



Safeguarding outcomes for people living with mental illness

**We are in the midst of significant change
in the mental health system in Victoria.**



2014 has seen major reform in the mental health service system under the Mental Health Community Support Services (MHCSS) recommissioning process.

At the same time the implementation of the National Disability Insurance Scheme (NDIS) has commenced. The launch site in Barwon has revealed significant issues for the delivery of mental health supports and outcomes for people living with serious mental illness, and their families, and the future roll out across Victoria has major implications for the future of community mental health services in this State.

Impacts of Reform on Support and Outcomes for People living with Mental Illness

The National Disability Insurance Scheme (NDIS) will not meet everyone's needs



NDIS is, and has never pretended to be anything other than, an insurance scheme designed to support people with significant and enduring disability. It is not a mental health service system.

Under the NDIS legislation, in order to qualify for an individualised package of support a person needs to have a 'permanent impairment'. While permanency may be a meaningful concept for some kinds of disability, in the context of mental illness it is less clear. Most people with psychosocial disability have needs (and impairments) that fluctuate in severity and in nature over their lifetimes,

and it is often difficult or impossible to predict which people will need long-term support and who will exit the 'system'.

VICSERV supports the concept of the NDIS and we maintain that it is a human rights issue for people with psychosocial disability to be able to access the Scheme. However, if someone with a serious mental illness does not qualify for an individualised package of support (i.e. they are assessed as 'Tier 2' participants), current indications are that they will need to rely on existing systems of referral and support which are being progressively dismantled.

NDIS eligibility



Based on modelling undertaken for the State Government PDRSS (Psychiatric Disability Rehabilitation Support Services) reforms, estimates suggest as many as 10,000 people living with mental illness will not be able to access an appropriate service in the future under the NDIS eligibility criteria.¹

¹ Based on – Deloitte Access Economics – PDRSS Demand Modelling Report, Oct 2013

Community Based Mental Health Support Services are at risk across Victoria



VICSERV supports the intentions of the MHCSS reforms to improve outcomes for consumers and families, but the wholesale recommissioning of services has led to a significantly changed landscape of mental health service provision in Victoria. While the commencement date for the new service system was 1 August 2014, we anticipate that there will be a considerable period of transition and bedding down of services to meet the needs of consumers.

Under the current MHCSS framework and the application of NDIS eligibility criteria, vulnerable and disadvantaged people are likely to miss out on essential community based, recovery-oriented supports.

We anticipate that over time this unmet need will result in increased demand for the most expensive part of the health system – emergency departments and hospitals.

The Napthine Government has indicated in its priorities for Mental Health² that the broader community sector will have a significant role to play in supporting the needs of vulnerable people including those living with serious mental illness. At this stage, however, there is no clear strategy to ensure that mainstream community support services will have the capacity, and specialised skills, to meet the needs of people with mental illness and their carers and families.

No specialised support



As a result of the Victorian commitment of PDRSS/MHCSS funds to NDIS, there will be no or little State-funded specialised community based support for people who are unable to access supports through NDIS when it is implemented across the state.



Increasing the capacity of a well-integrated and resourced community based mental health sector should be seen as essential in supporting the social inclusion of people living with mental illness. The evidence increasingly shows that while accommodation, employment and social connection services are central to the mental health recovery journey, it's also the recovery philosophy and relationship skills that mental health workers bring to their roles that help instil a sense of belonging, connection, empowerment and hope in those experiencing mental illness.

Objectives in undertaking the MHCSS reform included the preparation of services and consumers for the delivery of mental health supports under the NDIS. This intention stems from the bi-lateral agreement between the Victorian and Commonwealth Governments, under which current MHCSS funds are committed to the NDIS, in the lead up to its implementation across Victoria in 2019/20.

Community based mental health services are an integral part of the range of services responsive to individual need that must be available to achieve social inclusion and recovery outcomes, and provide a critical gateway for people affected by mental illness to live valued lives in the community. Essential mental health recovery services which are delivered across the community mental health sector keeps people with

mental illness connected to their communities while addressing their physical health and psychosocial wellbeing. The social model of health and/or disability takes a broad, 'whole of person' approach and recognises that people with mental health issues must move beyond being 'patients' and become people living their life in the community.

²Victoria's priorities for mental health reform 2013-15, December 2013

Urgent action is required to continue to support people living with mental illness

The Barwon launch site is already revealing the significant gaps that will exist for people living with mental illness, as NDIS becomes the inadequate replacement for an effective mental health system in Victoria in the future:

- There are now no PDRSS, or State-funded specialised community based services in Barwon for people living with mental illness, who are not eligible for, or otherwise do not access, NDIS packages of support.
- As a disability support system, NDIS may not meet the mental health support needs of even those people who do receive NDIS packages of support and with no specialised mental health services available people are at risk of losing their recovery oriented supports.
- People under the age of 22 years and people with moderate mental health needs who are likely to recover, will not be eligible for support under NDIS.

- Adult and youth residential rehabilitation services are unlikely to be funded under NDIS, severely impacting on the wellbeing of people who would benefit from these services.
- The NDIS pricing structure is severely impacting on the viability and sustainability of delivering appropriate and quality services to people with psychosocial disability.

The implementation schedule for the NDIS means that roll out of the scheme across Victoria will start in July 2016, and will be completed by June 2019. It is not yet clear how this process will be undertaken, but needs to be addressed as a priority in the next term of Government.

The coming four years



The next four years will be crucial in identifying and implementing strategies to meet the needs of people living with serious mental illness, before NDIS is rolled out across the State. Without the articulation of a clear vision and commitment to implementing a policy framework and process for retaining the most comprehensive mental health system in Australia, Victorians living with mental illness, their families and services, are facing a future of serious risk.

VICSERV's Priorities for the Next Victorian Government

01

\$80 mil over four years allocated to continue specialised community based mental health support for people not eligible for, or whose mental health recovery needs are not met by, NDIS.



As a priority, services need to continue to be delivered in Barwon to meet the significant gaps that are emerging under the NDIS trial.

02

\$40 mil allocated to support other essential initiatives including:



Reform the management of CCU's

Efficiencies can be attained in the public mental health sector through the progressive and systematic transfer of the management of CCUs to the non-government sector, with the additional benefits of

- specialised response and capacity;
- delivery of supports in line with evidence base and population health targets.



Meeting needs of people in residential services

Adult residential services won't be funded under NDIS, and the delivery of services to this vulnerable group must be considered in future planning.

PARCS have been a successful initiative that should be continued with

- establishment of E-(extended) PARCs, which will provide capacity for extended 6 month stays;
- the transfer of adult residential services to EPARCS;
- capital investment in PARCS to provide 100 additional beds over the next 4 years.



Address health status of people with mental illness

- The overall health status of people with mental illness is far lower than the mainstream population resulting in significant health inequalities. The death rate of people with mental illness is 2.5 times greater than that of the general population, which is equivalent to a life expectancy of 50 to 59 years. People with schizophrenia have a mortality rate that is up to three times higher than that of the general population.

– Evidence indicates that the most vulnerable people find it difficult to access the health and support services they need, without assistance. Resources need to be allocated to provide specialist support for people with serious mental illness to access mainstream programs. Such initiatives should aim to ensure better outcomes for consumers as well as increasing the capacity as for community, health and universal services.

- Housing needs of people with mental illness should be addressed as a priority. In particular initiatives need to focus on:
 - supporting people to access private rental, for example, as evidenced by the successful Doorways program operated by Mental Illness Fellowship.
 - Social housing with reinvestment and transfer of stock to Community Housing providers.
 - Increasing availability / stock of housing which better suits the needs of people with a mental illness, particularly single units.

The next four years will be crucial in identifying and implementing strategies to meet the needs of people living with serious mental illness

- Employment assistance is most effectively and efficiently provided by services with specialised mental health skills and capacity. Local initiatives are required including training and resources to develop the skills and capacity of mental health and other community services to increase the opportunities for people with mental illness to access employment support.



Address discrimination and stigma

The most significant barrier to the social inclusion of people with mental illness, is stigma and discrimination. Notwithstanding reforms at state and national levels, which aim to put people with mental illness at the centre of service delivery, increase their choice and control, and enable them to participate more fully in their communities, there is a long way to go to achieve a society that is socially inclusive of people living with mental illness.

- Place-based community interventions to increase capacity of community services,

to better understand mental illness and work with people with mental illness;

- Provide resources for community capacity building as an intervention to prevent the need to access more intensive services.



Increase consumer and carer capacity

- Provide funds to develop peer support and advocacy;
- Allocate resources to build the skills and knowledge of consumers and carers to enable them to engage with services under the new framework and prepare for the NDIS. Informed consumers will result in increased health literacy and better plans to aid their recovery and support;
- Continue to fund Mutual Support and Self Help (MSSH) programs, which is at risk with the transfer of PDRSS to NDIS;
- Develop and resource a clear process to support consumers and families in the transition to NDIS.



Address workforce issues

A response to the workforce needs of the mental health sector is urgent, requiring this to be an early priority for action. VICSERV sees this as an area where the Victorian Government should take an active role to ensure there is not a loss of skilled workers and that best practice is maintained and promoted.

- Fund VICSERV to
 - Develop and implement workforce capacity through planned evidence based approach.
 - Develop and deliver the Certificate IV in Mental Health Peer Work. This will ensure that all consumer and carer peer workers have access to a nationally recognised qualification that can build on their lived experience, create a career pathway and improve outcomes for consumers and carers.