

NDIS Points of Concern:

Thank you for inviting me to speak today, I am here in my capacity of CEO for the organisation Lamp Incorporated.

Lamp is a Non Government- Not-for-profit mental health support service with a 20 year history of working with Consumers and Carers living with mental illness in the Lower South West:

Like many other NGO's Lamp has now become involved in the NDIS MyWay Trial site. For us we have entered into the trial as a mental health specific service provider, not a large corporate service, or a multi faceted disability support service, but a small local mental health operator.

Most of the concerns for the organization around the trial have focused on lack of funding, support and an understanding of the challenges in delivering quality, safe mental health services in rural areas.

The mental health sector was almost 12 months behind the disability sector in commencement of the trial as the Mental Health Commission grappled with how mental health services could be tailored to fit a disability model of service delivery.

This has not really been addressed and mental health remains poorly fitted in to the current service model.

**Example:** A consumer with high support needs was living in supported accommodation and wished to return to family in a small town in the area. She was deemed eligible for MyWay support, but could not apply until she had vacated the supported accommodation.

Once she moved out of the supported accommodation it took over 2 months for her application to be processed and approved. In the mean time the lady required assistance this was asked of Lamp.

This entailed a qualified mental health recovery worker to travel 4 days a week from Busselton to the town over 90 kilometers away. Provide in home assistance and personal care.

There was no provision for travel costs, use of the organizations vehicle or payment to Lamp for the worker by the MyWay program during this time.

We had to take it out IN-KIND from another block funded program which does not actually provide services in the particular area where the client lived.

Turn around for a client's application can take up to 90 days and this is not conducive with quality and safe service provision in the area of mental health. People with mental illnesses often have no family or community support and require almost immediate assistance. Many are at risk of self harm or harm to others and make up a great portion of those deemed as homeless and vulnerable.

A concern is the ever expanding notion of "IN-KIND" from small local agencies who are currently blocked funded either Federally or by the State.

This funding has already been allocated to deliver contractual services and the notion there is space to also take from these funds to pay for workers, especially Administration and senior management is somewhat ludicrous.

The structure of the MyWay funding for services does not in real terms allow for our agency to cover all its running costs and Administrative staff wages.

**Example:** Lamp is currently funded by the DSS to operate a community psychosocial and living skills/educational centre in Bridgetown WA. This funding is set to end on the 30<sup>th</sup> June and no new tender for the area was offered.

Those in the region who cannot access MyWay packages will lose all their social support, those with MyWay packages could continue to access the centre. Lamp provided a costing per person of \$45 an hour for a minimum of 3 hours a day for no less than 2/3 days a week.

This was to include outreach pick up and transportation to and from the centre, a healthy lunch and opportunity for a person to choose from a range of activities and community events to be part of. All participants are supported by trained mental health support workers, their families are provided with personal support by trained workers and access to partake in mental health educational workshops.

With a number of participants Lamp could continue to deliver a service which has been asked for by our clients once the DSS fund cease and for those new clients we have yet to meet.. However the DSC will only offer a maximum of \$18 an hour for groups no matter how small.

It is mathematically impossible to run a quality service with trained mental health staff, provide meals and travel, cover all administrative and operational costs, including ever increasing insurance and staff training for this unrealistic price.

Therefore when the DSS funds cease those with a MyWay package who have stated they wish to continue to attend their centre will be unable to do so. Small country towns have very limited options if you don't play sports.



When I speak about Trained Mental Health Recovery Support Staff Lamp employees are all holders of Certificate IV Mental Health a nationally accredited non clinical mental health certification which is undertaken over a 12 month period and is wrapped around the National Mental Health standards, other qualifications include, training and certification in ASSIST and GATE KEEPER Suicide Prevention, Youth, Drug and Alcohol, Indigenous, Cultural and Gender Diversity and mental health. Additionally many hold tertiary qualifications in Psychology, Sociology, Education, Community Service, Social Work and are from backgrounds of nursing, teaching, welfare and justice.

A recent mental health commission quality audit of the organisation sought evidence from management these qualifications and ongoing mental health training of staff was in place.

This is a costly and time consuming practice but, one which has merit to ensure safe and quality delivery of mental health community services. These costs and training requirements cannot be met under the current funding structures of the NDIS, especially for smaller and rural organisations.

Likewise, as part of the DSC NDIS, Lamp and other mental health specific organisations have to meet the national disability standards and quality audit assessments, whereas I am led to believe those who are disability service providers who have added mental health to their service programs are not required by the MHC to address the mental health standards or undergo an audit of same standards and quality practice. I must stress I have been led to believe this has been the case and remain unsure if this is still true.

**Lamp has received no set up support either financial or in training to meet the application and reporting demands of the Disability Service Commission. The portal has been difficult at best and non responsive at other times. There was a metro information session a few weeks ago to advise on what the DSC wants participant organizations to report, to attend this workshop senior program managers had to travel to Perth and again all the costs were covered by other programs "IN-KIND" as the cluster pricing does not and can not meet these costs.**

**There are very limited numbers of people with mental health specific illnesses who will be able to access MyWay packages and with these lower than disability numbers and small funding structures the local agencies cannot survive. You cannot have a person on a package of \$30 or \$40 an hour for 2 or 3 hours a week, ask a worker to travel at their own costs and keep the organisations infrastructure intact.**

### Examples:

**TRAVEL:** The current structure only allows for up to 15 kilometers travel at a cost of .76 cents for each kilometer. When people are living in country locations the worker may have to travel 40 or more kilometers before they start work, this is not covered. When a senior manager has to take the application forms to the client and then take them back when the second part of the application form is returned by the DSC they may make up to 3 journeys of 50 plus kilometers each way and again this is not covered.

To find qualified mental health trained staff in small towns is not always an option, these people often live in the larger regional towns and are reluctant to travel at their own expense when the casual wage structure is already very low. The organizations can not cover these costs. So the other option left is to hire unqualified and untrained people to work in isolation in what for some instances can be quite difficult and risky situations. Lamp will not do this, based on our moral and social conscience.

**INTAKE:** The process of intake and application is time consuming and requires the full attention of a senior staff member from Administration it has to be presented, priced, returned for agreement, signed off, printed out taken to the client to sign returned to office scanned and returned to DSC. This then comes back and an intake personal plan is discussed with the client and set up. All this with no funds to cover the costs, the organisation is supposed to do this "IN-KIND"

In the Lower South West trial site we have seen an influx of out of area and even out of state service providers come on board, there is not enough community to keep all these services working and the drag on small local service providers infrastructure is terminal. A trial should at best have been undertaken with existing services and then any gaps could be identified.

People are trading in their Recovery and self achievement to take up packages, so they can have funding for gardeners and taxi drivers. This does not reach the needs of those with high mental health support requirements, these requirements and needs cannot be met as the current structure of the MyWay packages does not often provide adequate service funds.

Lamp has only been delivering MyWay services since late January 2015 with a total of 5 current clients and now we are told the DSC is coming down to assess our service and its infrastructure, once done any recommendations by the DSC will be the responsibility and at the expense of the organisation "in-Kind".



Again I have to ask who is going to cover all the extra costs, for a mental health specific small local rural agency to hire a policy writer to meet the disability service standards will be in excess of \$10,000. The Mental health Commission has offered no "in-kind" support to assist its organisations to meet these set up and operational overheads.

### Example:

On the occasions Lamp have put forward large packages where two trained workers are required at all times, this was acknowledged by the DSC MyWay facilitator who was thankful Lamp workers went with them to do the initial assessment. The situation was and remains one of extreme risk to workers and the person is plagued with drug and alcohol challenges as well as severe mental illness. The proposed package has been rejected and the time and funding allocations greatly reduced. Lamp was under the belief the MyWay NDIS model was meant to target high need mental health consumer groups and high need equates to higher costs to meet trained staffing requirements and administrative support.

I would be untruthful if I did not say there are people with mental illness and their families who have benefitted by the MyWay packages. They have reduced the burden of care for their families and they have a new found independence. The concept of MyWay is good, the problem lies in the lack of realistic cost covering for agencies, the lack of understanding on how mental health differs from disability service delivery, the extra difficulties in rural and regional service cover and the need to keep local agencies operational in a dignified and equitable process.

### SUMMARY

- Too much reliance on "In-Kind" from small agencies
- IN-Kind block funding is diminishing – local agency will be without resources to sustain the NDIS services
- NDIS pricing clusters too low for real sustainability and quality service provision (mental health)
- Application and process time too long for mental health service users
- Too many organisations into trial sites (as stated by a local mental health clinician "it' like a feeding frenzy) when relating to the huge amount of services and few clients in mental health.
- No Travel allowances of merit

- No financial support for service set up and no training
- No sustainable funding to cover infrastructure or Administration/Management, especially for small agencies and those specific to mental health
- No training in the use of the portal or reporting processes
- No consideration for country distances, lack of trained staff and difficulty in retention of suitable staff on low wages in rural areas.
- No financial support for managers to attend metro information workshops which often only run for 1-2 hours after 300 kilometer drive
- No allowance of funded packages for those under tier 2 in Information-Links and Community levels.
- Too much red tape, reporting requirements and initial application process time placed on unfunded managers and administration
- Small rural agencies are left vulnerable
- Mental health service providers have to adhere to both disability and mental health standards – it appears not so the disability service providers for mental health even though they have added mental health to their portfolios of services.
- NDIS good for some people and their families, concept in theory is a welcome addition, not for all and not instead of other support and funding for small specialist agencies.

Thank you  
 Lorrae Loud  
 CEO Lamp Incorporated  
 8/4/2015