



Submission Regarding the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.

I am writing on behalf of the Board, Management and Staff of UnitingCare Wesley Country South Australia (UCWCSA) to address some of the terms of reference for the inquiry into the provision of services under the National Disability Insurance Scheme (NDIS) for people with psychosocial disabilities related to a mental health condition.

Introduction

UnitingCare Wesley Country SA has been providing a range of support services throughout Country and Outback SA for over 100 years. We have been delivering the Personal Helpers & Mentors program (PHaMs) in Port Pirie and throughout the Yorke Peninsula since 2009. We currently support around 130 participants in PHaMs across our region but estimate that only around 20% will be eligible for NDIS based on our current understanding of the eligibility criteria. We also provide a program that supports people with Mental Health issues to live independently along with other programs that support people with intellectual disabilities who we will also assist to transition to NDIS. We have a wealth of knowledge and experience in supporting and improving outcomes for the most vulnerable people in our communities. We are committed to working with you to continue this crucial service.

We fully support the NDIS and the benefits it can bring to the lives of people living with a mental illness but would like to address uncertainties that accompany this transition to NDIS for people with a psychosocial disability.

In this submission we are covering the following terms of reference:

- 1a. the eligibility criteria for the NDIS for people with a psychosocial disability;
- 1b. the transition to the NDIS of current long and short term mental health Commonwealth Government funded services including PHaMs service and whether such a service will continue to be provided for people deemed ineligible;
- 1d. the scope and level of funding for mental health services under the Information, Linkages and Capacity building framework (ILC);
- 1f. whether spending on services for people with a psychosocial disability is in line with projections
- 1g. the role and extent of outreach services to identify potential NDIS participants with a psychosocial disability:



Outline

Eligibility for NDIS is determined by the presence of a permanent impairment that results in a substantially reduced functional capacity. For this a formal diagnosis of mental illness would be required as well as evidence to support how the mental illness affects the person's capacity to function on a daily basis.

Currently PHaMs supports people without requiring a formal diagnosis of mental illness and this has been a contributor to the program's success in that people can seek support within their community through a variety of referral pathways including self-referral, without the need to navigate and connect with mainstream mental health services. Eligibility is still based on functional impairment but access to support is more flexible.

To transition to NDIS these people who are currently receiving support outside of the clinical mental health system are now required to obtain a formal diagnosis to continue to be eligible for the services they are currently receiving. In our experience, many people with psychosocial disability relating to a mental health condition do not have a formal diagnosis and may refuse to seek clinical support for a variety of reasons including fear of stigma and discrimination associated with the prejudice towards people labelled with a mental illness, but they do require psychosocial support.

We are concerned that the need for evidence to transition to NDIS will put many people at risk of exclusion and losing services that are currently working for them which may lead to more episodes of ill health, more hospital admissions and ultimately greater strain on the health system. It will also create a gap in services if there is nothing provided for people deemed ineligible for NDIS once continuity of support under PHaMs and other similar services ceases.

Current psychosocial support services focus on recovery and this conflicts with the language of permanence and lifelong for some people with mental illness. We appreciate that NDIS embraces a recovery approach to mental illness or the impairments that it brings but the support required for mental health recovery does not necessarily fit within a disability system.

It is well documented that mental illness impacts a large proportion of the population at some stage of their lives. People suffering from mental illness are vulnerable and have limited understanding or skills to navigate the mental health system. With the cessation of current long and short term psychosocial support services, even people who have not previously been impacted by mental illness who become unwell will have significantly reduced services available to them. This will create a barrier to accessing support until there is a crisis in which case they will get crisis-related clinical health service support or become so unwell that they are then eligible for NDIS. This also places more demand on other services such as homelessness agencies, financial support, drug & alcohol counsellors etc.

Nicholas and Raeifels (2014) state that recovery from most disorders tends to drop off over time such that if a person does not recover from an episode of mental illness within the early years following onset then the likelihood of recovery is greatly decreased. This suggests that early intervention and prevention programs together with community-based supports should be made available to reduce the need for access to NDIS.



Many people who we work with benefit from short term psychosocial support following an episode of mental illness, however, the reduction in services means these people are likely to fall through the gaps.

Nicholas and Raeifels (2014) also noted that people with psychosocial disability commonly preferred having an individual support person to assist them in meeting their needs for leisure and social activities and improving physical health once their basic needs such as enough food, are met.

This has been borne out by feedback from our clients who report the significant benefits of an individual, consistent worker who they have built rapport and trust with and who listens to their needs. It is unclear how this outcome will be achieved under NDIS or ILC.

Eligibility to NDIS is also restricted to those under 65, at least initially. People over 65 suffer from mental illness also and the current aged care system does not meet the needs of those requiring psychosocial support. This is a further gap in the system that requires consideration.

The process of applying to NDIS is also time consuming according to reports from trial sites suggesting an average of 30 hours assistance being required to apply plus more time will be needed for advocacy and support in development of plans. As funding reduces for current support services such as PHaMs that time may not be available to all participants for the transition process. Will there be enough additional funding to facilitate this process? In our region continuity of support funding is significantly reduced before the full roll out of NDIS in our region.

We strongly advocate that the committee consider other funding arrangements for services for those people who will fall through the gaps as outlined above to ensure their rehabilitation and support needs are met whether they become eligible for NDIS or not.

Information, Linkages and Capacity building framework (ILC) is still in its infancy and the outcomes it will be able to achieve are still unknown and untested at this stage. We believe that ILC will be able to achieve positive outcomes for some people who can benefit from working in a group environment, however, as highlighted above, there is still a significant cohort who require individual and personalized support.

Conclusion

We strongly advocate for the Government to provide funding for individualized community-based psychosocial support services for those vulnerable people who are at risk of falling through the gaps. This includes those not eligible for NDIS and those that are yet to be identified as potential NDIS participants. This can also facilitate the transition process to NDIS if required.

Funding for early intervention and prevention programs will support better outcomes for those experiencing mental illness and reduce the burden on both NDIS and the Health system in the longer term.



References:

Nicholas, a. and Reifels, L. 2014, *Mental health and the NDIS: A literature review, An examination of the current state of evidence relating to the impact of psychosocial disability on the context of the implementation of the National Disability Insurance Scheme Act 2013*, Commissioned by /mind Australia for the Independent Advisory Council to the National Disability Insurance Agency. Downloaded 2/10/2016 from <https://www.ndis.gov.au/html/sites/default/files/files/Mental-health-and-the-NDIS-Literature-Review.pdf>