Northern Territory Mental Health Coalition

Submission to the Joint Standing Committee on the National Disability Insurance Scheme

NDIS Workforce

April 2020

Contact Details: Executive Officer, Vanessa Harris
Office Location: 7/18 Bauhinia Street
Nightcliff Community Centre
Nightcliff NT 0810

Postal Address: PO BOX 157
Nightcliff NT 0814
Phone: (08) 8948 2246

Email: eo@ntmhc.org.au
Website: www.ntmhc.org.au

We acknowledge the Larrakia people, the Traditional Owners of the land on which we live, work and walk.

NT Mental Health Coalition

The Northern Territory Mental Health Coalition is the peak body for community mental health and wellbeing.

We represent NT community managed mental health organisations.

We work in collaboration with a wide network of organisations, people with lived experience, their families and supporters across the Northern Territory.

We work at both a national and local level to improve the mental health and wellbeing of Territorians.

Our members provide services across the spectrum of mental health needs which have now been superseded by NDIS and related arrangements.

We welcome this opportunity to contribute to the Joint Standing Committee's inquiry into the NDIS workforce.[1]

Northern Territory context

The Northern Territory is poorly equipped for the transition to the NDIS market-based approach to providing services for people experiencing psychosocial distress. Centralised program design, planning and implementation has failed to take into account the on-ground realities of remote and rural communities operating in a resource-poor jurisdiction.

This section provides an overview of the factors leading to market failure and the extent of the unmet need.

Characteristics of the Northern Territory that impact on service delivery include:

- the Northern Territory experiences a disproportionate burden of mental health compared to the national average. Mental health conditions contribute to 16.3% of the burden of disease, compared to 7.4% in Australia as a whole[2] and the number of Aboriginal Territorians experiencing high or very high psychological distress is on average 2.7 times that for non-Indigenous people.[3] In 2017, 51 people died by suicide.[4] This equates 20.3 deaths per 100,000 people, compared to the whole of Australia rate of 12.6 deaths per 100,000 population. The NT reported the highest jurisdictional rate of child deaths due to suicide for the combined years 2011-2015, with 13.6 deaths per 100,000 people, compared to 2.2 deaths per 100,000 people for ages 0-14 years for Australia as a whole[5]

[1] https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/workforce
[2] Department of Health (2016) Primary Health Networks Mental Health and Suicide Prevention Needs Assessment Northern Territory PHN https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf
[3] 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13 https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/9F3C9BDE98B3C5F1CA257C2F00145721
[4] ABS 2018 3303.0 - Causes of Death, Australia, 2017 Intentional self-harm, key characteristics http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3
[5] Australian Bureau of Statistics (2016) *3303.0 - Causes of Death, Australia, 2015* cited in Department of Health NT Suicide Prevention Strategic Framework 2018-2023

- remoteness, which adds time and cost to delivering services, especially where these need to be co-designed with local communities for tailoring to individual needs
- thirty percent of the population are Aboriginal and/or Torres Strait Islander people; 77 percent of the Aboriginal population lives in remote or very remote areas of the NT[6]
- the economy is relatively small, and the NT Government has very few streams of own-source revenue. The Territory Government remains in considerable debt, and is predicting operating deficits for the duration of the budget out years[7]
- Commonwealth arrangements that allocate funding on the basis of jurisdictional populations rather than need, inevitably result in under investment in services in the NT where the population is small but relative disadvantage is high. For example the Commonwealth National Psychosocial Support Measure[8] allocation of $800,000 to the NT for the period from 1 July 2018 to 30 June 2021 (~$240,000 per annum) will be grossly inadequate for supporting the estimated 6,900 people experiencing severe and complex mental illness and not eligible for NDIS or currently receiving NT Government assistance
- there is a historical underinvestment in mental health services compared to need, across the government, private and community sectors. The scarcity of services across the spectrum of low to high intensity, is a significant cause of low access rates amongst rural and remote communities in the NT. For example, the NT has extremely limited clinical suicide intervention and prevention services, despite having more than 1.6 times the national rate of death by suicide
- the widely dispersed and comparatively small, rural and remote population of the NT is supported by a mental health system that is skewed towards high-intensity services; which are often under-resourced; and tasked with providing mental health care across vast, isolated regions. For example, the Barkly region alone is larger in size than the state of Victoria, yet its many remote communities are serviced primarily by a small number of NT Department of Health and non-government mental health practitioners based in the hub town of Tennant Creek
- there are no long standing mechanisms for organised consumer mental health advocacy, which means that there is little systemic input to co-designing policy and programs; and no ready supply of experienced people for a peer workforce.

Of the estimated 7,700 Territorians with severe and complex mental illness[9], our investigations indicate that only 300 Territorians with psychosocial disability may be

https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/7055/1/Northern%20Territory%20Suicide%20Prevention%20Strategic%20Framework%202018-2023.pdf

[6] Department of Treasury and Finance 2019 Population, Northern Territory Economy https://nteconomy.nt.gov.au/population

[7] Northern Territory Government 2019 Budget 2019-20 Budget overview https://budget.nt.gov.au/__data/assets/pdf_file/0005/690134/Budget-Overview-book.pdf

[8] https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-n-national-psychosocial-support-measure

[9] Department of Health 2019 PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance, Primary Mental Health Care Services for People with Severe Mental Illness 2019 , Australian Government https://www1.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/$File/4.%20PHN%20Guidance%20-%20Primary%20Mental%20Health%20Care%20Services%20for%20People%20with%20Severe%20Mental%20Illness%20-%202019.pdf

successfully supported to access the NDIS by 30 June 2020.[10] This compares poorly with the 1,000 Territorians who are expected to be eligible.[11] We are therefore expecting a significant reduction in funding flowing into the NT community mental health sector when Commonwealth Transition funding ceases on 30 June 2020. At that time potentially only 30 percent of the originally forecast NDIS participant plan funding will be circulating within the sector across the NT. The likely result will be the collapse of long-time psychosocial support service providers in multiple regions of the NT.

The NDIA has not (yet) nominated a provider of last resort in the NT, and it will be hard to establish if regional service providers have already collapsed or withdrawn services in remote and very remote regions of the NT.

Workforce

In the NT, for the September 2019 quarter, the NDIA data indicates that 71 active providers supported the 173 NDIS clients with psychosocial disabilities.[12]

ABS labour force statistics are not collected in a way that enables the number of workers servicing NDIS participants (or psychosocial support more generally) to be quantified. National Disability Services workforce reports indicate that nationally there is an ongoing trend to greater casualisation of the disability workforce over time, including in the Northern Territory; and high turnover of the sector workforce, especially for casuals.[13]

The Coalition is currently surveying its members[14], their staff and service participants[15] about any changes associated with the COVID-19 pandemic. A small number of responses from service managers indicates that organisations have reduced their service offerings to comply with social distancing requirements. Changes to service delivery include transitioning to remote service delivery; no longer convening groups; limited face to face services; and minimising on-site staffing. Their workforce responses include standing down staff/volunteers and reducing available hours.

Survey responses from staff (made between 1 and 14 April 2020) confirm the variety of responses: working from home; working the same hours or reduced hours; demobilised.

Box 1 reports the supports that staff identified as being helpful to assist them to adjust to the new circumstances associated with the COVID-19 pandemic.

[10] NT Mental Health Coalition 2020 Appendix 1: Provision of psychosocial supports and impacts of the NDIS reforms in the NT. Submission to the Draft Report for the Productivity Commission Inquiry: The Social and Economic Benefits of Improving Mental Health https://www.ntmhc.org.au/wp-content/uploads/2020/02/FINAL-PC-Draft-Report-Response-NTMHC.pdf

[11] Department of Health 2019 PHN Primary Mental Health Care Flexible Funding Pool Programme Guidance, Primary Mental Health Care Services for People with Severe Mental Illness 2019 , Australian Government https://www1.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/$File/4.%20PHN%20Guidance%20-%20Primary%20Mental%20Health%20Care%20Services%20for%20People%20with%20Severe%20Mental%20Illness%20-%202019.pdf

[12] https://www.ndis.gov.au/about-us/data-and-insights/active-providers-data

[13] NDS 2018 Australian Disability Workforce Report 3rd edition - July 2018 https://www.nds.org.au/images/workforce/ADWR_Third_Edition_July_2018.pdf ; State of the Disability Sector Report, 2019 https://www.nds.org.au/news/state-of-the-disability-sector-report-2019-released

[14] Organisational survey opened 31 March, and is ongoing

[15] Staff and participant surveys opened 1 April, and are ongoing.

Box 1. Improving support for staff

Health and wellbeing including:

- regular, clear and concise communication
- strategies for responding to change
- increased supervision and consultation with staff
- ways to adapt service offerings
- personal protective equipment and hygiene
- emergency response planning and training
- access to support services including resources for practising self-care
- maintaining regular connection with fellow work colleagues
- acknowledging and understanding that people will have different reactions and emotions
- support in the event of job losses or stand-down

ICT support including:

- training to use different technology, telehealth
- access to a paid zoom account for case conferencing purposes
- improved equipment for telehealth, video sessions and working from home

Greater flexibility including:

- flexible working hours
- flexible work arrangements
- work from home
- support for schooling or home learning

The flow of NDIS funding alone will not support the size and composition of the workforce required to support participants experiencing psychosocial distress over the vast distances and special population needs in the NT. Similarly, program funding for other sectors, such as aged care, also falls short of meeting needs across the NT.

To that end, NT organisations led by National Disability Services (NDS), Aboriginal Medical Services Alliance NT (AMSANT) and NT Council of Social Services (NTCOSS) have prepared a ten year plan for the NT Human Services Industry as a whole[16]. The plan identifies four priorities for action:

- building collaboration, partnerships, communication and information-sharing across organisations in order to achieve better outcomes for clients especially in relation to accessing the services they need, and to create efficiencies in service delivery
- strengthening industry and organisational capacity through improving governance, increasing funding flexibility and building advocacy skills
- the human services industry requires flexible, skilled, multidisciplinary workers, and highly skilled and committed leaders. The key to fostering a skilled workforce in the

[16] NDS, AMSANT & NTCOSS 2019 Northern Territory Human Services Industry Ten Year Plan 2019-2029. https://www.nthsip.com

NT requires focusing efforts in areas such as attraction and retention, cultural safety, capacity building and community workforce development

- person-centred, place-based, community-led and outcomes-focused approaches to service delivery.

In addition to these four general priorities, strengthening the workforce needed to provide psychosocial support (for the NDIS and other people with psychosocial needs) requires:

- additional investments in an expanded, skilled, peer support workforce. These investments need to take several forms
    - upskilling organisations to value peer workers and to be ready for the peer workforce
    - increasing the supply of people interested and ready to take on peer worker roles by opening pathways for people with lived experience to contribute their expertise to the sector in voluntary or paid capacity. The legacy of under-developed understanding and application of the recovery model in the NT mental health sector means that demand for peer workers is not yet universal across the sector, and limits opportunities for people to gain experience through participating in the sector
    - providing local pathways for the Certificate IV in Peer Support and other accredited training opportunities for peer workers which are currently more limited in the NT than in other jurisdictions
    - commissioning/funding bodies should prioritise employing peer workers and building organisational capacity, similar to investments in culturally appropriate service and practice. NDIS providers will have limited opportunities to employ peer workers until foreshadowed psychosocial reforms are implemented, from 1st July 2020 including the introduction of recovery coaches
- efforts to develop and expand the Aboriginal Health Practitioner workforce. The Aboriginal mental health workforce in the NT has dissipated over time. Individual organisations are investing in training for Aboriginal health practitioners, for example for Aboriginal wellbeing workers to work with young people and families using social and emotional wellbeing principles. However, efforts need to be formalised and expanded across the sector
- improving mental health training for GPs. Coroners reports of NT suicides[17] have made specific recommendations to improve the mental health awareness and training for NT GPs, which includes facilitating better integration between local GPs and acute mental health services
- services that are co-produced and co-designed with local communities so that they are culturally safe, respectful and inclusive of participants, families, carers and communities; and that are provided by service providers who are familiar with the communities they are serving

[17] https://justice.nt.gov.au/__data/assets/pdf_file/0006/614994/D01362017-Di-Lembo.pdf

- further investment in social and emotional wellbeing programs aimed at improving services for Aboriginal people to enable the needs of people living in remote and very remote areas to be adequately addressed.

The current NDIS market-based model promotes inter-organisational competition rather than collaboration, and the funding structure does not permit organisations to invest in strengthening core workforce capabilities or in tailoring services to different individual and community needs. Such investments will inevitably cost more in the NT where distances and the need for culturally appropriate and specific services are high. The key to improving workforce capability and capacity in the NT is for governments at all levels to make the additional investments required to overcome the market failure arising across the NT (and in other remote areas of Australia).

The initiatives and investments outlined above (in the NT Human Services Industry plan and the specific requirements for the psychosocial workforce) demonstrate what is required in relation to:

- the role of Commonwealth Government policy in influencing the remuneration, conditions, working environment (including Workplace Health and Safety), career mobility and training needs of the NDIS workforce. The Commonwealth sets the market-based framework for the NDIS and has a responsibility to address the market failure apparent in the NT and other remote areas of Australia

- the role of State, Territory, Commonwealth Governments in providing and implementing a coordinated strategic workforce development plan for the NDIS workforce. The NT has an industry-led strategic workforce/human services industry plan. Governments at both levels now need to invest in implementation

- the interaction of NDIS workforce needs with employment in adjacent sectors including health and aged care. The NT Human Services Industry plan highlights the need for collaboration across sectors in order to support a sustainable workforce in the NT

- the opportunities available to, and challenges experienced by, people with disability currently employed, or wanting to be employed, within the NDIS workforce.

Development of a peer workforce in the NT requires organisational readiness; more systematic opportunities for people with lived experience to gain skills, experience and confidence in policy and program development and advocacy; as well as pathways for professional development for workers.

Thank you on behalf our members for this opportunity develop a submission to the Joint Standing Committee on the National Disability Insurance Scheme.