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Submission to the Joint Standing
Committee on the National Disability
Insurance Scheme:
NDIS Planning

About Mental Illness Fellowship of Australia

Mental Illness Fellowship of Australia (MIFA) is a federation of long-standing member organisations, established in 1986. Our members deliver specialist services for individuals living with severe mental ill-health and their carers, friends and families, out of nearly 60 'front doors' in metropolitan and regional areas, to over 20,000 people each year. Our membership has a strong focus on building community, valuing peer support and lived experience, and supporting recovery.

We know from experience that recovery of a better quality of life is possible for everyone affected by mental illness. We work with individuals and families in their journey to recover mental health, physical health, social connectedness and equal opportunity in all aspects of life. We have substantial experience delivering specialist, place-based, community-building programs to those experiencing mental illness, and over 55% of our workforce has a lived experience as a consumer or carer. As such, we feel we are well placed to assist the Productivity Commission in its inquiry into mental health in Australia, and we welcome the opportunity to provide our input.

MIFA's current member organisations, operating across Australia, are:

- BRIDGES Health & Community Care;
- Mental Health Foundation ACT;
- Mental Illness Fellowship Australia (NT) Inc;
- Mental Illness Fellowship of Western Australia;
- One Door Mental Health (formerly Schizophrenia Fellowship of NSW);
- **selectability** (a merger of SOLAS and Mental Illness Fellowship of Northern Queensland); and
- Skylight Mental Health (formerly Mental Illness Fellowship of South Australia).

NDIS Planning for people living with psychosocial disability

We thank the Joint Standing Committee on the NDIS for the opportunity to contribute to the inquiry into NDIS Planning. In preparing this submission, MIFA has gathered information from our member organisations within our national federation. Whilst these organisations are based around the country, there are common experiences of the NDIS planning process for the people they are supporting.

At the offset, MIFA wishes to acknowledge the ongoing good work that the NDIA is doing to address the inadequacies that exist for participants with psychosocial disability who are accessing the scheme. Whilst improvements are being made, further enhancements are needed to ensure that the NDIA's work can deliver the most appropriate supports for participants with psychosocial disability who are eligible for the NDIS. In this submission, we

will highlight the issues that require review and refinement so that the NDIS planning process can better meet the needs of people with psychosocial disability.

MIFA will respond to the following Terms of Reference for this inquiry:

- the experience, expertise and qualifications of planners;
- the ability of planners to understand and address complex needs;
- the ongoing training and professional development of planners;
- participant involvement in planning processes and the efficacy of introducing draft plans;
- the incidence, severity and impact of plan gaps;
- the circumstances in which plans could be automatically rolled-over; and
- the circumstances in which longer plans could be introduced.

Before providing detailed information in response to the Terms of Reference for this inquiry, we wish to formally acknowledge our support for the following reports and submissions already provided to this inquiry.

1. MIFA supports the ongoing work of Mental Health Australia in its partnership with the NDIA to optimise psychosocial supports for people with psychosocial disability who are eligible for the NDIS. MIFA endorses the content of the Optimising Psychosocial Supports Project Report, available [here](#).
2. MIFA supports the ongoing work of Community Mental Health Australia as they track the transition of people from the Partners In Recovery Program, the Personal Helpers and Mentors Program, and the Day to Day Living Program into the NDIS. MIFA supports the findings of the first and second reports in the Commonwealth Mental Health Programs Monitoring Project, available [here](#).
3. MIFA endorses the submissions to this inquiry produced by the National Mental Health Commission and Community Mental Health Australia.

The experience, expertise and qualifications of planners

For NDIS planning to improve, it is critical that the NDIA build the capacity of its workforce. Due to the nature of severe and complex mental illness, people with psychosocial disability experience additional barriers to access, planning and implementation of their NDIS plans. It is important that people working with NDIS participants with psychosocial disability build their capacity to develop plans that are responsive to the needs of people with severe and complex mental illness. Plans need to be able to account for the episodic needs of participants with severe and complex mental illness.

MIFA member organisations report that many NDIA planners lack experience, expertise and qualifications in mental health. As evidence of this, we provide the following extract from a MIFA member organisation.

Member Organisation feedback 1

We do not know what the planners' experience, expertise and qualifications are. Our staff have come across many planners that appear to lack experience in the sector and seem to be from the business corporate world. They demonstrate a lack of empathy and concentrate too much on money and not on required supports. Our staff frequently report that planners do not have enough baseline knowledge of psychosocial disability and the impacts for our consumers. This manifests in overly simplistic questioning about a consumer's functional capacity.

Example:

A planner might ask, "Can you cook?" The participant might respond, "Yes." If a consumer is not accompanied by a savvy support person (such as a carer, family member or service provider support worker), multiple planners have concluded that the disability has limited functional impact for the participant.

However, further questions could be asked to clarify the extent of the functional impact. For example:

- Planner: "What did you cook for breakfast each day this week?"
- Participant: "2-minute noodles."
- Planner: "What did you cook for lunch each day this week?"
- Participant: "2-minute noodles."
- Planner: "What did you cook for dinner each day this week?"
- Participant: "2-minute noodles."

In this example, the planner would conclude that the participant requires support with meal planning, meal preparation and with understanding their own nutritional needs.

The ability of planners to understand and address complex needs

MIFA acknowledges the work of the NDIA to be more responsive to people with complex needs. The rolling out of the complex support needs pathway and the implementation of service improvements to the psychosocial disability service stream are positive improvements. Despite these positive changes, participants and service providers are still experiencing difficulties with planners who do not understand or address complex needs appropriately.

People with psychosocial disability with complex needs are more likely to require additional support to implement their NDIS plans. Support coordination is one means by which participants with complex needs can receive additional support. However, support coordination is not a standard inclusion in NDIS packages for people with psychosocial

disability and/or complex needs.ⁱ MIFA supports the recommendation of the National Mental Health Commission in their submission to this inquiry that the NDIA include support coordination as a standard item in all plans for people with psychosocial disability.

As evidence of these issues, we provide the following extract from a MIFA member organisation.

Member Organisation feedback 2

NDIS planners do not demonstrate enough knowledge or skill in interpreting the needs of participants who live with severe and persistent mental illness. This results in participants receiving plans that are not adequate.

Most planners are not aware of what constitutes complex needs for people with psychosocial disability. They rely heavily on reported evidence and not enough on what the participant is telling them. Some planners involve multiple providers before making decisions for a participant's plan, whilst others do not.

Insufficient funding in capacity building means that participants don't always show substantial improvement or progress. This should be a fundamental component of a plan for a person with psychosocial disability.

The ongoing training and professional development of planners

MIFA supports the decision of the NDIA to introduce psychosocial disability training for NDIA staff. Despite this rollout of training, some MIFA member organisations are reporting that there have not been significant improvements in their interactions with NDIA planners. Participants and service providers are still experiencing a lack of understanding of psychosocial disability from NDIS planners. Further, it appears that some NDIS planners are experiencing difficulties in transferring their knowledge of psychosocial disability into appropriate questioning of participants, which would assist them in drawing out and unpacking the functional impact of psychosocial disability for each person. There is potential for service providers to work with NDIA planners in a local Community of Practice setting to build skills and transfer knowledge as part of a peer professional development program.

As evidence of these issues, we provide the following extract from a MIFA member organisation.

Member Organisation feedback 3

In 2018, there was a lot of discussion about the rollout of training for planners relating to people with psychosocial disability. The stated intention was for this training to be relevant for NDIA staff in the Psychosocial Pathways Stream, but also more broadly for all planners. This does not appear to have significantly improved the challenges that our participants experience in their interactions with planners.

A peer-to-peer professional development program could match NDIA planners with service providers in a Community of Practice to share expertise. If this occurred at the local level, it could help participants to access a consistent experience in the way they are supported.

Training for planners could also focus on what questions to ask, and how to ask questions that may bring the best clarity around the functional impact of a participant's psychosocial disability.

Participant involvement in the planning process and the efficacy of introducing draft plans

MIFA advocates that meaningful participant involvement in the planning process is essential to developing appropriate plans that provide optimal supports for people with psychosocial disability. For there to be true participant involvement in the planning process, planners must work with participants to review their draft plans in a streamlined and timely manner to minimise any uncertainty or undue delay. Individuals with severe and complex mental illness may have already undergone a lengthy access process, so it is important that any draft planning process is sensitive to the needs of people with psychosocial disability and the additional barriers to access that they face. It is also important to involve families and carers in the planning process, so that all parties can understand an NDIS plan before it is approved.

We provide the following extract from a MIFA member organisation to highlight some of the issues that have arisen in the planning process:

Member Organisation feedback 4

Our staff have reported that even when a participant is involved, it doesn't necessarily mean that the participant will receive what they were asking for.

No one has seen a draft plan. It is always the final plan, even when the planner writes "preview". Draft plans would allow for any immediate factual corrections (a common concern), additions and/or deletions to be made. It would also circumvent the need to go to a review process after the plan has been finalised.

The process around considering draft plans must be streamlined and timely to minimise additional stress and uncertainty to participants. Participants would have already been through a lengthy process to access the NDIS.

The incidence, severity and impact of plan gaps

Plan gaps present a problem to participants and service providers alike. Participants with psychosocial disability may not utilise their plans where there are plan gaps and, where they do, they may not receive appropriate supports that meet their needs. This undermines their ability to exercise choice and control. Additionally, plan gaps negatively affect service

providers and their ability to deliver services and supports to participants in a cost-effective and sustainable manner.

As evidence of these issues, we provide the following extract from a MIFA member organisation.

Member Organisation feedback 5

Plan gaps are a concern that impacts heavily on the ability of organisations to continuously provide supports to participants. If the organisation is not able to claim the funds for the services that have been delivered, it is not possible to employ staff, and this often leads to gaps in supports for participants. This can exacerbate the challenges that participants are experiencing in their lives.

We urgently require clearly articulated business rules for participants and providers about how to navigate plan gaps in order to ensure ongoing payment, which allows continuous service support for consumers.

The circumstances in which plans could be automatically rolled over

Any introduction of an automatic roll-over process needs to be person-centred and based on the individual needs of people living with psychosocial disability. MIFA recommends that the NDIA undertake consultations with participants, families, carers and service providers to ascertain the criteria for such a process and the circumstances in which an automatic roll-over would not occur.

Specific consideration needs to be given to the episodic needs of participants with severe and complex mental illness, specifically how their individual support needs will be planned for in an automatic plan roll-over process. Provided that clear criteria are developed to adequately support people with psychosocial disability, MIFA supports the concept of automatically rolling over plans where it is appropriate based on the needs of the individual.

We provide the following extract from a MIFA member organisation with their feedback on this concept.

Member Organisation feedback 6

There is work to be done in striking the balance and defining the criteria on which this process could be based. If there are minimal changes to support needs for a participant, automatic roll-over will allow for longer-term planning for the participants to work towards their goals, avoid plan gaps and minimise stress to participants. However, for some participants, their situation evolves to the extent that an automatic roll-over would result in an inadequate plan which no longer matches their needs.

The circumstances in which longer plans could be introduced

There are circumstances in which participants could benefit from longer plans being introduced. For this to work in practice, the review process would need to be streamlined and planners would need to develop their skills, experience and expertise in working with people with psychosocial disability.

MIFA is supportive of this approach where it is person-centred and led by the participant. We provide the following extract from a MIFA member organisation with their feedback on this concept.

Member Organisation feedback 7

If the review process was streamlined, with a good foundation in the needs of people with psychosocial disability, the length of a plan could be altered according to the circumstances of the participant.

The current process for early review and a change of circumstances does not work. By the time a participant or provider receives a reply, it is time for a normal review.

Again, we thank the Joint Standing Committee on the NDIS for the opportunity to contribute to this inquiry into NDIS Planning.

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Disclaimer

This submission represents the position of MIFA. The views of MIFA members may vary.

ⁱ National Disability Insurance Agency. Support coordination. Canberra: NDIA; 2019. Available from: <https://www.ndis.gov.au/participants/using-your-plan/who-can-help-start-your-plan/support-coordination>.