

Submission to Victorian Royal Commission on Mental Health

20 August 2019



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Executive summary and overview	4
1 National Disability Insurance Scheme (NDIS).....	6
1.1 Overview and history.....	6
1.2 Purpose, responsibilities and governance of the NDIA.....	8
1.3 Relationship between the NDIA, Department of Social Services and Minister.....	11
1.4 The NDIS rollout in Victoria.....	11
1.5 Transitional planning and integration	11
2 Supports provided under the NDIS.....	14
2.1 Overview	14
2.2 NDIS funded supports and interface with mainstream supports.....	14
2.3 How is the decision made to include supports?.....	15
3 Psychosocial disability under the NDIS	19
3.1 What is psychosocial disability?.....	19
3.2 Inclusion of psychosocial disability in the NDIS	19
3.3 Participants with psychosocial disability in the NDIS	19
3.4 Projected Funding	20
3.5 Eligibility under the NDIS for persons with psychosocial disability	20
3.6 Functional assessment instruments for psychosocial disability.....	21
3.7 Plan development and review	22
3.8 Mainstream support for persons with psychosocial disability who are not eligible under the NDIS	24
3.9 Resources available on the NDIS websites regarding psychosocial disability	26
4 What the Agency has done and is doing in improving its responses for participants with psychosocial disability	27
4.1 Overview	27
4.2 The NDIA Pathway Review and Psychosocial Disability	27
4.3 NDIA pathway improvements.....	28
4.4 Complex Support Needs Pathway	28
4.5 Foundational training to upskill staff.....	30
4.6 Streamlined access from state-based programs now available	30
4.7 Better information	30
4.8 Pathway improvements.....	30
4.9 Developing our functional assessment capacity	30
4.10 Variations to Typical Support Packages	31
4.11 Improved NDIA organisational capabilities on psychosocial disability.....	31
4.12 Establishment of a Participant Employment Taskforce.....	31

Submission to Victorian Royal Commission on Mental Health

- 4.13 Staffing and Recruitment Strategy 31
- 4.14 Stakeholder Engagement..... 31

- 5 What we are proposing to implement on psychosocial disability 34**
- 5.1 Overview 34
- 5.2 Data reporting..... 36
- 5.3 Six issues on psychosocial disability for the consideration of the Commission..... 37

Executive summary and overview

- The National Disability Insurance Agency (NDIA) welcomes the establishment of the Royal Commission into Mental Health in Victoria (the Commission) and recognises its importance in the reform of mental health services.
- The National Disability Insurance Scheme (NDIS or Scheme) is a joint initiative of the Commonwealth and State and Territory Governments. The Victorian Government is a major stakeholder in the NDIS, which forms an important part of *the National Disability Strategy 2010 – 2020* (NDS) that supports Australia's commitments to the United Nations Convention on the Rights of Persons with Disabilities. The NDS guides public policy across all levels of Government through a 10-year policy framework for improving the lives of Australians with disability, their families and carers.
- At full Scheme, each year the NDIS will support around 16,000 Victorians with severe and persistent mental health conditions of a total projected 64,000 Australians (14% of all participants) whose access to the Scheme will result from functional impacts associated with their psychosocial disability. The NDIA uses the term psychosocial disability interchangeably with severe and persistent mental health conditions.
- The NDIS funds the reasonable and necessary supports that eligible participants need to live an ordinary life. These supports are designed to complement the mainstream services that State and Territory Governments provide, such as health, education, corrections, housing, justice, transport and safety. The NDIA is responsible for implementing the NDIS in a way that allows participants to exercise choice and control in meeting their goals, whilst safeguarding the long-term financial sustainability of the Scheme.
- The NDIA recognises that people with severe and persistent mental illness have distinct needs which require a specific approach from the NDIS. In response to feedback from State and Territory Governments, sector peak bodies such as Mental Health Australia and the wider community, the NDIA is implementing a range of initiatives to improve the experience of participants with psychosocial disability within the Scheme. The pathway enhancements that have been implemented over the past two years and further significant improvements now planned are outlined in this submission.
- The NDIS is a joint investment by the Commonwealth and State and Territory Governments in meeting the needs of people with disability. Any Victorian who can demonstrate they have a lifelong disability associated with severe and persistent mental illness is eligible to be assessed for entry to the scheme. This represents a significant increase in overall funding and makes the NDIS an important component of the psychosocial disability service architecture in Victoria. The NDIA is working closely with the Victorian Government to implement our shared responsibilities for meeting the needs of this cohort.
- The NDIA relies on the Victorian mental health system in the delivery of its responsibilities under the COAG Agreement that defines the respective responsibilities of the NDIA and State and Territory Governments.¹ This envisages that the Victorian mental health system will respond to the clinical mental health needs of NDIS participants with severe and persistent mental illness whilst the NDIA responds to their daily support and on-going recovery support needs.
- The work of the Commission is highlighting weaknesses and issues in the current provision of mental health services in Victoria. The Commission presents an opportunity to holistically review the arrangements for supporting people with psychosocial disability, delivered through the public and private mental health systems and the NDIS and to consider practical strategies for

¹ COAG Agreement, *Principles to Determine the Responsibility of the NDIS and Other Service Systems*, 27 November 2015.

strengthening the connectivity between these systems.

- The findings of the Commission and its recommendations for the future structure and funding of public mental health services in Victoria will have major implications for the NDIS and the NDIA. Timely access to affordable and effective mental health services impacts the level of disabilities that arise from the experience of severe mental illness. Similarly, the efficiency and effectiveness of wider planning and service co-ordination arrangements for homelessness services, social housing and discharges from correctional facilities and Forensicare (the Victorian Institute of Mental Health) will also have an important impact on the Scheme.
- This submission has been prepared to provide the Commission with background information regarding the role of the NDIA in delivering its responsibilities under the *National Disability Insurance Scheme Act 2013* (NDIS Act) and the *National Disability Insurance Scheme (Becoming a Participant) Rules 2016* (NDIS Rules) for participants with a psychosocial disability. It provides information about the operation of the Scheme for this cohort, including governance arrangements, eligibility criteria and access processes, the range of supports provided to participants and the pathway enhancements so far implemented. The next stage of improvements planned for the management of psychosocial disability within the Scheme and the rationale for these changes is also outlined.
- The submission also raises some issues that the NDIA considers important to the work of the Commission in addressing its terms of reference. Specifically, the NDIA proposes the Commission consider the opportunity for governments and their agencies, including the NDIA, to work closely to ensure improved outcomes for Victorians with psychosocial disabilities due to severe and persistent mental illness:
 - (i) stronger investment in ambulatory treatment and short term rehabilitation and recovery in the Victorian public mental health system;
 - (ii) agreement about expectations and responsibilities of the NDIA and Victorian public mental health services in regard to discharge planning and post discharge clinical supports from mental health wards in public hospitals and from correctional facilities;
 - (iii) better connectivity and streamlining of the NDIA's responsibility for ongoing psychosocial recovery supports with the Victorian Government's responsibilities for the provision of mental health treatment services including ambulatory, short-term rehabilitation/recovery and early intervention services;
 - (iv) joint planning on developing more affordable and safe housing options for people with psychosocial disabilities;
 - (v) joint planning on improving employment outcomes for Victorians with psychosocial disability; and
 - (vi) joint planning on improving supports for families and carers of NDIS participants with mental health issues.
- The NDIA recognises the interdependencies between its responsibilities and those of the Victorian Government in responding to mental health needs in Victoria. The NDIA is committed to working with the Victorian Government in building effective connectivity and collaboration between the Victorian systems of clinical, social housing and justice support and the daily living supports the NDIS provides for people with psychosocial disabilities who are eligible for the NDIS.
- The NDIA would be pleased to participate in any future mechanisms the Commission establishes regarding ways to improve the service system and the interfaces and connections between the NDIA and the public and private mental health systems in Victoria.

1 National Disability Insurance Scheme (NDIS)

1.1 Overview and history

- The NDIS is the Australian Scheme established by the Commonwealth and States and Territories for providing support for Australians with disability, their families and carers.
- The NDIA is the independent Commonwealth entity responsible for implementing the NDIS. The NDIA is responsible for delivering the Scheme in a way that allows participants to exercise choice and control, and improves participant experience and outcomes. We do this while safeguarding the long-term financial sustainability of the Scheme.
- The NDIA receives funds contributed by the Australian Government and states and territories. As outlined under the NDIS Act, it manages the Scheme's funds, administers Scheme access, develops and reviews participant plans in consultation with participants and approves the payment of individual packages.
- NDIS is a national Scheme with funding and governance shared amongst Commonwealth, State and Territory governments. All Australian governments are involved in decisions relating to the NDIS's policy, funding and governance.
- The NDIS is a fundamental shift in the way disability supports are provided for Australians who have a significant and permanent disability. It represents a once-in-a-generation social and economic reform. Its focus on improved outcomes will positively impact the lives of hundreds of thousands of participants and their families and carers. Participant choice and control are core features of the Scheme's design. In this new market-based system, participants work closely with staff to determine a plan that focuses on the specific goals they wish to achieve. In this way, participants are empowered to own their goals and aspirations and to have a say in how they attain improved social and economic outcomes. Once the Scheme is fully implemented, it is projected to provide about 500,000 Australians with a permanent and significant disability with funding for the reasonable and necessary supports they need to live an ordinary life.
- The NDIS is founded on insurance principles. We draw on the practice of commercial and government social insurance companies, making evidence-based decisions on individuals' access to the Scheme. Statistical analysis informs our decisions including:
 - (i) the extent of financial support a person needs; and
 - (ii) other reasonable and necessary supports a person needs.
- This approach means that financial support is considered over the life of the participant, unlike the previous shorter-term welfare-based approach.
- The Scheme has greater capacity for cost management than any previous social program. It maintains sustainability by calculating the total future cost of support for all eligible participants. Four principles underpin the Scheme's insurance approach. These are:
 - (i) develop actuarial estimates of the reasonable and necessary support needs of the targeted population;
 - (ii) focus on lifetime value for Scheme participants;
 - (iii) invest in research and innovation; and
 - (iv) support the development of community capability and social capital.
- The purpose of the NDIA is to increase the ability of individuals with a significant and permanent

disability (NDIS participants) to be more independent, and to engage more socially and economically, at the same time as delivering a financially sustainable NDIS that inspires community and stakeholder confidence.

- Not all people with disability will become NDIS participants. Only those who meet the access criteria will become a participant and receive an individualised plan. However, the NDIS will continue to provide people with disability, their families and carers, support through its ILC (information, linkages and capacity building) program which assists and supports people with disabilities to the mainstream community.

(a) What does the NDIS do?

- The Scheme is a fundamental shift in the way Australia provides and funds disability support for Australians who have a significant and permanent disability and who are eligible to join before they turn 65 years of age.
- Participant choice and control are core features of the Scheme's design. In the new market-based system, participants work closely with planners and Local Area Co-ordinators (LACs) to determine a plan that focuses on their individual goals. Participants can choose and move between their providers, rather than have providers selected for them.
- The Scheme forms an important part of the Australian Government's National Disability Strategy 2010 – 2020, a 10 year policy framework for improving the lives of Australians with disability, their families and carers. Governments across Australia including the Victorian Government are working together to develop a new strategy beyond 2020. The current and future strategies will be the key way that Australia implements the United Nations Convention on the Rights of Persons with Disabilities, making sure people with disability can participate in all areas of Australian life and fulfill their potential as equal citizens.
- The Scheme provides specialist disability supports that complement mainstream services provided by the Australian Government and state and territory governments. The NDIA will strengthen our existing relationships with governments, continuing to ensure that we build a disability network that works collaboratively to provide the support that participants require.
- Our purpose is to:
 - (i) increase the ability of individuals with a significant and permanent disability (participants) to be more independent, and to engage more socially and economically; and
 - (ii) deliver a financially sustainable NDIS that builds genuinely connected and engaged community and stakeholders. The NDIS provides reasonable and necessary funding to people with a permanent and significant disability to assist them in achieving their goals by accessing the supports and services they need to live and enjoy their life.
- The NDIS is based on individual choice and control. Every NDIS participant has an individual plan that lists their goals and the funding they have received. NDIS participants are given a plan of supports which is developed and tailored to their individual needs. A plan could include informal supports that a person receives through family, friends, mainstream or other community services. If required, the NDIS will also fund reasonable and necessary formal supports that help participants achieve their goals.
- NDIS participants use their funding to purchase supports and services that will help them achieve their goals. Every participant has different goals, which can include objectives like getting and keeping a job, making friends or participating in a local community activity. NDIS participants control the support they receive, when they receive it, and who provides it.
- The NDIS cannot fund a support that is:

- (i) the responsibility of another government system or community service; or
 - (ii) not related to a person's disability.
- People who are not eligible for the NDIS can still get help to access community and other government services. The NDIS can provide information and help connect people with disability, their families and carers to community and other government services. For many people, this will be all the support they need.

(b) History of the NDIS

- The idea of a national disability insurance scheme was first raised at the *Australia 2020 Summit* in 2008. The following year, the Australian Government announced that the Productivity Commission would hold a public inquiry into a long term disability care and support scheme. The Productivity Commission handed down its report in 2011 which found that the disability system was underfunded, unfair, fragmented and inefficient and gave people with disability, their families and carers little choice and no certainty of access to appropriate supports.
- Following the Productivity Commission's report, the Commonwealth and all State and Territory governments agreed to the introduction of the NDIS, signifying the most important social reform in Australia since the introduction of Medicare in the 1970s. In 2012, the first four trial (or launch) sites were announced and in March 2013, the NDIS Act was passed.
- On 1 July 2013, the NDIS trial began in the Hunter region in New South Wales, the Barwon region of Victoria and in the States of South Australia and Tasmania. Another three trials began on 1 July 2014, this time in the Australian Capital Territory, the Barkly region of the Northern Territory and the Perth Hills region of Western Australia.
- The trials assisted 32,000 Australians to live more independently and provided them with the supports and equipment they needed.
- The transition from a trial to full NDIS has been guided by agreements made between the Commonwealth and State and Territory governments. These agreements provide the timeframes by which regions and age groups across Australia will transition to the NDIS.
- As of July 2019, the NDIS is available for all eligible residents in all States and Territories, with the exception of Christmas Island and Cocos Islands.

1.2 Purpose, responsibilities and governance of the NDIA

- Drawing on the COAG DRC expectations, the NDIA's purpose is supported by the five Aspirations, as outlined in the NDIA Corporate Plan 2019-23:
 - (i) a quality experience and outcomes for participants;
 - (ii) a competitive market with innovative supports;
 - (iii) a connected and engaged stakeholder sector;
 - (iv) a financially sustainable Scheme; and
 - (v) a high-performing NDIA.
- The COAG DRC's expectations for participant and community outcomes, supporting market development, and safeguarding the sustainability of the NDIS are reflected in Aspirations (i), (ii) and (iii). The expectations for developing a high-performing NDIA, building and maintaining stakeholder confidence, and identifying risks early and managing risks well are reflected in Aspiration (iv).

- Set out below are the key governance arrangements for the NDIS.

(a) The National Disability Insurance Agency

- The NDIS is administered by the NDIA which has been established under Commonwealth legislation (namely, the NDIS Act). Its role is to implement the NDIS.
- The NDIA holds all funds contributed by the Commonwealth, States and Territories for the operation of the NDIS. This enables the NDIA to manage NDIS funds, administer access to the NDIS and approve payment of individualised support packages to NDIS participants.
- The NDIA has an independent Board (Board) which is responsible for the strategic direction of the NDIA and is advised on various NDIS matters by the NDIS Independent Advisory Council (IAC).

(b) The NDIS Act and Rules

- The governance model for the NDIA is set out in the NDIS Act.
- Among other things, the NDIS Act sets out:
 - (i) the objects and principles under which the NDIS will operate;
 - (ii) how a person (including a child) can become a participant in the NDIS;
 - (iii) how a participant's individual, goal-based plan is prepared and reviewed, including how the NDIA approves funding for reasonable and necessary supports;
 - (iv) how a provider can become a registered provider of supports;
 - (v) the governance arrangements for the NDIA, including its CEO, Board, Independent Advisory Council, and Actuaries; and
 - (vi) a process for internal and external review of certain decisions made under the NDIS Act.
- The NDIA's statutory functions are set out in section 118 of the NDIS Act. In summary, the main statutory functions are:
 - (vii) delivering the NDIS so as to, amongst other things, support the independence, and social and economic participation, of people with disability and enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports;
 - (viii) managing, and advising and reporting on, the financial sustainability of the NDIS;
 - (ix) developing and enhancing the disability sector;
 - (x) building community awareness of disabilities and the social contributors to disabilities;
 - (xi) collecting, analysing and exchanging data about disabilities and the supports for people with disability; and
 - (xii) undertaking research relating to disabilities, the supports for people with disability and the social contributors to disabilities.
- The NDIS Quality and Safety Commission (NDIS Commission) is progressively responsible for

registration and regulation of NDIS providers.

- The Australian Government established the NDIS Commission on 1 July 2018 as the independent statutory body that protects the rights of NDIS participants by regulating the NDIS services they receive. The NDIS Commission is operational in New South Wales and South Australia and from 1 July 2019, the NDIS Commission commenced operations in Victoria, Queensland, Tasmania, the Australian Capital Territory and the Northern Territory in line with planned transition to full Scheme.
- While the NDIS Commission is responsible for registration and regulation of NDIS providers, the NDIA has continuing responsibility to:
 - (xiii) set pricing and price controls;
 - (xiv) produce and communicate market signals;
 - (xv) engage with and provide information to stakeholders; and
 - (xvi) support efforts to develop an e-market ecosystem.
- Without these mechanism, flexible responses to emerging market developments would not be possible.

(c) COAG DRC

- This is a ministerial council composed of Commonwealth Government and State and Territory treasurers and ministers responsible for disability. The COAG DRC is the principal decision maker for NDIS policy issues.

(d) NDIA Board

- The Board has responsibility for setting the strategic direction of the NDIA, ensuring the proper, efficient and effective performance of the NDIA's functions and developing and managing relationships with stakeholders. Board membership is determined by the responsible Commonwealth Government Minister in consultation with the States and Territories.
- The Board has obligations as the Accountable Authority under the *Public Governance, Performance and Accountability Act 2013*.
- Board members are non-executive members and are independent of the management of the NDIA. They are not employees of the NDIA. More than half of the Board have lived disability experience.

(e) IAC

- The IAC provides the Board with independent advice, which the Board must consider when performing its duties. The IAC, formally appointed by the Minister, is composed of people with disability, service providers and carers, and brings the crucial perspectives of these stakeholders to the work of the NDIA and the design of the NDIS.
- The IAC continues to play an integral role in bringing the views of NDIS participants, families and disability sector experts to the heart of the NDIS by providing independent advice on the experience of its members and expert advisers, and their networks.

(f) NDIA Management

- The responsibility of the NDIA Management, collectively referred to as the Executive Leadership Team (ELT), is to provide oversight of and make decisions on the execution of the Board-approved strategic objectives for the NDIA, in line with the agreed risk appetite. The ELT

implements the policy and strategy adopted by the Board and deals with the operational management of the NDIA.

- The ELT reports to the CEO (currently, the Acting CEO) and is responsible for:
 - (i) delivery of the NDIA's Corporate Plan;
 - (ii) monitoring of operational and financial performance of the NDIA;
 - (iii) ownership of the identification and management of risk across the NDIA;
 - (iv) optimisation and allocation of NDIA resources;
 - (v) the integrity of management information and financial reporting systems; and
 - (vi) ensuring the NDIA meets its statutory requirements.

1.3 Relationship between the NDIA, Department of Social Services and Minister

- A Commonwealth Government Minister is responsible for administering the NDIS Act, and exercising statutory powers with the agreement of the States and Territories, including a power to make the NDIS Rules, which include rules relating to becoming a participant, supports for participants, children, nominees, plan management, registered providers of supports, protection and disclosure of information and inter-governmental agreements, and direct the NDIA. A new Minister for the NDIS has recently been appointed, the Hon Stuart Robert MP.
- The DSS, representing the Commonwealth Government, has overall policy responsibility for the NDIS.
- The DSS provides support to the NDIA to coordinate, promote and link between the NDIS and other Commonwealth Government services.

1.4 The NDIS rollout in Victoria

- As outlined above, on 1 July 2013, the NDIS commenced in trial phase in a number of areas in Australia including the Barwon region of Victoria.
- Following the Barwon region trial, the NDIS was phased in across Victoria over 3 years, commencing in July 2016 in the North East Melbourne Area.
- On 1 July 2019, the entire State of Victoria was formally transitioned to the NDIS. All eligible Victorians now have access to the NDIS.
- The NDIS Quarterly Report provides that, as at 30 June 2019:
 - (i) Nationally, 298,816 people with disabilities, including children in the Early Childhood Early Intervention (ECEI) program, has been supported by the NDIS. This represents a 8% increase in the number of participants over the last quarter.
 - (ii) For Victoria, the total number of people with disability that had been supported, including ECEI, was 79,089.

1.5 Transitional planning and integration

- The NDIA is currently focused on the management of transition arrangements. As the NDIS approaches maturity, it is imperative to design and plan the full Scheme operations for psychosocial disability between the NDIA and the Victorian Government. Consideration of effective planning, coordination and integration mechanisms between the various service delivery systems is of vital importance and is a key focus at this point in the NDIS.

(a) Full Scheme Arrangement for Victoria

- On 18 June 2019, the Commonwealth and Victoria governments announced that they had reached enduring arrangements for the NDIS in Victoria. The Bilateral Agreement, beginning from 1 July 2019, puts in place long-term funding and governance arrangements for the NDIS.
- By the Bilateral Agreement, both governments have committed to:
 - (i) working collaboratively with the NDIA and people with disability for the ongoing refinement of the policy surrounding the NDIS, including its interface with other service systems;
 - (ii) providing continuity of support for existing clients of Commonwealth or Victorian specialist disability programs who are ineligible for the NDIS, in order to assist them in achieving similar outcomes;
 - (iii) cooperating to develop both individual and systemic responses to service gaps, to ensure participants receive coordinated support from the NDIS and mainstream systems;
 - (iv) coordinating and promoting links between the NDIS and other service systems to create the seamless delivery of supports to NDIS participants;
 - (v) supporting the interoperability and integration of the NDIS with other service systems by sharing information to the greatest extent possible and jointly monitoring outcomes;
 - (vi) assisting the NDIA's implementation of ILC Building, by promoting partnership with local communities and other service systems; and
 - (vii) making ongoing financial contributions to the NDIS.
- Under the Bilateral Agreement, Victoria has committed to paying fixed annual contributions starting at \$2.59 billion in 2019-20, and indexed each year up to \$2.91 billion in 2022-23. Victoria's contributions will go towards participant supports, including individualised support packages, ILC Building and other general supports.
- The Commonwealth has committed to paying the balance of NDIS costs in Victoria and will provide Victoria with access to \$2.4 billion in Disability Care Australia Fund payments. The amount contributed by the Commonwealth will depend on the number of participants, however, the Bilateral Agreement stipulates a minimum average package cost of approximately \$43,000 per annum (indexed each year) for each participant. The Commonwealth's projection of future NDIS costs will be based on Productivity Commission estimates until the next independent review in 2023.
- A key feature of the Agreement is that unspent contributions to the NDIA will be retained by the NDIA for participant supports, general supports, NDIA working capital, or the newly-established NDIS Reserve Fund. The Reserve Fund began on 1 July 2019, with the objective of improving participant outcomes and managing the Scheme's sustainability through accounting for the lifetime risk of participant costs. The Reserve Fund will accumulate through unspent contributions, without requiring either Government to make additional contributions.
- As at 31 March 2019, just under 71,700 people with disability in Victoria had benefited from the NDIS, including just under 15,000 people who had never received disability support before the implementation of the Scheme.
- The NDIA is putting considerable effort into working with Victorian Government Agencies (including public mental health, justice and corrections systems) to ensure that the NDIS works at its optimal level at maturity.

- The NDIA recognises that continuing to build working relationships between the NDIA and Victorian organisations – including mental health agencies – is an on-going priority.

2 Supports provided under the NDIS

2.1 Overview

- The eligibility requirements to receive supports are set out in detail in section 3.5 below. In short, the NDIS provides Australians under the age of 65 with a permanent and significant disability with funding for the reasonable and necessary supports they need to live an ordinary life.
- Participant choice and control are core features of the design of the NDIS. In this new market-based system, participants work closely with staff to determine a plan that focuses on the specific goals the individual participant wishes to achieve. In this way, NDIS participants are empowered to own their goals and aspirations and to have a say in how they attain improved social and economic outcomes.
- Before determining which supports are reasonable and necessary, the NDIA will thoroughly explore what supports are currently being provided, or should reasonably be provided by informal and community supports and mainstream support systems:
 - (i) **informal supports** are supports that are provided by carers, family or friends. The NDIA recognises the vital role informal supports play in supporting people with disability, including NDIS participants; and
 - (ii) **mainstream and community supports** are available to all members of the Australian community regardless of whether they have a disability or not. For example, supports provided or funded through the health, education or transport systems. The specialist disability supports that the NDIS funds complement the mainstream services that the Commonwealth and State and Territory governments provide such as health, education, housing, transport and safety.
- A participant's NDIS plan may include a range of supports provided by informal, mainstream and community networks.
- Informal and mainstream supports are critical to the financial sustainability of the NDIS, and the NDIS is intended to complement, not replace, these supports. Before any funded support is added to a participant's plan, the NDIA must be satisfied that the support is most appropriately funded through the NDIS.

2.2 NDIS funded supports and interface with mainstream supports

- The NDIS funds supports that are reasonable and necessary to assist a person with disability to undertake activities of daily living. These include:
 - (i) assistance with planning, decision-making and household tasks;
 - (ii) assistance to build capacity to live independently and achieve their goals, such as building social relationships, as well as financial management and tenancy management skills; and
 - (iii) supports to engage in community activities such as recreation, education, training and employment.
- NDIS participants can choose to access their funded supports through centre-based services, in-home, day services, community access and outreach services.
- The NDIS also recognises it needs to take into account and respond to varying, and at times fluctuating, levels of disability associated with mental health conditions. The planning process is flexible and can respond to the varying support needs of the individual. An individual will be able to access more practical support when needed and less when not required.
- The health system is responsible for assisting participants with clinical and medical treatment. In

particular, the health system is responsible for:

- (iv) treatment of mental illness including acute inpatient, ambulatory, rehabilitation/recovery and early intervention, including clinical support for child and adolescent developmental needs;
 - (v) residential care where the primary purpose is for time limited follow-up linked to treatment or diversion from acute hospital treatment;
 - (vi) the operation of mental health facilities;
 - (vii) the diagnosis, early intervention and treatment of health conditions, including ongoing or chronic health conditions;
 - (viii) all medical and clinical services, general practitioner services, medical specialist services, nursing, allied health services, preventive health care, care in public and private hospitals, and pharmaceuticals (available through the PBS);
 - (ix) supports relating to a co-existing mental health condition where such supports, in their own right, are the responsibility of that system (e.g. treatment for a drug or alcohol issue); and
 - (x) other health related services, such as dental care, palliative care and nursing care.
- Individuals and families sometimes also have a role in funding medical and clinical services, such as out of pocket expenses or gap payments. The NDIS does not cover these costs.
 - The NDIS supports people with a permanent and significant functional impairment as a result of their disability or mental health issue. People with early signs of a mental health issue are helped by the health system in the first instance. This is because the health system diagnoses and manages mental health issues. The NDIS only funds early intervention supports where they are likely to reduce the participant's future need for support. These supports are generally not the type of help a person requires upon the first signs of a mental health issue. Early intervention supports funded by the NDIS are usually supports to increase the participant's independence, and social and economic participation. This system interface is still confusing and complex to navigate for those with a mental health issue both inside and outside the NDIS, as well as health services and care givers. All parties are committed to making the interfaces between systems more simple to navigate.

2.3 How is the decision made to include supports?

(a) General considerations

- The NDIS funds reasonable and necessary supports relating to a person's disability to help them achieve their goals and meet their needs. 'Reasonable' means something fair and 'necessary' means something an individual participant must have to lead an ordinary life.
- A range of factors are taken into account in deciding whether to include any general or 'reasonable and necessary support' in a participant's plan, including whether the support:
 - (i) is most appropriately funded or provided through the NDIS, and is not more appropriately funded or provided through other service systems;
 - (ii) is related to the participant's disability (for example, it is expected that the NDIA will generally not fund household items that are not related to a participant's functional limitations and would usually be purchased by any person, i.e. general household furniture or appliances); and

(iii) relates to day-to-day living costs, for example rent, groceries or utility fees that are not attributable to a participant's disability support needs.

- To guide the consideration of NDIS supports provided to people with a psychosocial disability, the NDIA is informed by research literature and available evidence as well as advice from the NDIA's Strategic Advisor (Mental Health), the IAC, and the National Mental Health Sector Reference Group as part of the national consultations on pathway enhancements.

(b) Informal networks

- Before any support is added to a participant's plan, the NDIA must also be satisfied that the funding or provision of the support takes into account what kind of supports are reasonable to expect families, carers, informal networks or the community to provide (section 34(1)(e) of the NDIS Act).
- For a participant who is a **child**, the NDIA must consider:
 - (i) that it is normal for parents to provide substantial care and support for children (rule 3.4(a)(i) of the National Disability Insurance Scheme (Supports for Participants) Rules 2013 (Supports for Participants Rules));
 - (ii) whether, because of the child's disability, the child's care needs are substantially greater than those of other children of a similar age (rule 3.4(a)(ii) of the Supports for Participants Rules);
 - (iii) the extent of any risks to the wellbeing of the participant's family members or carer or carers (rule 3.4(a)(iii) of the Supports for Participants Rules); and
 - (iv) whether the funding or provision of the support for a family would improve the child's capacity or future capacity, or would reduce any risk to the child's wellbeing (rule 3.4(a)(iv) of the Supports for Participants Rules).
- For a participant who is an **adult**, the NDIA must consider:
 - (v) the extent of any risks to the wellbeing of the participant arising from the participant's reliance on the support of family members, carers, informal networks and the community (rule 3.4(b)(i) of the Supports for Participants Rules);
 - (vi) the suitability of family members, carers, informal networks and the community to provide the supports that the participant requires, including such factors as:
 - (A) the age and capacity of the participant's family members and carers, including the extent to which family and community supports are available to sustain them in their caring role (rule 3.4(b)(ii)(A) of the Supports for Participants Rules);
 - (B) the intensity and type of support that is required and whether it is age and gender appropriate for a particular family member or carer to be providing that care (rule 3.4(b)(ii)(B) of the Supports for Participants Rules); and
 - (C) the extent of any risks to the long term wellbeing of any of the family members or carers. For example, a child should not be expected to provide care for their parents, siblings or other relatives or be required to limit their educational opportunities (rule 3.4(b)(ii)(C) of the Supports for Participants Rules); and

(vii) the extent to which informal supports contribute to or reduce a participant's level of independence and other outcomes (rule 3.4(b)(iii) of the Supports for Participants Rules).

- For all participants, the NDIA must also consider the desirability of supporting and developing the potential contributions of informal networks within their communities (rule 3.4(c) of the Supports for Participants Rules).
- The community has general expectations about the supports which can be reasonably provided by family or primary care givers. The NDIS may fund supports that are needed as a direct result of a participant's disability, but is not intended to displace the ordinary role of parents, families and carers.
- The ongoing capacity of family and carers is critical to the wellbeing of some participants. The amount and intensity of support required, and other factors, such as illness and ageing, can place a carer's wellbeing at risk and compromise their capacity to continue in their caring role. The NDIA is conscious of these issues when examining the supports that are required.
- The NDIA understands that sustaining informal support can be an integral component of meeting a participant's needs and the NDIA aims to increase the community participation of participants within the context of their families and existing support networks.

(c) Support most appropriately funded or provided through the NDIS

- Before any support is added to a participant's plan, the NDIA must also be satisfied that the support is most appropriately funded or provided through the NDIS, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered:
 - (i) as part of a universal service obligation; or
 - (ii) in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability (section 34(1)(f) of the NDIS Act).
- Whether or not funding is available through other general systems is *not* the test of whether a support is most appropriately funded or provided under the NDIS.
- For example, the fact that the health system does not fund entirely, or even at all, what is essentially clinical treatment, or some other form of support that is more appropriately funded through the health system, does not make the provision of such a support the responsibility of the NDIS.
- This principle reflects the statement of the Productivity Commission in its 2011 report, that:

it will be important for the NDIS not to respond to problems or shortfalls in mainstream services by providing its own substitute services. To do so would weaken the incentives of government to properly fund mainstream services for people with a disability, shifting the cost to another part of government ... This 'pass the parcel' approach would undermine the sustainability of the NDIS and the capacity of people with a disability to access mainstream services.
- The considerations that the NDIA must take into account when deciding whether a support is most appropriately funded through the NDIS, are outlined in Schedule 1 to the Supports for Participants Rules under the following headings:
 - (iii) Health (excluding mental health);
 - (iv) Mental health;

- (v) Early childhood development;
- (vi) Child protection and family support;
- (vii) School education;
- (viii) Higher education and vocational education and training;
- (ix) Employment;
- (x) Housing and community infrastructure;
- (xi) Transport; and
- (xii) Justice.

- The considerations set out under these headings are derived from NDIA's insurance principles to determine the responsibilities of the NDIS and other service systems, agreed to by the COAG.
- For the avoidance of doubt, while this information outlines the considerations relevant to whether a support is more appropriately provided or funded through another service system, it does not purport to impose any obligations on another service system to fund or provide particular supports.

(d) Mental health specifically

- The NDIS is responsible for supports that focus on a person's functional ability, including supports that enable a person with a mental health condition or psychiatric condition to undertake activities of daily living and participate in the community and social and economic life (rule 7.6 of the Supports for Participants Rules).
- NDIA plans are developed and approved to cover the full cost of supports where these are considered reasonable and necessary for the participant. The decision as to what capacity building supports or therapy are deemed reasonable and necessary for an individual participant takes into account the responsibilities of the health system and services already available to the participant.

3 Psychosocial disability under the NDIS

3.1 What is psychosocial disability?

- The NDIS defines psychosocial disability (used interchangeably with severe and persistent mental illness, or SPMI) as a disability that may arise from a mental health condition.
- 'Mental health condition' is a broad term that refers to symptoms that may be caused by a range of factors, including life events and genetics, and may include mood, anxiety, personality, psychotic, and compulsive disorders. Whilst not everyone who has a mental health condition will experience psychosocial disability, those who do can experience severe effects and social disadvantage.
- There are no specific references to SPMI in the NDIS Act or Rules. Eligibility for someone with SPMI is assessed with reference to the same framework as other disabilities, as outlined further in section 3.5 below.

3.2 Inclusion of psychosocial disability in the NDIS

- The inclusion in the NDIS of people with disabilities related to mental health issues occurred after the initial design of the NDIS. During the national consultations that led to the NDIS Act, the NDIA received feedback that people with severe mental health issues also experienced psychosocial disabilities associated with their mental health condition. There was strong support in the consultations for the inclusion of people with disabilities associated with severe and persistent mental illness in the NDIS. This was subsequently accepted by States and Territories and the Federal Government. The mental health sector has been supportive of the inclusion of people living with a severe and persistent mental illness into the NDIS, but has also advocated for further refinements to improve the responsiveness of the NDIS and strengthen participation.

3.3 Participants with psychosocial disability in the NDIS

- Traditionally, the disability and community mental health sectors have been distinct, involving different systems of supports and terminology. One of the significant differences is the adoption of recovery-oriented services and system frameworks based on recovery principles in the mental health sector which, until the NDIS, was not matched with the practical provision of individualised funding or choice and control.
- The introduction of the NDIS for people with psychosocial disability has been a big change for many participants. The service models for psychiatric rehabilitation and the recent Mental Health Community Support Services Program in Victoria offered less choice than was available in disability services. The notion of choice was very new to mental health service users. The feedback that the NDIA is receiving in Victoria is that participants are really appreciating the choices the NDIS is opening up to them and are learning to understand and use the life opportunities that the NDIS offers.

Key statistics		
NDIS Quarterly Report (30 June 2019)		
Category	Nationally	In Victoria
Number of active NDIS participants with an approved plan	286,015	75,825
Number of active NDIS participants with psychosocial disability as their primary disability	25,192 (8.8% of total active participants)	9,666 (12.7% of total active participants)

Key statistics		
NDIS Quarterly Report (30 June 2019)		
Current funding of approved NDIS plans for participants with psychosocial disability as their primary disability	\$1.58 billion (8.4% of total funding allocation for participants)	\$0.43 billion (9.2% of total funding allocation for participants)
Average annual committed funding per active participant with psychosocial disability as their primary disability	\$62,900 (approximately)	\$44,400 (approximately) ²
Projected funding: DSS estimation of annual expenditure for participants with psychosocial disability in the NDIS at full Scheme implementation	\$2.6 billion	\$650 million

3.4 Projected Funding

- DSS has estimated that annual expenditure for participants with psychosocial disability in the NDIS at full Scheme implementation will be \$2.6 billion.
- Based on population proportion, Victoria's share of this estimate is \$650 million.
- This expenditure represents a significant increase in spending by the Commonwealth and Victorian Governments. While precise comparisons are difficult, the NDIS is delivering at least double the funding previously available for daily living support for people with severe mental health issues in Victoria than the combined Commonwealth and Victorian Government expenditure on psychosocial support services in 2015-16.
- The NDIS is allocating significantly more in plan budgets for participants with primary psychosocial disability than was being allocated by the Victorian Government through the Victorian Mental Health Community Support Services program (MHCSS) or the Commonwealth community mental health programs. Average annual committed funding per active participant with psychosocial disability as their primary disability was \$38,900 (March 2019). While direct comparison with a block granting program is not possible, the NDIA's understanding is that average per participant expenditure under Personal Helpers and Mentors, Partners in Recovery and Day to Day Living program was \$6,500 and under MHCSS was \$11,000.³⁴ Through the NDIS, the majority of participants with psychosocial disability receive packages of between \$20,000 and \$100,000 a year, which is a significant increase in support funding.

3.5 Eligibility under the NDIS for persons with psychosocial disability

Sections 24 and 25 of the NDIS Act set out the eligibility criteria for admission to the Scheme. For all applicants, access to the NDIS is determined by three separate and distinct legal requirements:

- (i) the age requirements;

² There is a significant difference in average committed support between Australia as a whole and Victoria. On the whole – a higher proportion of Victorians with a psychosocial disability are in the NDIS compared with the national proportion (2.9 per 1,000 25-64 years olds compared with 1.8 per 1,000 25-64 years olds). Hence, the distribution of support need is different, with a higher proportion of lower support need people in Victoria compared with nationally. This results in a lower annual average amount of committed support per participant.

³ AIHW, 2015-16.

⁴ Victorian Budget Papers 2017-18.

- (ii) the residence requirements; and
 - (iii) the disability requirements or early intervention requirements.
 - (iv) These requirements are referred to as the NDIS access criteria. Under the NDIS Act, to access the NDIS a person must meet the access criteria.
- The access criteria are designed to determine whether people with disability have a current need for support under the NDIS, based on one or more permanent impairments that have consequences for their daily living and social and economic participation on an ongoing basis.
 - A person will satisfy the access criteria when they meet both the age and residence requirements, and satisfy either the disability requirements or the early intervention requirements.
 - Generally speaking:
 - (i) a person will meet the **disability requirements** if they have a disability that is attributable to an impairment (attributable to, for example a psychiatric condition) that is permanent or likely to be permanent and that results in substantially reduced functional capacity; or
 - (i) a person can access the NDIS through the **early intervention requirements** without having substantially reduced functional capacity. Instead, the early intervention requirements consider the likely trajectory and impact of a person's impairment over time and the potential benefits of early intervention on the impact of the impairment on the person's functional capacity. The NDIA may consider a range of evidence in deciding the potential benefits of early intervention on a person's impairment.
 - Once a decision is made under the NDIS Act that a person satisfies the access criteria, a person is an NDIS participant and they usually remain one for life. However, in some circumstances a person may cease being a participant.
 - At 30 June 2019, there are 9,666 Victorian participants with a primary psychosocial disability in the NDIS, representing 12.7% of the total number of NDIS participants in the State, being a higher total proportion than the national average. This is broadly consistent with the NDIA's projections, suggesting that the processes in place to provide an opportunity for transitioning clients to test their eligibility and receive a plan are working well. The NDIA acknowledges that the Victorian Government has invested considerable effort into informing and preparing mental health professionals for the NDIS transition. The Victorian rates of access to the NDIS by people with psychosocial disability are some of the highest in the country. However, as outlined in a later section, the NDIA acknowledges that there is further work that needs to be undertaken in informing people with severe mental health issues about the Scheme and its possible relevance for their life opportunities and recovery. The NDIA will continue to closely monitor the transition of people with SPMI to the NDIS.⁵

3.6 Functional assessment instruments for psychosocial disability

- The NDIA uses the following four complementary and cumulative methods in its process of determining the value of packages allocated to participants with psychosocial disability:⁶
 - (i) a validated functional assessment instrument. The two instruments used predominantly are the World Health Organisation's Disability Assessment Schedule (**WHODAS 2.0**) and the Living Skills Profile (**LSP 16**);

⁵ Department of Social Services, Briefing, 'South Australian Social Development Committee Hearing Inquiry on Mental Health and the National Disability Insurance Scheme (NDIS)', p 14.

⁶ Australian Government Department of Social Services, "Joint Response to the South Australian Parliamentary Inquiry on Mental Health Services and the NDIS", part 5.

- (ii) guided questions that collect information in regard to eight domains;
 - (iii) participant goals as specified in each participant's NDIS plan; and
 - (iv) a conversation between the participant, the NDIA planner and/or LAC on what the person wants and needs, and judgements by the planner or LAC about what is reasonable and necessary. The plan and the package value is reviewed periodically and unscheduled reviews can be requested if required.
- The NDIA adjusts packages based on plan reviews and conversations with participants. This includes additions and reductions in plan funding.

3.7 Plan development and review

- Each participant in the NDIS will have a plan that is prepared in conjunction with the participant and approved by the NDIA.
- The planning process seeks to identify the individual needs of NDIS participants and determine the range of informal, community, mainstream and NDIA funded supports needed to progress towards their goals.
- A participant's plan is made up of two parts:
 - (i) the participant's **statement of goals and aspirations**, which is prepared by the participant and specifies their goals, objectives, aspirations and personal context (including all informal, community and other mainstream supports already available to the participant) (**Statement of Goals and Aspirations**); and
 - (ii) the **statement of participant supports**, which is prepared with the participant and approved by the NDIA, which specifies, among other matters, the supports that will be funded by the NDIS (**Statement of Participant Supports**).
- A participant's Statement of Participant Supports will also set out the date by which the NDIA will review a participant's plan (i.e. create a new plan) and how the funding for supports under a participant's plan will be managed.

(a) When must the NDIA prepare a participant's plan?

- When a person becomes a participant, the NDIA *must* facilitate the preparation of the participant's plan. Therefore, every participant in the NDIS will have a plan prepared on their behalf by the NDIA.

(b) The participant's Statement of Goals and Aspirations

- A participant's plan *must* include the participant's Statement of Goals and Aspirations prepared by the participant that specifies:
 - (i) the goals, objectives and aspirations of the participant (section 33(1)(a), NDIS Act); and
 - (ii) the environmental and personal context of the participant's living, including the participant's:
 - (A) living arrangements (section 33(1)(b)(i), NDIS Act);
 - (B) informal community supports and other community supports (section 33(1)(b)(ii), NDIS Act); and

(C) social and economic participation (section 33(1)(b)(iii), NDIS Act).

(c) What is the importance of the participant's Statement of Goals and Aspirations?

- The participant's Statement of Goals and Aspirations is the important first step in preparing the participant's plan.
- The participant's Statement of Goals and Aspirations is critical to the development of a successful Statement of Participant Supports.
- The NDIS Act requires that:
 - (i) the NDIA *must* have regard to a participant's Statement of Goals and Aspirations when deciding to include supports in a participant's plan (section 33(5)(a), NDIS Act); and
 - (ii) before including *any* support in a participant's plan, the NDIA *must* also be satisfied that the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's Statement of Goals and Aspirations (section 34(1)(a), NDIS Act).
- Therefore, the link between participant's Statement of Goals and Aspirations and the Statement of Participant Supports is explicit, and ensures that the participant's statement provides the important foundation for the subsequent selection of supports.

(d) The Statement of Participant Supports

- A participant's plan *must* include a Statement of Participant Supports, prepared with the participant and approved by the NDIA, that specifies:
 - (i) the general supports (if any) that will be provided to, or in relation to, the participant (section 33(2)(a), NDIS Act);
 - (ii) the 'reasonable and necessary' supports (if any) that will be funded under the NDIS (section 33(2)(b), NDIS Act);
 - (iii) the date by which, or the circumstances in which, the NDIA must review the plan (see setting the plan review date) (section 33(2)(c), NDIS Act);
 - (iv) the management of the funding for supports under the plan (section 33(2)(d), NDIS Act); and
 - (v) the management of other aspects of the plan (section 33(2)(e), NDIS Act).

(e) What are 'reasonable and necessary' supports?

- 'Reasonable and necessary' supports refer to the supports in a participant's plan which are funded under the NDIS.
- 'Reasonable and necessary' supports for people with disability should:
 - (i) support people with disability to pursue their goals and maximise their independence (section 4(11)(a), NDIS Act);
 - (ii) support people with disability to live independently and be included in the community as fully participating citizens (section 4(11)(b), NDIS Act); and
 - (iii) develop and support the capacity of people with disability to undertake

activities that enable them to participate in the mainstream community and in employment (section 4(11)(c), NDIS Act).

- The NDIA funds ‘reasonable and necessary’ supports that help a participant reach their goals, objectives and aspirations, and to undertake activities to enable the participant’s social and economic participation.
- ‘Reasonable and necessary’ supports are funded by the NDIS in a range of areas, which may include education, employment, social participation, independence and living arrangements.

(f) Plan reviews

- Generally, a participant’s plan is reviewed every 12 months, although the NDIS is moving to lengthen the duration of plans for people with stable conditions. However, where circumstances change, there are certain specific circumstances where the NDIA is required to create a new plan for a participant. When a new plan is created, it replaces the old plan.
- A new plan can also be created by one of the following ways:
 - (i) by a participant changing their Statement of Goals and Aspirations. A participant may do this at any time (NDIS Act, section 47); or
 - (ii) the NDIA conducting a review of a participant’s plan (NDIS Act, section 48). In addition to reviews that occur prior to the expiry of an existing plan, a review of a participant’s plan can occur:
 - (A) when a participant requests a review (NDIS Act, section 48(1)); or
 - (B) at the initiative of the NDIA (NDIS Act, section 48(4)).

3.8 Mainstream support for persons with psychosocial disability who are not eligible under the NDIS

- As explained above, the NDIS was never intended to replace the mainstream mental health system nor any of the existing community-based supports.
- The NDIS has not been designed to meet all supports and is limited by the eligibility criteria and the identification of reasonable and necessary supports required by an individual participant.

(a) Continuity of Support (CoS)

- The Commonwealth Government has put into place arrangements for continuity of support for people who are current service users of Commonwealth community mental health programs who have applied to become a participant of the NDIS and have been found to be ineligible. These include arrangements under the Continuity of Support program and the National Psychosocial Support Measure.
- In the 2018–19 Federal Budget, the Australian Government announced \$109.8 million from 1 July 2019 for the Community Mental Health Continuity of Support (CoS) program over three years will be provided for clients from PHaMs, Partners in Recovery (PIR) and Support for Day to Day Living in the Community (D2DL) who are found to be ineligible for the NDIS.
- Commonwealth mental health clients from the PHaMS, PIR and D2DL programs, who are found to be ineligible for the NDIS will continue to receive similar levels of support through psychosocial support services commissioned by Primary Health Networks (PHNs).
- Under the Continuity of Support funding arrangements, PHNs, in consultation with providers, consumers and carers, will commission and coordinate services based on local needs, taking into account what services and supports are already available. The program will align with the delivery

of the National Psychosocial Support Measure (see below).

- Current clients of the MHR:CS program whose care recipients are not eligible for the NDIS, will receive continuity of support through the Integrated Carer Support Service from late 2019.

(b) National Psychosocial Support Measure

- People who have a SPMI and associated psychosocial functional impairment who are ineligible for the NDIS and CoS, may be eligible to access support through the National Psychosocial Support Measure (NPS) announced as part of the 2017–18 Budget.
- The NPS supports those who are not currently receiving support, who are yet to test for support under the NDIS or who have not transitioned to the NDIS by 1 July 2019. Commonwealth services through the NPS became available on 1 January 2019. A person will be supported for up to 12 months through the NPS until transitioning to the NDIS or CoS.
- The Australian Government will provide \$80 million for the NPS over four years.
- State and Territory Governments have contributed matching funding to this program.

(c) Information, Linkages and Capacity (ILC) building.

- People who have a psychosocial disability may be entitled to support through the ILC building program, whether or not they are eligible under the ND.
- The purpose of the ILC program is to ensure that people with disabilities, their families and carers have access to information, support to navigate a range of options for support (including options outside of specialist services), and support to build knowledge, skills and confidence to participate in social and economic life. The ILC program is now designed around a strategic, multi-year investment strategy. Four discrete yet complementary programs are being progressively implemented from July 2019:
 - (i) Individual Capacity Building Program – enabling systematic, nationwide access to peer support, mentoring and other skills building for people with disability, carers and families;
 - (ii) National Information Program – ensuring people with disability, their families and carers have access to up-to-date, relevant information linking them to supports and services in the community;
 - (iii) Economic and Community Participation Program – connecting people with disability to activities, employment and community supports and opportunities, helping communities and employers to be inclusive and responsive to people's needs locally, and nationally; and
 - (iv) Mainstream Capacity Building Program – working to improve access and use by people with disability of the mainstream services used by all Australians.
- The ILC program is designed to benefit the whole community and all people with disability. However, the above programs are anticipated to have particular benefits in meeting the needs of people with psychosocial disability and people with severe and persistent mental health conditions. Since 2018, the ILC program has already provided approximately \$7,667,000 in funding specifically to support people with psychosocial disability, their supporters, and people with complex mental health conditions who are not eligible for individualised NDIS funding.
- ILC provides a platform for the NDIA to influence the delivery of supports at a systemic level to provide better outcomes for people with disability, their families and carers. Over time, this can reduce the demand for, and level of support required through, individual funded plans. ILC also enables the NDIS to fund supports not directly tied to an individual, such as community groups.

This provides the NDIA with another avenue to further its operational and strategic objectives.

3.9 Resources available on the NDIS websites regarding psychosocial disability

- The NDIA is committed to providing clear and accessible resources explaining psychosocial disability and access to the NDIS.
- The NDIA has a dedicated webpage on mental health and the NDIS (<https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>), which includes videos and fact sheets explaining:
 - (i) psychosocial disability and access to the NDIS for people with psychosocial disability;
 - (ii) the difference between a mental health condition and an impairment;
 - (iii) how the permanency requirement for access to the NDIS does not contradict the concept of mental health recovery;
 - (iv) the functions of NDIS and other services supporting mental health; and
 - (v) how a person can provide evidence to establish eligibility for the NDIS.
- The NDIA also administers a website (reimagine.today) which is specifically set up for people with psychosocial disabilities and includes the same information as set out in subparagraphs (i) to (iv) above, but in addition provides further videos, learning activities and explanations in relation to psychosocial disability, mental health perspectives, access to the NDIS and participant plan management.

4 What the Agency has done and is doing in improving its responses for participants with psychosocial disability

4.1 Overview

- Since 2017, there has been a priority focus within the NDIA on enhancements to design and process issues to improve pathway experience and outcomes for participants with psychosocial disability. As part of the Scheme's pathways program, the NDIA has implemented a number of enhancements which are detailed in this section. In late 2018, the then Minister for Social Services announced the Agency's priorities for psychosocial improvements. These included:
 - (i) introducing a more recovery-orientated approach;
 - (ii) a stronger focus on responding to the episodic nature of severe and persistent mental health and the need for quicker responses to variations in support needs for this group of participants;
 - (iii) better interfaces with mainstream services;
 - (iv) engagement with the sector in the implementation of these new priorities in particular Mental Health Australia as the national mental health peak body; and
 - (v) building psychosocial disability competencies of NDIS planners and planners employed by Local Area Co-ordination providers.
- Since then, the NDIA has been working with state and territory governments through the Senior Officer Working Group and its sub-committees of the Disability Reform Council, Mental Health Australia as the national mental health peak body, mental health family and carer peak bodies, the Department of Social Services (DSS) and the Department of Health on the implementation of these priorities. The outcomes from this consultation, design and planning work are being considered at the Disability Reform Council meeting on 9 October 2019 by DSS and the NDIA.
- The NDIA is working towards building a contemporary national approach to psychosocial disability for Australians with a severe and persistent mental illness. It recognises that its responsibilities in this important area of social policy will be assisted by building better connections with State and Territory mental health, health, housing, corrections and justice programs and mainstream services. The Agency has a number of established mechanisms for working with the Victorian Government. It acknowledges that further collaboration and planning with the Victorian Government needs to be undertaken in implementing the priorities on psychosocial disability and is committed to working with the Victorian Government in this respect, particularly over the next three years.
- The NDIA will implement the outcomes of the meeting of the Disability Reform Council on psychosocial disability on 9 October 2019. The recommendations of the DRC will direct the further work of the Agency on improvements in the Scheme for participants with psychosocial disability.

4.2 The NDIA Pathway Review and Psychosocial Disability

- In April 2017, the NDIA Board announced a review of the NDIS pathways in response to feedback from participants and stakeholders. During the pathways review, areas were identified for improvement to supports for participants with psychosocial disability. These included:
 - (i) simplifying participants' understanding of and access to the NDIA;
 - (ii) face-to-face planning meetings;
 - (iii) stronger focus on supports for family and carers of participants with psychosocial disability; and

- (iv) further training for NDIA and partner organisation staff.

4.3 NDIA pathway improvements

- In August 2018, further pathway improvements were announced in recognition that a single pathway approach is not appropriate for all participants. Improved pathways, service streams and service enhancements have been designed in collaboration with participants, their families and carers, peak bodies and NDIA staff including:
 - (i) a new participant pathway;
 - (ii) a new pathway for people with complex support requirements; and
 - (iii) deployment of specific service streams for participants with psychosocial disabilities.
- There are two pathways relevant for people with psychosocial disability:
 - (i) the new **NDIS Participant Pathway, simplifying** the experience for most participants, creating a **standard** participant pathway for participants aged between 7 – 65 years.
 - (ii) **Complex Support Needs Pathway** for participants with multiple, complex personal and/or situational factors.
- In addition, there have been pathway service enhancements for specific population groups which also have impacts for participants with psychosocial disability. These include:
 - (i) Aboriginal and Torres Strait Islander peoples;
 - (ii) people from culturally and linguistically diverse backgrounds;
 - (iii) people who identify as LGBTIQ+; and
 - (iv) people living in remote and very remote communities.
- A number of other projects have been delivered:
 - (i) in August 2018, three participant booklets were released to support current and prospective NDIS participants, their families and carers throughout their NDIS journey;
 - (ii) redesign of the participant plan to make it easier to read, and in plain/Easy English;
 - (iii) improved disability awareness for staff and partners through the delivery of three disability learning resources;
 - (iv) mandatory online learning module for NDIA staff and partners;
 - (v) disability navigator; and
 - (vi) improved training of planners and LACs.

4.4 Complex Support Needs Pathway

- During the pathways review and subsequent pathways work, it became clear the NDIA could improve its response to the needs of participants with complex support needs.
- In August 2018, a new Complex Support Needs Pathway was announced. The Complex Support

Needs Pathway was implemented in selected local government areas in New South Wales and Victoria in November 2018. From 4 March 2019, the pathway was progressively expanded across all states and territories. Expansion includes support for Young People in Residential Aged Care, children with supports at risk, and high risk referrals being supported through the Complex Support Needs Pathway. It is anticipated that around one-third of participants with a primary psychosocial disability will receive support through the Complex Support Needs pathway, with about 10% of participants in the Complex Support Needs Pathway in any one year.

(a) Key features of the Complex Support Needs Pathway

- The Complex Support Needs Pathway includes specialised planning teams, NDIA liaison and support coordinators. These are people who have the networks, skill and knowledge of government and community services to provide the support required for complex needs, including those specific to people with a psychosocial disability.
- The Complex Support Needs Pathway includes six key features to deliver better outcomes:
 - (i) **Pre-access, local engagement and strengthening connections to other services**

Strengthening local engagement and liaising with other government services and the community support clear pathways and connections into the NDIS and ensure that participants experience a 'joined up' approach to their support.
 - (ii) **Access, detailed handovers and connections**

Detailed handovers from States and Territory systems, existing service providers or 'hard to reach' support workers at the point of access, and streamlined access decisions using local NDIA Liaison and Specialised Planners.
 - (iii) **Complex Support Practice Lead and Planners**

Planning conversations with NDIS participants and other stakeholders, led by a NDIA planner with skills and experience in mental health and illness and psychosocial disability, focused on ensuring deep understanding of each participant's life circumstances.
 - (iv) **Skilled Support Coordinators and effective plan implementation**

A stronger focus on maintaining a participant's critical supports through a skilled Support Coordinator to assist with the development of service plans and agreements. This will mitigate the risks of service failure and improve coordination with other government services and community support systems.
 - (v) **Ongoing monitoring and evaluation**

Regular monitoring and evaluation of the plan, and participant outcomes, with the ability to make minor adjustments to supports and approaches to improve effectiveness.
 - (vi) **Review outcomes and progress**

Plan reviews measure participant progress toward outcomes, acknowledge achievements and adjust the participant's plan to support their next set of goals and outcomes, including assessing if the participant should remain in the Complex Support Needs Pathway or transition to the general NDIA

Pathway.

- The Complex Support Needs Pathway is progressively being rolled out. The NDIA plans future evaluation, review and improvement of the Complex Support Needs Pathway to ensure that it meets the needs of people with psychosocial disability.

4.5 Foundational training to upskill staff

- In June 2019, foundation training of around 3,400 staff and partners was completed. This training was delivered to the workforce who started prior to 1 July 2018. All new staff complete this as part of their standard induction training.

4.6 Streamlined access from state-based programs now available

- From 30 April 2019, streamlined access became available to prospective participants from programs in all states and territories.
- As part of the streamlined access process, prospective participants can:
 - (i) verbally begin their access request with a support worker or a trusted other
 - (ii) provide consent for their support worker or a trusted other to be the NDIA contact for the duration of the access process
 - (iii) re-test access to the NDIS with the support of a trusted person (where required).

4.7 Better information

- As outlined in section 3.9, the NDIA is providing improved information for participants, carers, providers and health professionals to make it easier to understand how people can access the NDIS. This information can be found on the NDIS website (<https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>) or at www.reimagine.today.

4.8 Pathway improvements

(a) Consultation process

- The NDIA has worked with the mental health sector including Mental Health Australia (MHA), to design and implement a number of pathway enhancements to improve outcomes for people with psychosocial disability. In 2018, the NDIA engaged MHA to conduct a number of consultations to inform the design of a specialised NDIS pathway to improve the experiences of people with psychosocial disability entering the Scheme.
- The NDIA and MHA ran eight national consultation workshops in early 2018. These workshops were attended by 342 people, including 106 participants, families and carers; 34 NDIA staff and partners; 119 providers (supporting people with lived experience to participate); 26 government representatives; and 57 advocacy group and peak body representatives. Mental health consumers and carers made up 43% of overall workshop participation.

4.9 Developing our functional assessment capacity

- In section 3.5, the approach adopted for the assessment of eligibility and the determination of reasonable and necessary supports was outlined. The NDIA has continued to review its approach to functional assessment in response to feedback from its Independent Advisory Council, MHA and state and territory governments. After a second review of functional assessment instruments and consultations with service providers, the NDIA has identified the Life Skills Profile as its preferred functional assessment tool at this point in time. The NDIA has encouraged the use of this tool by service providers and health professionals providing evidence for the Agency for participants with psychosocial disabilities.

- The NDIA has undertaken a recent independent assessment pilot of functional assessment instruments and the consistency and reliability of processes of assessment. The numbers of participants with psychosocial disability in this trial was too low to be able to draw conclusions on psychosocial disability. However, further work on this issue is being undertaken by the Scheme Actuary's Office. This work is directed at improving the consistency and robustness of those assessments.

4.10 Variations to Typical Support Packages

- The Agency uses Typical Support Packages (TSPs) to provide a benchmark level of funding for NDIS participants with similar support needs and characteristics. They provide a link between resource allocation to individual participants and the overall funding envelope. Typical Support Package amounts depend on age, disability type, and level of function of the participant, as measured by the chosen assessment tool.
- In 2018, the NDIA commenced a pilot program to test possible adjustments to the proposed Typical Support Packages for psychosocial disability. The pilot includes approximately 150 participants in Victoria and southern Queensland. This pilot will assist with further refinements to the TSP for psychosocial disability.

4.11 Improved NDIA organisational capabilities on psychosocial disability

- The NDIA has put in place the following arrangements to improve the management of services for participants with psychosocial disability in the Scheme.
- Strategic psychosocial disability planning and stakeholder engagement is being actively managed through the Strategic Advice, Research and Inclusion (SARI) Division. This Division employs a Strategic Adviser on Mental Health and has a specialist psychosocial disability team to lead the Agency's strategic planning on psychosocial and provide technical advice and resources to the Groups across the Agency.

4.12 Establishment of a Participant Employment Taskforce

- Establishment of a Participant Employment Taskforce with DSS to examine strategies for improving employment rates for people with disabilities including people with psychosocial disability.

4.13 Staffing and Recruitment Strategy

- The NDIA is implementing a mental health and psychosocial disability staffing strategy to build the capabilities of its planners and the planners employed by Local Area Coordinators to better manage mental health and psychosocial disability issues with participants, service providers and health professionals. The NDIA is actively working to ensure staff and partners improve their capabilities in working with people with psychosocial disability.
- The mental health and psychosocial staffing Strategy will build capacity in psychosocial disability and mental health through the:
 - (i) refocusing of existing staff with relevant experience to work with participants with psychosocial disability and mental health issues; and
 - (ii) recruitment of additional staff with relevant expertise in psychosocial disability and mental health.

4.14 Stakeholder Engagement

- The NDIA has a strong commitment to stakeholder and community engagement and has a specific stream of stakeholder engagement in regard to consumer, family and carer, service provider and state and territory governments in relation to psychosocial disability. The NDIA's State Relations, Engagement and Strategic Advice, Research and Inclusion Divisions all play significant roles through a range of mechanisms in engaging with, listening to stakeholders and

participants and bringing this feedback into Scheme monitoring and review processes. This mechanisms include:

(a) National Mental Health Sector Reference Group

- The NDIA created the National Mental Health Sector Reference Group (NMHSRG) in 2015 to ensure a strong partnership between the mental health sector, the NDIA and the broader community. Membership consists of consumers, carers, peak associations, NDIS Independent Advisory Council members, Mental Health Principals Committee and key government representatives, including Mental Health Commissions. Members of the NMHSRG provide expert advice from a cross-section of the mental health sector to the NDIA about strategy and planning to address emerging issues.⁷ This reference group is chaired by the Agency's Strategic Adviser on Mental Health, Dr. Gerry Naughtin.
- A representative of the Victorian Department of Health and Human Services has been a representative of the Mental Health Principals Committee on the NMHSRG since 2015.
- The NMHSRG is also an important conduit between the NDIA, the mental health sector and the broader community in the transfer of current and accurate information about the NDIS and mental health/psychosocial disability. The work of the NMHSRG assists to develop a shared understanding about mental health in the context of the NDIS and the strong alignment between the intention of the NDIS and recovery principles.

(b) Jurisdictional Working Groups

- The State Relations Division has established planning and monitoring mechanisms within each jurisdiction. These executive working groups play an important role in monitoring progress and addressing implementation issues. Psychosocial disability issues are discussed at these meetings.

(c) NDIA/Mental Health Australia Working Group

- This time-specific working group with Mental Health Australia reflects the Governments' commitment to working closely with the mental health sector through the sector peak organisation Mental Health Australia. It is a key mechanism in implementing the priorities on psychosocial disability mentioned in section 4.1.
- This working group has been a collaboration between MHA and the Agency in considering the options, opportunities and challenges in implementing the psychosocial disability priorities. It has involved a review of the recommendations of MHA's report on improvements to the NDIS Pathway on psychosocial disability.

(d) Mental Health Family and Carers Working Group

- This working group was established to improve the responsiveness of the Scheme to families and carers of Scheme participants with psychosocial disability and people considering applying to the Scheme on mental health grounds. Mental Health Carers Australia, Carers Australia and the Private Mental Health Consumers and Carers Network (Australia) are represented on this working group. These organisations have recently completed a report for this working group titled, *NDIS Psychosocial Pathway: Improvements for Mental Health Carers Supporting NDIS Participants with Psychosocial Disability* (2019). This paper is currently being considered by the working group and will help shape further enhancement to the psychosocial disability stream.

(e) Mental Health Senior Officers Working Group

- Senior Officers of the NDIA are members of the Mental Health Senior Officers Working Group. This group is a sub-committee of the Senior Officers Group of the Disability Reform Council and

⁷ 43. SA summary

includes mental health nominees from all states and territories, the Department of Social Services and the Department of Health. Within this group, the NDIA members work alongside these organisations in addressing a range of interface issues between the NDIS and the mainstream mental health system.

5 What we are proposing to implement on psychosocial disability

5.1 Overview

- This section outlines six priority actions that the NDIA is planning to implement to further improve the experience and outcomes of participants with psychosocial disability within the NDIS subject to feedback and approval from the Disability Reform Council in October 2019. These actions aim to address challenges and issues identified through feedback and discussions with key stakeholders and represent a significant package of reforms to enhance the responsiveness of the Scheme and contribute to its financial sustainability.
- This section also presents five issues which the NDIA considers could improve outcomes for Victorians with psychosocial disability for the consideration of the Commission. Attention to these five issues could improve the connectivity between Victorian Government services and the psychosocial disability supports provided by the NDIS.

(a) Adoption of a “recovery” approach

- Accepted best practice in the management of severe and persistent mental illness includes the provision of recovery-orientated mental health services. This focus is also reflected in the vision of the Fifth National Mental Health and Suicide Plan. Despite strong evidence that recovery as a philosophy and practice is equally relevant to disability supports as it is to clinical mental health services, the concept of recovery has not before been strongly incorporated into the design of the NDIS.
- Recovery-orientated practice has been defined by the Australian Health Ministers’ Advisory Council in 2013 in the document “A national framework for recovery-orientated mental health services”. Having reviewed the available evidence, the NDIA accepts that this document should form the basis of the proactive adoption of “recovery-oriented practice” within the Scheme for the benefit of participants with psychosocial disability consistent with the NDIS Rules 34(1) 9d) Part 3.
- The NDIA will implement a recovery-orientated approach through the following specific measures:
 - (i) building a recovery approach into planning, including by providing revised Pathway Guidance to planners and LACs;
 - (ii) the creation of a new “psychosocial recovery coach” support item in the NDIS support catalogue and price guide. This coaching will support participants to build their resilience, develop their capabilities around choice and control and a contributing life and to gradually take responsibility for their recovery and the ongoing management of psychosocial disability supports;
 - (iii) Learning and development programs to build the capacity and capability of NDIA and Local Area Co-ordination Agency staff to work within a recovery paradigm;
 - (iv) Development of a national framework for recovery in psychosocial disability services to drive improvements in practice consistency.

(b) Stronger focus on episodic needs

- The NDIS Act 2013 (s24(2)) recognises that impairments that vary in intensity may be permanent and that in such circumstances a person is likely to require support from the Scheme for their lifetime despite these variations. Psychosocial disabilities are variable and influenced by the episodic nature of mental illness and for many people, their experience will be characterized by episodes of acute illness with varying levels of recovery and differing disability support requirements.

- A stronger focus on the management of episodic needs is consistent with the investment principles of the NDIS, fostering the ability of participants to live a contributing life with reduced reliance on the NDIS in periods where their support needs are lower, whilst ensuring the Scheme can respond effectively to any upwards variation in their disability support requirements.
- The NDIA will implement a stronger focus on episodic needs through the following specific measures:
 - (i) Enabling quicker adjustments to plan budgets (upwards and downwards) where required in response to unplanned and unbudgeted variations in support requirements; and
 - (ii) Building expectations amongst participants, planners and Local Area Coordinators regarding the responsiveness of the Scheme to the varying support needs of participants with psychosocial disability through public facing information and guidance.

(c) Active outreach

- It is clear from the experience to date that the NDIA cannot expect people with disabilities associated with severe and persistent mental illness to self-identify the opportunities the NDIS represents or bring together the evidence necessary to support an access request. Experience in transitioning people from State and Territory services to the NDIS has shown that many people with psychosocial disability are reluctant or cautious about applying to the Scheme, even though they are likely to be eligible. In addition, it is becoming clearer that many people likely to be eligible for the Scheme on grounds of psychosocial disability either do not know about the Scheme or are unmotivated because of their mental illness to apply.
- The NDIA, DSS and the Department of Health have put considerable efforts into attempts to streamline the access process for people with psychosocial disabilities in response to these issues, but the impact has so far been minimal.
- The NDIA therefore plans to adopt an active outreach approach to better target its service offerings to hard to reach communities and contribute to building the numbers of people with severe and persistent mental illness entering the Scheme.
- The NDIA will implement an active outreach approach through the following specific measures:
 - (i) More information and marketing strategies targeting hard to reach populations, including people with mental health issues who are homeless;
 - (ii) Local Area Coordinator staff to play an enhanced role at local level in reaching out to hard to reach people, identified as likely to be eligible;
 - (iii) Local Area Coordination staff to assist applicants with the preparation of their access request forms and the collation of evidence of disability;
 - (iv) Data monitoring and discussions with state and territory governments in each jurisdiction about cohorts of people who are not applying or not meeting disability access criteria and jurisdictional specific strategies to address these gaps;
 - (v) Funding for community connectors to work with hard to reach populations, particularly people who are homeless, people from CALD backgrounds and people who are living in boarding houses and supported accommodation.

(d) Improving linkages and referrals for people who are ineligible for the NDIS

- The NDIA acknowledges that not meeting the access requirements of the NDIS can be distressing for people with psychosocial disability, particularly where they perceive an absence of alternative services to support them with their mental health. The NDIA is responding to this concern through a range of practical changes, designed to improve linkages and referrals to alternative sources of support for people deemed ineligible for the Scheme who have severe and persistent mental illness.
- The NDIA will implement improved linkages and referrals for people who are ineligible for NDIS through the following specific measures:
 - (i) Accepting the responsibility to provide a linkage and referral role for applicants with serious mental health issues who have not been able to demonstrate they meet NDIS access criteria;
 - (ii) Changes to the NDIA letter advising of ineligibility to include information about sources of assistance in the recipient's local area and details of the Local Area Coordination Partner's role in providing information, advice and assistance;
 - (iii) Local Area Coordinators to play a role in directly linking people to suitable sources of support;
 - (iv) developing linkages and referral protocols in collaboration with Primary Health Networks, LACs and the State and Territory governments; and
 - (v) Information collation and staff training by the NDIA to ensure that staff including partners are informed and aware of these alternative sources of assistance for people outside of the NDIS.

(e) An examination of NDIS access decisions to determine reasons for lower than expected eligibility

- Over the past twelve months, states and territories have been concerned about the numbers of people with psychosocial disability seeking access to the NDIS who have not met the access criteria under the *NDIS Act 2013*. The Departments of Social Services and Health have also been interested in this issue given their role in the transition of service users of Commonwealth community mental health programs such as Personal Helpers and Mentors, Partners in Recovery and Day to Day Living. The numbers transitioning from these programs to the NDIS has financial implications for the Commonwealth, given the Government's commitment to continuity of support for this group.
- The NDIA and DSS are proposing a joint examination of access issues for people applying to the Scheme on grounds of a primary psychosocial disability. This examination will consider a range of factors such as the quality of the information being provided to support access, feedback from a report commissioned by DSS on health professionals' perceptions of the NDIS, health professionals and service providers' understanding of the evidentiary process for access decisions and opportunities for NDIA process improvements in relation to access decision making for psychosocial disability.
- A progress report will be provided to the December meeting of the DRC with an action plan to address findings being presented to the March 2020 meeting.

5.2 Data reporting

- In response to a request from the Mental Health Principals Committee, the NDIA Scheme Actuary has recently provided a comprehensive data report on participants in the scheme with psychosocial disability. This data has been made available to the Department of Health and Human Services, Mental Health Branch.

- This data covers the following data subjects:
 - (i) Eligibility
 - (ii) Access
 - (iii) Planning
 - (iv) Time frames for access decisions and plan activation
 - (v) Annual annualized value of plans
 - (vi) Composition of plans
 - (vii) Plan utilisation rates
 - (viii) Plan reviews
 - (ix) Market trends
 - (x) Quality and Safety data
 - (xi) AAT Cases on psychosocial disability and outcomes
 - (xii) Exits from the Scheme
 - (xiii) Psychosocial disability participant experience and outcomes
 - (xiv) Psychosocial disability satisfaction data.
- The Scheme Actuary has committed to providing states and territories with updated data on psychosocial disability on a six monthly basis to assist jurisdictions in monitoring broad trends on psychosocial development in the Scheme as well as jurisdictional trends.

5.3 Six issues on psychosocial disability for the consideration of the Commission

- The NDIA relies on the Victorian mental health system in the delivery of its responsibilities under the COAG Agreement that defines the respective responsibilities of the NDIA and State and Territory Governments. (Reference). The principles in this Agreement to determine the respective responsibilities for the NDIA and State and Territory governments under the Scheme, envisage the Victorian mental health system responding to the clinical mental health needs and NDIA to the daily support and on-going recovery support needs of participants with severe and persistent psychiatric conditions.
- The NDIA is aware of the work of the Sustainable Health Review in Western Australia (2019) and its analysis of the public mental health system in Western Australia. This report highlights the critical nature of person-centred approaches to health and disability services and the problems with funded-centred approaches. One of the opportunities the Commission offers, is the opportunity to review current arrangements in regard to psychosocial disability delivered through the public and private mental health systems and the NDIS and consider strategies for improving the connectivities between these three systems. In addition, planning and service co-ordination arrangements in regard to homelessness services, social housing and discharges from correctional facilities and Forensicare is an area where the NDIA would like to work further with the Victorian Government in streamlining the effectiveness and efficiency of these arrangements.
- The work of the Commission is highlighting a range of weaknesses and issues in the current provision of mental health services in Victoria. The findings of the Commission and its recommendations for the future structure and funding of public mental health services in Victoria have major implications for the NDIS and the NDIA.

- The NDIA would be pleased to participate in any future mechanisms that the Commission establishes on ways to improve the service system and the interfaces and connections between the NDIA and the public and private mental health systems in Victoria. Timely access to affordable and effective mental health services impacts the level of disabilities that arise from the experience of severe mental illness.
- The NDIA submits that the Commission should consider six issues that it considers could improve outcomes for Victorians with psychosocial disabilities due to severe and persistent mental illness. These are:
 - A stronger investment in ambulatory treatment and short term rehabilitation and recovery in the Victorian public mental health system;
 - Agreement about expectations and responsibilities of the NDIA and Victorian public mental health services in regard to discharge planning and post discharge clinical supports from mental health wards in public hospitals and from correctional facilities;
 - Better connectivity and streamlining of the NDIA's responsibility for on-going psychosocial recovery supports with the Victorian Government's responsibilities for the provision of mental health treatment services including ambulatory, short-term rehabilitation/recovery and early intervention services;
 - Joint planning on developing more affordable and safe housing options for people with psychosocial disabilities;
 - Joint planning on improving employment outcomes for Victorians with psychosocial disability; and
 - Joint planning on improving supports for families and carers of NDIS participants with mental health issues.
- The NDIA recognises the interdependencies between its responsibilities and those of the Victorian Government in responding to mental health needs in Victoria. The NDIA is committed to working with the Victorian Government in building effective connectivity and collaboration between the Victorian systems of clinical, social housing and justice support and the daily living supports for people with psychosocial disabilities that are eligible for the NDIS.