



**Mental Health
Australia**

Joint Standing Committee on the National Disability Insurance Scheme (NDIS) Inquiry into NDIS Workforce

Supplementary Submission – NDIS National Workforce Plan: 2021-2025

August 2021

Community Mental Health Australia (CMHA), Mental Illness Fellowship of Australia (MIFA) and Mental Health Australia welcome the development of the NDIS National Workforce Plan: 2021-25. Strategic national planning is required to develop the responsive, compassionate, capable and competent NDIS workforce at the scale required to meet the needs of people with disability, including psychosocial disability.

However, the Plan does not adequately address the issues outlined in CMHA, MIFA and Mental Health Australia's original joint submission to this Committee's Inquiry into NDIS Workforce ('the original submission'). These key issues regarding data collection, systemic inadequacies in pricing and psychosocial workforce planning must be addressed. This submission outlines these key issues briefly and provides updates to the original submission, where these issues were outlined in detail.

Beyond these gaps, this submission also provides feedback on the initiatives proposed in the NDIS National Workforce Plan and their relation to the psychosocial workforce. The lack of detail on some initiatives means it is difficult to comment on their suitability or impact. CMHA, MIFA and Mental Health Australia are keen to continue engagement as these initiatives are further clarified to ensure suitability for the psychosocial disability support sector.

Clarifying the current state of play – workforce data

An accurate understanding of the current workforce is a prerequisite to establishing the required workforce to provide safe and effective psychosocial support for NDIS participants. However, as the original joint submission pointed out, there is a significant gap in data on the psychosocial workforce. This data gap has since been acknowledged in the Productivity Commission Inquiry into Mental Health Final Report ('the PC Final Report'). The PC Final Report recommended the "Australian, State and Territory Governments should ensure a nationally consistent dataset is established in all States and Territories of non-government organisations that deliver mental health services".¹

The Australian Government has indicated its support "in part" for the overarching recommendation² which encapsulates this action, but has not indicated whether this specific action regarding a nationally consistent dataset relating to non-government organisations that deliver mental health services, will be addressed. In addition, in the absence of an overarching governance structure to drive the implementation of sound data policy in mental health (with the recent disbandment of the Mental Health Information Strategy Steering Committee), it is unclear how the Australian Government plans to govern implementation of the Productivity Commission's data-related recommendations.

The NDIS National Workforce Plan does not provide a clear path to address this data gap. Initiative 12 to "Provide market demand information across the care and support sector to help identify new business opportunities"³ may assist to consolidate some care and support sector market data, including on psychosocial support delivery. However, this exercise is likely to focus on market demand (i.e. generally where there is demand for types of NDIS supports) rather than specific psychosocial disability workforce characteristics (for example types of qualifications workers hold and types of organisations which employ such workers). Although the improved information about market demand is welcome and should assist

¹ Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 3*. p1204. Retrieved 2 August 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume3.pdf>

² Australian Government. (2021). *Prevention Compassion Care: National Mental Health and Suicide Prevention Plan*. p.30. Retrieved 2 August 2021 from <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>

³ Department of Social Services. (2021). *NDIS National Workforce Plan: 2021-2025* p.30. Retrieved 2 August 2021 from <https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>

NDIS providers (or those wanting to enter the market) with business decisions about where to expand service provision; it will not assist in overall monitoring of workforce gaps and quality and safety of service provision.

It remains unclear how the Australian Government plans to understand core aspects of the NDIS psychosocial workforce (such as its size, the types of organisations employing people to deliver psychosocial support, qualifications held by psychosocial support workers, and professional support offered to psychosocial support providers). Without such information, it will not be possible to monitor, let alone build and develop a safe and effective workforce delivering psychosocial support.

The National Disability Insurance Agency, NDIS Quality and Safeguards Commission and other related government agencies collect data and provide reports on a variety of aspects of NDIS operations and services. Data is collected on all providers registered and unregistered, on all workers through the detailed “Worker Screening Tool” (for both registered and unregistered providers) and also on all “occasions of service” (for which fees are charged). It is unclear if this data is collated or organised as internal reports within the agencies undertaking their collection. Some data is reported publicly through the NDIA’s Explore Data website,⁴ but this data is not sufficiently detailed to enable analysis of the NDIS psychosocial workforce. It is also unclear whether collated data and analysis has been made available to Government or Government Departments involved with mental health workforce planning.

Recommendation 1:

The Australian Government should implement the Productivity Commission Inquiry into Mental Health Action 24.3: “Australian, State and Territory Governments should ensure a nationally consistent dataset is established in all States and Territories of non-government organisations that deliver mental health services”. NDIS service providers, which deliver psychosocial supports, should be included in this national dataset. To assist in this, government agencies which collect data on NDIS workers, their service provision activities and outcomes should be required to report on the full range of this data.

Addressing current inadequacies - pricing assumptions

The original submission pointed out that the NDIS Reasonable Cost Model,⁵ which underpins NDIS pricing, fails to acknowledge the real cost-drivers of psychosocial service delivery. For example, it does not provide for professional supervision and development, it makes inaccurate assumptions around face-to-face hours, it does not allow sufficient provision for investment in quality and improvement, nor does it provide an adequate hourly rate to attract and retain people with required skills, experience and qualifications.

Given that the NDIS pricing model is a fundamental determinate of workforce development, Initiative 11 of the NDIS National Workforce Plan regarding consideration of “pricing approaches that improve the effective operation of the market for NDIS services”⁶ is very

⁴ See: <https://data.ndis.gov.au/explore-data>

⁵ National Disability Insurance Agency and National Disability Services. (2014). *Final Report of Pricing Joint Working Group*. Retrieved on 2 August 2021 from http://www.tdsa.org.au/wp-content/uploads/2014/12/final_report_of_pricing_joint_working_group.pdf

⁶ Department of Social Services. (2021). *NDIS National Workforce Plan: 2021-2025*. p.30. Retrieved 2 August 2021 from <https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>

welcome. The Plan states that this will include a “pricing project to consider approaches to improve pricing practices and governance, building market confidence and consumer choice and supporting workforce development”.⁷

The NDIS pricing approaches must support service providers to enable community mental health support workers to complete training and professional development as part of their role. For many organisations, including some MIFA Members, the margins are too slim to support paid training and professional development, and organisations are not able to pay their support workers to complete training during work hours. This must be done in the worker’s own time and at their own expense. A sustainable pricing approach is needed so that regular upskilling, training, debriefing and professional development is built into organisational systems and processes to support career progression, quality service delivery and support worker wellbeing. This will address the worker churn that currently exists and support the attraction of qualified and skilled workers to the sector, support them to stay and encourage them to thrive in their roles.

The pricing project should also consider whether availability of alternate funding arrangements (such as subscriptions, memberships, full-course fees in advance, much more lenient cancellation policies) might better enable recovery-oriented support for participants with psychosocial disability. As outlined in the original submission, many psychosocial support providers believe alternative models of funding are required for psychosocial disability to allow for recovery-oriented support, proper wrap around case management, and risk and incident management.⁸

The original submission foreshadowed the welcome introduction of a new ‘Psychosocial Recovery Coaches’ support item, which would potentially address some pricing concerns. This item was developed in response to consultation undertaken by Mental Health Australia which demonstrated the inadequacies in NDIS supports for people with psychosocial disability,⁹ and was intended to provide recovery-oriented support to “build capacity and resilience through strong and respectful relationships to support people with psychosocial disability to live a full and contributing life”.¹⁰ However there are a number of concerns in implementation of the Psychosocial Recovery Coaches support item that need to be worked through to ensure it meets these intentions.

CMHA, MIFA and Mental Health Australia understand that the policy intent for the Psychosocial Recovery Coaches support item was to provide specific psychosocial support to NDIS participants separately to Support Coordination, which could still be provided as a separate support if required by the participant. In practice however anecdotal evidence is emerging that NDIS participants are being advised to choose between engaging Support Coordination or a Psychosocial Recovery Coach in their NDIS plans. For consumers, this erodes choice and control about the types of support they would like to receive. For providers, it has a financial impact as they experience a decrease in requests for Support Coordination and an increase in requests for Psychosocial Recovery Coaching, which is priced at a lower rate than the ‘Specialist Support Coordination’ or ‘Coordination of Supports’ (when Recovery Coaching is delivered on a weekday). The pricing project undertaken through the NDIS National Workforce Plan should investigate the pricing and implementation

⁷ Department of Social Services. (2021). *NDIS National Workforce Plan: 2021-2025*. p.30. Retrieved 2 August 2021 from <https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>

⁸ Mental Illness Fellowship of Australia. (2018). *Submission to the Joint Standing Committee on the NDIS: Market Readiness*. p.6.

⁹ See Optimising Psychosocial Supports Project Report and NDIS Psychosocial Pathway Final Report – both available on the Mental Health Australia website: <https://mhaustralia.org/>

¹⁰ National Disability Insurance Agency. (2021). *National Disability Insurance Scheme Pricing Arrangements and Price Limits*. p.86. Retrieved on 2 August 2021 from <https://www.ndis.gov.au/providers/pricing-arrangements>

of all support items delivered to people with psychosocial disability (including psychosocial recovery coaching) to ensure they fulfil the original intention and provide improved choice and control for NDIS participants.

Recommendation 2:

As a part of the NDIS National Workforce Plan Initiative 11 to continue to improve NDIS pricing approaches, the NDIA should investigate the appropriateness of pricing of supports, with a specific focus on:

- a) Whether the assumptions which underpin pricing of supports delivered to people with psychosocial disability are an accurate reflection of cost-drivers for delivering those supports
- b) Whether the current pricing enables adequate training, professional support and development to enable the delivery of quality and safe psychosocial support
- c) The extent to which the implementation of the Psychosocial Recovery Coaches support item has enabled the psychosocial service sector to implement recovery-focussed psychosocial support.

Initiatives of the NDIS National Workforce Plan 2021-25

Keeping in mind these significant over-arching gaps, the National Workforce Plan provides some welcome initiatives to address particular issues in NDIS workforce development.

CMHA, MIFA and MHA support in-principle the Plan's intention to "improve perception and understanding of care and support sector jobs".¹¹ Psychosocial service providers agree the care and support sector needs to be marketed in a positive light to attract people with the right values.

There is also support for Initiative 10 to improve alignment of provider regulation and worker screening. CMHA, MIFA and MHA support review to explore opportunities to streamline regulatory processes across sectors, to reduce the burden on providers while maintaining quality. Psychosocial service providers are currently subject to separate regulatory requirements for psychosocial services provided outside or within the NDIS. While regulation and oversight of these services must remain outside of the NDIS legislation, greater alignment of requirements would ease regulatory burden on providers.

Providers have reported current NDIS worker screening is unpredictable and significant delays caused by this process can lead to loss of candidates. A MIFA member has recommended that individual workers should be able to apply for NDIS worker screening without being linked to an organisation, and then organisations would link with the individual once they commence employment.

Recommendation 3:

In implementing Initiative 10 to review opportunities to streamline provider regulation, the Australian Government should consider requirements of psychosocial service provision outside of the NDIS, and improving timeliness of NDIS worker screening.

¹¹ Department of Social Services. (2021). *NDIS National Workforce Plan: 2021-2025*. p.6. Retrieved 6 August 2021 from <https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>

Recruitment and skills-development

CMHA, MIFA and Mental Health Australia support an emphasis on attracting workers with the right values, as well as attributes and skills to the sector, and improving training opportunities and career pathways. Working with people with psychosocial disability involves navigating complexities, working closely with families and carers and being able to adapt to the unique complexities of each person's situation. This skills development takes time and investment, particularly working from an entry level position.

With the right focus and resource, a more highly skilled workforce could be a key driver of long-term scheme sustainability. With tailored skilful supports, NDIS participants with psychosocial disabilities can achieve significant measurable gains in independence in a variety of outcome domains.

However, as outlined above, current NDIS pricing approaches and modelling do not support training and professional development for service providers working with participants with psychosocial disability. For example, one of MIFA's member organisations has a Registered Training Organisation to upskill staff, however workers need to undertake this training in their own time. Workforce training must be better supported to ensure an appropriately skilled workforce for supporting people with psychosocial disability.

One approach could be investment in job readiness training, which would prepare individuals coming into the sector with specific knowledge and skills that would assist them to thrive in the unique psychosocial disability service provision environment. Providers have also emphasised the importance of soft-skills development or on the job training. The National Workforce Plan Initiative 6 regarding the development of micro-credentials and Initiative 8 regarding a skills passport have the potential to improve recognition (and so uptake) of such training and development. However, this is dependent on such training contributing to formal accreditation, and paid time to undertake this training.

Recommendation 4:

The Australian Government should invest in training and development pathways for potential NDIS psychosocial service provider employees through supporting psychosocial disability specific job-readiness training and paid opportunities to develop skills and credentials that contribute to accredited training.

Developing the psychosocial disability workforce for the future

The NDIS psychosocial disability workforce is one component of the broader disability workforce addressed by the NDIS National Workforce Plan. It is also one component of the broader mental health workforce, which itself is in urgent need of a plan to address serious challenges. A precursor to the development of an effective workforce strategy or plan is a clear system design, including models of care. Without this, workforce strategies and plans are likely to only address urgent gaps in traditional models of care, but not enable a system innovation or adequately fulfil new models of consumer-driven care.

The NDIS National Workforce Plan does not articulate an overarching vision for the NDIS workforce for the future nor recommend overarching structures to drive progress towards such a vision. CMHA, MIFA and Mental Health Australia's original submission outlined the need for the NDIS psychosocial workforce to be recovery-oriented, trauma-informed, transdisciplinary,

culturally responsive, diverse and available to support people wherever they live. In order to seamlessly integrate with the broader mental health system, the psychosocial disability workforce should have the necessary skills, knowledge and experience to enact the consumer-driven system articulated through the Productivity Commission's Final Report and the recent Royal Commission into Victoria's Mental Health System Final Report. Such a skilled workforce could be a key driver of long-term NDIS sustainability.

All of the recommendations mentioned in the above sections of this submission are designed to either feed into workforce planning or address current urgent workforce needs. In addition CMHA, MIFA and Mental Health Australia have identified two discreet overarching actions, which will assist to design a psychosocial disability workforce for the future, the establishment of a National Centre for Mental Health Workforce Development and a professional association for peer workers.

National Centre for Workforce Development

The original submission recommended the establishment of a national centre of evidence-based workforce development, similar to that of Te Pou in New Zealand which supports the mental health, addiction and disability sectors in that country.¹² Such a cross sectoral workforce planning and training initiative could be the driver of the types of changes needed to meet future challenges in delivering a person-led mental health service system, including psychosocial disability services. Such an organisation could also address specific issues impacting the psychosocial disability workforce, which are also a concern for those providing services through the NDIS. This could include for example, incentivising the development of a diverse workforce, the operation of services in rural and remote locations and specific responses required to enable the workforce to respond quickly to national disasters. All of these issues are addressed in more detail in the original submission.

Recommendation 5:

The Australian Government should establish a National Centre for Mental Health Workforce Development.

A professional association for peer workers

A core focus of the psychosocial disability workforce development should be further development of the peer workforce, the policy imperative for which is outlined in the original submission. The NDIS National Workforce Plan does not address the development of the psychosocial disability peer workforce specifically. Since the original submission there have been some welcome initiatives implemented to bolster the peer workforce, including:

- \$3.1 million provided through the 2021-22 Budget for 390 peer workforce related scholarships and opportunities for professional collaboration¹³
- recognition of lived experience and a Certificate IV in Peer Work as relevant experience and qualifications to deliver the NDIS Psychosocial Recovery Coaches support item.¹⁴

¹² Te Pou. (2021). *Te Pou*. Retrieved on 6 August 2021 from <https://www.tepou.co.nz/>

¹³ Australian Government. (2021). *Prevention Compassion Care: National Mental Health and Suicide Prevention Plan*. p.30. Retrieved 2 August 2021 from <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>

¹⁴ National Disability Insurance Agency. (2021). *National Disability Insurance Scheme Pricing Arrangements and Price Limits*. p.86. Retrieved on 2 August 2021 from <https://www.ndis.gov.au/providers/pricing-arrangements>

Recognising the need for specific investment in this workforce, the PC Final report recommended that “The Australian Government should provide one-off seed funding to create a professional association for peer workers.”¹⁵ It remains unclear what action the Australian Government intends to take in response to this recommendation and to strengthen the peer workforce into the future.

Recommendation 6:

The Australian Government should implement the Productivity Commission Inquiry into Mental Health Action 16.5 to “provide one-off seed funding to create a professional association for peer workers”.

Conclusion

The NDIS National Workforce Plan provides initiatives to address particular issues in workforce development, which while useful, do not adequately address the extent of the issues outlined in the original submission from CMHA, MIFA and Mental Health Australia. The lack of specificity of action around clarifying current workforce data and lack of vision and integrated planning to achieve the future workforce, will ensure the maintenance of an unsatisfactory status quo. NDIS pricing also continues to restrict investment in the training and development of the necessary skilled psychosocial disability workforce.

It is imperative the Australian Government acts now to create an overarching vision of an end-state for the disability sector and puts in place sound governance and implementation structures informed by people with lived experience to ensure it is achieved. The recommendations outlined in this submission will go some way to ensuring this is achieved for the portion of the NDIS workforce which supports people with psychosocial disability.

¹⁵ Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report: Volume 2*. p.732. Retrieved 6 August 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>

About Mental Health Australia

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. Mental Health Australia members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

About Community Mental Health Australia

Community Mental Health Australia (CMHA) is a coalition of the eight state and territory peak mental health organisations. Through them CMHA has a direct link and provides a unified voice for several hundred nongovernment organisations who work with mental health consumers and carers across the nation.

About the 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



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