

OPENING STATEMENT

Mental Health
Australia

Joint Parliamentary Committee on the NDIS

When the Productivity Commission inquired into the feasibility of a National Disability Insurance Scheme, Mental Health Australia (then the Mental Health Council of Australia) supported the inclusion of psychosocial disability within the scheme.

We did this for a number of reasons:

- Mental illness can be a significant contributor to psychosocial disability, which is an area of disability that has not received significant attention historically
- To meet its objective of being a universal scheme, the NDIS ought not exclude certain groups of people on the basis of the type of disability that they experience.

But it would be dishonest to sit before you today without acknowledging that there were other reasons for our advocacy:

- As I have said frequently in other settings, it is a misrepresentation to suggest that there is "a mental health system" in Australia. Rather there is a range of services that co-exist; sometimes connecting well, but frequently not connecting at all. Where they do connect, this is frequently because good, committed people make poor policy and program design work, not because good policy and program design brings people together. The NDIS offered the hope that greater coordination and integration of services might bring better outcomes to those who rely on services and programs for support.
- Further, psychosocial disability and mental health services have been significantly underinvested for years, leaving consumers without services, or with inadequate services; leaving carers without the support they require and deserve; and leaving service providers struggling to meet demand. The NDIS offered the hope that some of these historic imbalances would be corrected.

These reasons remain valid today.

But today we also face additional challenges.

You are all familiar with the analogy used in the NDIA Capability Review – that the NDIA was like an aircraft in flight before its construction has been completed. Construction is now being completed while flight is being maintained.

I think the analogy can be taken further with reference to mental health. For as NDIS trials roll out we are certainly in the situation where the plane, still under construction has taken off and has passengers aboard. But even as this plane is flying along, some of the parts that being used to construct the plane are being taken from another plane flying alongside. That plane being the existing mental health system. A plane already overflowing with passengers,



only some of whom will be transferred to the new aircraft. Our struggle is to keep both these planes in flight, and to avoid losing passengers during the necessary transfers.

As a sometime amateur pilot, this analogy is close to my heart. Pilots are taught not to fly planes without conducting a thorough pre-flight inspection. A good pre-flight inspection is conducted calmly and systematically and is based on the presumption that there is in fact something wrong with the plane, and it is the pilot's job to find that problem and defer the flight until it is corrected. It is a presumption that saves lives. But it is a luxury that we no longer have in relation to the NDIS.

The NDIS will not replace the mental health system. Both planes must continue to fly side by side into the foreseeable future.

It is on the basis of our determination to ensure that those who already "on-board" do not suffer further disadvantage that we have been so keen to advocate caution in implementation of the NDIS for people who experience psychosocial disability.

In December 2013, at the request of the NDIA, we prepared a proposal regarding the provision of psychosocial support services to NDIS recipients. The proposal was published in March this year. I am pleased to table that proposal for the consideration of members of this committee today.

In summary it recommended:

1. Quarantine mental health/psychosocial disability funding within the NDIS, with the total funding envelope representing \$2.1 billion covering both Tier 2 and Tier 3 participant populations and including people with co-occurring disabilities
2. Estimate numbers and describe the characteristics of Tier 3 participants based on an expert-informed and iterative analysis of the National Mental Health Service Planning Framework (NMHSPF)
3. Allocate remaining funds to new and existing service offerings to be block purchased by NDIA from existing community mental health and other organisations
4. Continue funding in-scope and other existing services for three years, rolling over any contracts that expire within that period and collecting data about consumer pathways in and out of Tier 2 and other services.
5. Undertake a project to re-align assessment and planning processes for Tier 3 participants
6. Initiate wide-ranging and formal consultation and undertake targeted research and evaluation with a view to:
 - a. maximising access to Tier 2 interventions which are cost effective
 - b. developing criteria for allocating potential participants to Tier 3, Tier 2 or Tier 1
 - c. retaining and enhancing the positive features of existing community-based mental health services
 - d. Supporting, where necessary, reform and re-alignment of mental health services to better reflect the concepts of individual choice and control, and gathering views on a range of critical implementation issues
7. Establish formal consultation structures with substantial input from the non-government mental health sector.



While some of these processes or activities are just commencing, and while I remain grateful for the support and that the NDIA has provide through its funding of some of these activities, we remain concerned that there remains much to do.

Meanwhile, our planes are in flight and must remain so.

We stand ready to continue to assist the NDIA, and this committee, in the task of ensuring the best possible outcomes for the people who hold out such hope for what the NDIS might mean in their lives. Those who live with psychosocial disability, and those who currently offer them care.

Thanks for the opportunity to appear before you today

