9519 7000

Introduction

VICSERV is a membership-based organisation and the peak body representing community managed mental health services in Victoria.

The services provided by VICSERV members include programs funded through the Victorian Government's Mental Health Community Support Services (MHCSS), and many also receive funding through Commonwealth mental health programs.

The National Disability Insurance Scheme (NDIS) will have a significant role to play for many people living with serious mental illness, their families and carers.

In developing our submission we have drawn on the experience and expertise of community mental health organisations and workers, some of which have experience implementing the scheme at different phases of its roll-out.

Our submission discusses the key issues raised by community mental health organisations in relation to the items being examined by the Australian National Audit Office (ANAO) through this audit, including practical examples and views shared by organisations experiencing first-hand the realities of the NDIS.

The issues included in this submission are set out under each of the audit criteria:

1. Suitable information, training and guidance is available to support effective decision-making about access to the NDIS;
2. Suitable administrative systems and processes are in place to support transparent, accurate, timely and consistent assessment of eligibility; and
3. Suitable quality and compliance arrangements have been established to mitigate the risk of incorrect NDIS access decisions.

We also endorse the submission of our national peak body, Community Mental Health Australia (CMHA), which is a coalition of the eight state and territory peak community mental health organisations. CMHA, through its state and territory bodies, has a direct link and contact to mental health organisations delivering services at the community level across Australia.

I. Suitable information, training and guidance is available to support effective decision-making about access to the NDIS

NDIA engagement with participants

Currently the NDIA attempts to engage with consumers via a maximum of three phone calls and a follow-up letter. However, service providers have reported that some of the people they work with are not comfortable speaking on telephones or answering calls from numbers they do not know. Some do not even own mobile phones or landlines. Phone calls as a means to facilitate engagement can cause significant distress for some individuals and will often result in disengagement.

Whilst in transition, some service providers can still provide PHaMs, MHCSS or other staff to assist with supporting disengaged individuals, however when this funding ceases it is uncertain what will happen to those individuals?

In addition, some service providers have reported that conducting engagement and planning via the phone limits the assessor's ability to get a true understanding of an individual and their situation particularly given a large proportion of communication is non-verbal.

Non-verbal communication is an essential part of building rapport with people with a psychosocial disability. This is especially true for people who experience symptoms such as depressive thoughts or paranoia. While using technology plays an important role in increasing access to services, a move away from face-to-face consultations will also mean a lack of rapport and an increase in the number of people who will disengage from services.

Further, participants who are not currently engaged with mental health services may need even greater support to engage with the service.

Mental health organisations have reported that consumers receive better outcomes when a support worker, advocate or peer worker have assisted them prior to engaging with the NDIA.

Direct feedback from Community mental health support workers:

"I don't understand how the client's needs can be assessed accurately without a face to face meeting with them, how can a person's needs be assessed without knowing that person. As workers the rapport that we build with the client determines the level of trust that they have in us and how much they will disclose to us about their personal circumstances and the struggles that they are facing which determines what supports we put in place for them."

"One of the main issues is that of trust. This can take a long time to establish and needs to be considered. Many people will not even make the effort and consequently be worse if no better off."

"Some people with psychosocial disabilities may not engage in the assessment or planning process if there are no face to face consultations available."

Skills of assessors and planners

NDIS Planners should have knowledge and experience with psychosocial disability and mental illness and the overarching recovery framework

Individuals don't always know what they can ask for or how to articulate their disability and it has been reported that NDIA planners do not have an adequate understanding of psychosocial disability and mental illness to support them through the planning process.

If a planner understands the depths of a person's disability and what is needed to support the individual, the package developed will suit them over a longer term. This reduces the need for a plan

to be amended, thereby reducing administrative burden on the NDIA and build confidence in the process for the consumer.

Direct feedback from Community mental health support workers:

“Many people with long-term psychosocial disability have become so institutionalised by the MH system (even if they have never been in a psychiatric institution) that they are not familiar with exercising choice, and have difficulty conceptualising what is possible. Unless planners are skilled and experienced in working with people with psychosocial disability it will be difficult for them to understand this and to adapt their processes accordingly. As above, socially isolated consumers are likely to be highly anxious about meeting with planners and may have difficulty conceptualising the planner as being a person who is ‘on their side’ – they are far more used to dealing with agencies and officials who want to narrow their options rather than expand them.”

Issues for people experiencing social and geographic isolation

It has become apparent that there is a lack of a systemic outreach process under the NDIS.

Community mental health organisations are concerned about how consumers, who may be eligible for a plan, will be engaged and supported to access the NDIS. This is particularly concerning for vulnerable and dis-engaged people, including indigenous, CALD and homeless groups.

The issues raised by community mental health organisations at our consultation include:

- There are cohorts of people that can sometimes be difficult to reach and connect with and pressure is being placed on the community mental health organisations to get out there and do the outreach work, but this is unfunded
- The mechanics of the NDIS provide no incentive for community mental health organisations to persist with hard-to-reach clients because work is not funded until they are engaged and in order to stay financially viable community mental health organisations have to take this into consideration
- People living in rural and remote areas have less access to services. Identifying people within these communities requires a significant investment of time and resources.

Direct feedback from Community mental health support workers:

“Intensive, long-term individualised support (PHaMs model) has been very effective in reducing social isolation, linking consumers to relevant services, increasing daily living skills at home and in the community, and improving relationships with families and friends – all of which has resulted in improvements in quality of life for a large number of participants. A key feature of this model is the ability of staff to travel to the consumer’s home or preferred location (we are located in NE Vic, so this can be a round trip of up to 200kms), and the ability of staff to persist with engagement and relationship building with the consumer. Many people with psychosocial disability benefit from a lengthy engagement period as they often struggle with anxiety, trust, low self-confidence, past history of trauma, paranoia etc. It is easier for them to reject engagement with services if staff are not funded to be able to persist.”

2. Suitable administrative systems and processes are in place to support transparent, accurate, timely and consistent assessment of eligibility

The systems and processes that have been put in place for assessing the eligibility of individuals with psychosocial disability should be adjusted so that it is more appropriate for individuals with a serious mental illness.

Language of 'permanency'

In particular, the language used by the NDIA in its processes and materials that aim to support application to the NDIS has been identified as a barrier that has impacted on the access and participation for people with mental illness.

In particular, consumers have expressed that the language of 'permanency' that underpins the scheme:

- Is contrary to current evidence-based recovery practice and the episodic nature of mental illness which makes it very difficult for psychiatrists and GPs to formally state that a consumer has a permanent diagnosis/disability and functional impairment
- Is contrary to the recovery orientation of service delivery and support which aims to directly reduce the likelihood of a disability developing
- Is known to create high levels of stigma, distress and a loss of hope for consumers to say they have a permanent disability/impairment
- Creates a particular barrier to younger people (under 30 years of age) and those with moderate mental health needs, who are likely to recover but may not be eligible for support under the NDIS.

These issues continue to distress individuals and families and impacts on the level of participation in the scheme.

Preplanning and engagement

Through our consultations, mental health organisations have reported that consumers receive better outcomes when a support worker, advocate or peer worker have assisted them prior to attending their planning meetings, or plan review meetings.

For example, PHaMs programs in Barwon were provided with extended State funding to assist those consumers to transition into the NDIS. Many consumers credited their PHaMs worker with getting them into the scheme, saying that without their worker organising the paperwork and giving them a stronger voice during the planning stage, they doubt they could have secured eligibility or a funding package on their own.

VICSERV has noted a direct relationship between how much time and resources is dedicated to preparing a client (including sourcing and compiling paperwork and reports) and how likely they are to be deemed eligible for a funding package. One service provider reported that this pre-engagement support was attributable to 20 hours of work per client, in addition to trying to meet their day-to-day needs.

An allocation of funds from the NDIA to facilitate entry into the NDIS and to support a participant through the initial planning phase would inevitably increase the engagement of individuals under the NDIS and the overall outcome for consumers.

Direct feedback from Community mental health support workers:

“Many people with psychosocial disability benefit from a lengthy engagement period as they often struggle with anxiety, trust, low self-confidence, past history of trauma, paranoia etc. It is easier for them to reject engagement with services if staff are not funded to be able to persist.”

“If a participant hasn't worked with someone to understand the planning process they are often underprepared and unable to articulate their needs or current situation.”

“I don't believe that many clients will understand what services to ask for, many have difficulty planning their day let alone their life and what supports and services and who should provide them.”

“For many it all looks TOO HARD and they opt out.”

3. Suitable quality and compliance arrangements have been established to mitigate the risk of incorrect NDIS access decisions

Review process

There needs to be an adaptive and flexible approach to the planning process, providing consumers with the opportunity to review plans prior to them being finalised by the NDIA.

There are incidents where people don't know what they are going to get until the plan is submitted – and there is currently no opportunity to take time to consider the plan before it is finalised. Then, if it turns out that the plan is not working for them they need to go through a lengthy appeal process.

Plan errors and inconsistencies not only create confusion and frustration for consumers, their families and carers, they also place a heavy administrative burden on community mental health organisations and the NDIA.

Direct feedback from Community mental health support workers:

“20-30% of plans needed to be reviewed as supports outlined in the plans were inadequate. There are delays of up to 4 months in getting a plan reviewed by the NDIA.”

Inclusion of a risk assessment framework

VICSERV supports the development of a risk assessment process as set out under the recently released NDIS Quality and Safeguarding Framework.

As outlined in the framework, “a holistic assessment of the risks a participant faces, which takes into account their family circumstances, informal supports and individual capabilities, is critical to enabling informed choice. It is also critical to identifying those who may be most at risk of abuse, violence, neglect and exploitation or who may be vulnerable to other risks, such as service provider failure”.

The recognition that families and carers and peer workers, in particular, can play an important role supporting individuals to make choices about their supports is also important.