Mental Health Services and the NDIS

SACOSS Presentation to the Social Development Committee of SA Parliament

February 2019

In late 2018, the Social Development Committee (SDC) of the South Australian Parliament resolved to inquire into and report on the provision of services for people with mental illness under the transition to the National Disability Insurance Scheme (NDIS), and SACOSS was invited to present.

When SACOSS first received the invitation we were initially hesitant to provide a submission, not because the issues are insignificant or irrelevant to our stakeholder population, but because the transition to NDIS is still fluid. Currently, it is very difficult to clearly understand what is happening and predict where we will be in 6 months, or a year, and this is particularly so for people who experience poor mental health and the services that support them.

People with profound mental health issues are some of the most complex in terms of their needs and are one of the last groups to transition into the NDIS scheme. In this context, we still have relatively immature experience about how the scheme is functioning for this cohort. However, with that caveat, SACOSS presented to the SDC regarding a range of issues of concern.

In preparation for our presentation to the SDC, we spoke with numerous significant stakeholders including the Mental Health Coalition of SA, Mental Health Commissioner, the Public Advocate and the Aboriginal Health Council of SA. The Mental Health Coalition of SA also made a detailed submission to the SDC, which we endorsed.

Funding for Mental Health Services and NDIS

Overall, mental health, like many other areas of human services, has been and continues to be, underfunded and serviced. Where funding has existed, it has been dominated by investments in institutional and tertiary level care. In the period of transition to the NDIS, there has been an acute lack of information and certainty regarding future of support programs going forward.

Prior to the NDIS, Commonwealth and State funded programs only sustained a small proportion of the total number of people who need support. It now seems the NDIS will support an even smaller segment of this population. For specific numbers and estimates, we would commend the submission made by the Mental Health Coalition of SA.

There is a key question regarding how much support will be available to anybody who is deemed ineligible for the NDIS, but who currently accesses services from either State or Commonwealth programs. There is also a further question surrounding people who will develop mental health issues in the future, but who may never be eligible NDIS.

In brief, both Commonwealth and State Governments are decommissioning existing services in anticipating the transition of clients to the NDIS. But the results from the survey conducted by the MHCSA indicate that the withdrawal of funding may lead to a large number of people missing out on support they are currently using to maintain their lives. If this occurs, the

consequences will be personally devastating for individuals and their loved ones. But it will also be the state that will be left dealing with the consequences.

To be absolutely clear, if services reduce or cease to operate, people suffering from acute mental health will present in greater numbers in our emergency departments, and our health and justice systems more generally. There is also a risk that these pressures will almost certainly lead to calls to re-institutionalise people because of the discomfort they create. This would be a great travesty.

It is our understanding that the Commonwealth's National Psychosocial Support (NPS) Measure and Continuity of Support (CoS) will allegedly replace any existing Commonwealth programs (Partners in Recovery, Support for Day to Day Living, Personal Helpers and Mentors, and Mental Health Respite). We note with some concern, that CoS has 'grandfathered' support for current clients, but services will be unavailable for new clients going forward. On the other hand, the NPS is proposed as a mechanism for addressing unmet needs through the Primary Health Networks. This work should have started, however we are yet to see the nature of new programs being commissioned, their adequacy and whether or not they successfully address this group of people's needs. We are also concerned about stability given the timeframes for full transition to NDIS and the conclusion of existing programs, and the time needed for commissioning and implementation of new programs.

We note from the MHCSA submission that estimates for CoS and NPS funding seem to assume that only 10% of people on current programs will need to access these new schemes. However, the MHCSA estimates that only 25% of clients across the current programs they investigated would enter NDIS, leaving an alarming gap.

With regard to State programs, such as Individual Psychosocial Rehabilitation and Support Service (IPRSS), Housing and Accommodation Support Partnership (HASP) Program and Supported Social Housing (SSH), in order to pay for their contribution, originally the State Government had proposed defunding all existing state funded supports and adding that funding to the NDIS pool. Following strong advocacy, the current government has suggested they will reduce funding to psychosocial rehabilitation proportionate to the percentage of clients entering the NDIS. They have also said that they will continue to provide services to those who are ineligible for NDIS. However, it is still unclear how these funds will be transitioned, what level of services will be maintained and whether the services will be maintained for only existing clients or new clients to the system.

Adequacy of support under NDIS

We also continue to have other concerns for those who are eligible and make it through the application process to enter the NDIS, but where the packages of support may not adequately address all the needs of the particular individual. This arises for a range of reasons, not the least

of which is that the NDIS assessment process assumes the person is able to accurately describe and detail the parts of their lives for which their disability causes them difficulty. In fact, we suspect there may be an inherent conflict in the application and eligibility process with the recovery and capacity building elements of current mental health services and care. People may find it difficult to apply and negotiate a package of supports, within the frame of permanent disability, while still maintaining a recovery ethic.

Another concern is that people who are eligible and commence receiving services, may later disengage and there are few mechanisms to challenge whether the disengagement is based around someone having recovered, or because someone's mental health and/or other life circumstances have spiralled out of control. A further reason could be because services agreed as part of their plan are not in fact suitable for their particular needs resulting in disengagement.

To complicate any and all of these factors, there is a built-in assumption that service personnel and loved ones, who may have deep and informed knowledge about the person, are generally not included in assessment processes because they're seen as having an alleged conflict of interest. Similarly, the scheme still does not contemplate the complexity many people face holding their day-to-day lives together. In the absence of a thoughtful presence, able to provide gentle guidance, many people's lives can spiral out of control. This is particularly acute for people who experience some variability in their own capacity. It remains our view that there is a great oversight in the way the scheme is structured, because there is little capacity building and limited support coordination included. Case management is also not funded – although this is often needed.

Conclusion

We are aware there has been significant effort from the State Government, NDIA and NGOs to support the people they assist in existing current services, and in transitioning to the NDIS. But this support and effort is unlikely to be maintained after completion of the rollout. If services cease or reduce, it may mean we will see the numbers of successful applications fall.

It's our firm belief that the state should maintain all of its efforts to ensure people do not fall through the cracks. Short term investments in maintaining services will more than well and truly prevent big cost penalties for future governments.