ASU Submission

The Social and Economic Benefits of Improving Mental Health

Productivity Commission Inquiry

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Organisation: Australian Services Union

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Table of contents

1. Introduction

The Australian Services Union (ASU) is one of Australia's largest unions representing 135,000 members across a diverse range of industries. We are the union for non-government community and disability sector workers and this is the fastest growing area of our membership. These members work hard every day supporting people experiencing or at risk of experiencing crisis, disadvantage, social dislocation or marginalisation.

The ASU has members in every State and Territory of Australia, including in most regional centres.

2. Our Submission

The ASU welcomes the opportunity to contribute to the Productivity Commission's inquiry into mental health. There are currently numerous very serious and pressing issues requiring government intervention if we are to ensure that people requiring mental health support are able to access high quality support when they need it.

This submission will focus on two key areas of concern for our members working in mental health support services, namely:

a. The emerging crisis in community mental health;
b. The inadequacy of NDIS supports for psychosocial disability.

3. The Emerging Crisis in Community Mental Health

(a) What do we mean when we refer to "community mental health"?

Australia's community mental health (CMH) services are distinct from, yet complement clinical mental health services. Where mental health clinicians' principal focus may be on symptom management and reduction, often through pharmacological interventions, CMH services focus on supporting the recovery goals of consumers through various psychosocial approaches. CMH services offer holistic, person centred support with the many life domains which impact on mental health. CMH services often work at the early intervention or prevention end of the spectrum of care. However, CMH professionals are also frequently the first port of call for consumers with deteriorating mental health, and play a key role in working with consumers to manage and mitigate risk to self and others.

(b) The closure of successful community mental health programs

Federal funding for community mental health services, including the Department of Social Services Personal Helpers and Mentors (PHAMS) Program and Day to Day Living Program (D2DL) and the Department of Health Partners in Recovery (PIR) Program, are being phased out as part of the introduction of the NDIS. Funding for these programs is being reduced until it ends completely in June 2019.

Large numbers of community mental health consumers are not eligible for the NDIS. A recent report found that up to 91% of people with a severe mental illness will not qualify for the NDIS and will require community health services to be met outside of the Scheme. It is estimated that 166,000 – 626,000 people will have to rely on non-NDIS community mental health services.[1]

This is because the NDIS is designed to support people who are living with an ongoing "permanent" disability. The majority of people supported by the PHAMS, D2DL and PIR programs are ineligible for the NDIS due to their mental health conditions being 'in recovery' or highly episodic in nature, rather than ongoing and permanent. What our members tell us is that their clients' participation in these programs is what helps keep them in recovery.

[1] Mind the Gap: The National Disability Insurance Scheme and psychosocial disability, The University of Sydney [online] Accessed at: http://sydney.edu.au/health-sciences/documents/mind-the-gap.pdf

(c) Continuity of support measures

In the 2018-19 federal budget the Federal Government allocated $109.8 million over three years for continuity of support for clients of Commonwealth funded community mental health programs transitioned to the NDIS.[2] The Federal Government recently announced an additional $121.29M to PHNs to commission support for consumers transitioning from the Commonwealth community mental health programs.[3]

This funding is available only to ***existing consumers*** of commonwealth funded programs. Therefore there is no Commonwealth funding for these programs for new consumers who require mental health support but who are not eligible for the NDIS. Given the vast majority of existing community mental health consumers are ineligible for the NDIS, it is fair to assume that people with similar mental health issues and needs will also be ineligible for the NDIS.

(d) The National Psychosocial Measure

In the 2017-18 federal budget the Federal Government announced $80M for psychosocial support services, to replace the existing Commonwealth funded community mental health programs. It remains unclear what the purpose of the funding is, which programs will be funded under the measure, the nature and extent of the support that will be provided, and which consumers will be eligible for funding pursuant to this funding announcement.

This money will be administered by Primary Health Networks (PHNs), meaning there is no guarantee that the funding will be spent on programs delivering equivalent support to the existing PHaMS, D2DL and PIR. PHNs also tend to take a more clinical approach, meaning that community mental health recovery models are not necessarily prioritised in their commissioning.

Issues we have been pursuing with the Department of Health but have as yet been able to get any clarity on include:

- The nature of the programs the money can be spent on by PHNs;
- The criteria the PHNs will use to commission these funds; and
- The assumptions underpinning the funding amounts (eg, how much support can be delivered for the amount of money, taking into account Award wages and conditions, training and professional development of the workforce, time for supervision, administration, travelling between clients etc).

We are also concerned about the difference in commissioning guidelines and approaches across different PHNs. For example, we are aware that some PHNs allow for administration and overheads of an organisation delivering a service, while others refuse to provide funding for these essential costs. This means that the same service delivery organisation will be funded differently for providing the same service in different regions.

In short, there is a reduction in federal funding available for community based mental health supports, and no clear commitment to federal support for people with mental health issues who are not eligible for the NDIS or not already accessing supports.

(e) The impact on the workforce

As a consequence of both the absence of guaranteed funding for existing community mental health services, and the inadequacy of the NDIS funding for mental health supports, there is significant uncertainty among providers and workers as to the future of the community mental health workforce. A crisis is emerging in community mental health, as employees are being laid off by their employers or choosing to leave the industry for more stable employment given this ongoing uncertainty.

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[2] Continuity of support for clients of Commonwealth disability programs [online] Accessed at: https://www.dss.gov.au/sites/default/files/documents/05_2018/d18_13641_budget_2018-19_-_factsheet_-_continuity_of_support_for_clients_of_commonwealth_disability_programs_1.pdf

[3] Joint Media Release: Morrison Government continues funding to support people with mental illness to transition to the NDIS [online] Accessed at: https://www.paulfletcher.com.au/media-releases/joint-media-release-morrison-government-continues-funding-to-support-people-with

Despite Minister Hunt's assertion that the recent funding extension for PHNs will provide "certainty" for workers, we have clarified with the Department of Health that the 3 year guaranteed funding stream is for PHNs only, meaning PHNs can continue to commission short term contracts to service providers. Therefore the Government's announcement has provided absolutely no certainty to the workforce delivering mental health support.

We are concerned that workers leaving the mental health sector and moving in to different sectors will affect Australia's capacity to deliver mental health support now and in the future. This problem requires urgent action as a crisis is emerging right now.

We offer the following case studies to demonstrate the urgency with which action must be taken.

- **In Victoria**

Victoria, like the other states and territories, is seeing the phasing out of Commonwealth funded psychosocial services as the NDIS rolls out. Compounding the problem, in 2014 Victoria's state coalition government elected to transfer Victoria's Mental Health Community Support Service (MHCSS) funding into the National Disability Insurance Scheme (NDIS).
This means that as the NDIS rolls out across Victoria, community based psychosocial support services are closing down.

The crisis in Victorian community/psychosocial mental health funding and services means 1300 Victorian psychosocial mental health workers are progressively being made redundant leading up to June 30 2019. Funding announcements in 2018 from both the Victorian and Commonwealth governments are welcome, however are insufficient to provide psychosocial support services for the 135,000[4] Victorians who will rely on non-NDIS psychosocial supports post July 2019, or to preserve the majority of the skilled, experienced psychosocial workforce.

This workforce has experienced protracted disruption and uncertainty over the past five years as it has anticipated the conclusive defunding of their sector. As long as the current funding environment remains uncertain, skilled and experienced workers will continue to be laid off by their employers or will continue to choose to leave the industry in search of more stable employment.

- **In NSW**

One Door is a major provider of mental health services in communities throughout NSW & ACT. One Door has lost a significant proportion of the funding it has been receiving from government to provide capacity building services to Australians with severe and persistent mental illness.

The most recent and final round of job losses at One Door in NSW and ACT will result in 63 potions being cut as of 30 June 2019. These 63 redundancies follow the 50 plus redundancies that occurred last year as a result of the funding cuts to community mental health programs.

These latest job losses will impact very experienced and highly qualified workers. Jobs are being lost in the following NSW & ACT Regions: Canberra, South West Sydney, Western Sydney, Northern Sydney, Inner West Sydney, Illawarra, Southern Highlands, Southern NSW, South Coast and the Hunter.

In addition to these job losses, One Door will be ceasing the provision of mental health services from at least three locations across NSW & ACT.

One Door is one of many organisations that have been told their federal funding for these programs will cease on June 30. There remains significant uncertainty about what, if any, funding will be available to One Door arising from the most recent Federal Government announcement to provide funding

- **In South Australia**

[4] Saving lives. Saving money – Mental Health Victoria [online] Accessed at: https://www.mhvic.org.au/images/PDF/Policy/FINAL__Saving_Lives_Money_Brochure_HR.pdf

Forty-three of South Australia's most qualified community mental health workers were recently made redundant at Anglicare SA. Under block funding arrangements, case-workers were paid at Level 4 of the SCHADS Award, however as clients transitioned to the NDIS, Anglicare SA have claimed they can no longer afford to continue paying these workers at level 4. Workers were offered jobs back, but with a pay cut, at level 2 of the Award. Of the 43 workers, 25 workers have now left Anglicare by taking redundancies or having their contract paid out, with others choosing to take roles at level 2. Five have secured level 4 roles as team leaders.

We are concerned that workers leaving the mental health sector and moving in to different sectors will affect Australia's capacity to deliver mental health support now and in the future. The ASU recommends that Federal Labor should announce the policy position detailed below ASAP in order to provide certainty to the psychosocial mental health sector.

4. The Inadequacy of Psychosocial Support Under the NDIS

Even for people with mental health concerns who are deemed eligible for the NDIS, the current NDIS pricing regime does not allow for the support the consumers need, nor does it support the retention of their skilled community health workers.

Most community mental health providers are downgrading positions and replacing them with casualised lower paid jobs to fit with NDIS prices. This is leading to workers leaving the sector and people not being provided with the specialised mental health supports they need.

The NDIS has not been designed to accommodate and support the bulk of people who need mental health support. This is due to the fact the NDIS is a disability program and not a mental health program, and the needs of clients are very different.

Prices for some key NDIS supports are too low and do not include these critical activities and overlooks the diverse circumstances in which support is provided. Mental health support differs from other disability support in that it is primarily focussed on recovery.

Further, the nature of mental health issues means that a consumer's needs for support may vary widely over time. Consumers may have periods where they require intensive or crisis support, and other periods where they require less intensive support. The NDIS packages don't adequately take into account these fluctuating needs.

We are concerned about the adequacy of funding for consumers who are eligible for NDIS funding. The delivery of quality outcomes for mental health service users is dependent on providers being able to invest in activities such as performance monitoring, quality assurance, continuous improvement and workforce training, development and planning.[5] NDIS direct mental health support pricing means it is not financially viable for service providers to offer sufficient professional supervision and training.

Many service providers are already, under the guise of 'preparing for the NDIS' using less staff, lower classified staff, and staff working fewer hours in order to reduce their costs. We are seeing reductions in service levels.

The ASU considers that the Federal Government should, as a matter of urgency:

a. Ensure the recently announced NDIS psychosocial stream is priced appropriately to support the specialised, trained and qualified community mental health workforce; and

b. Review how the NDIS is accommodating psychosocial participants, including eligibility criteria and specialization in service provision.

[5] Queensland Community Alliance submission to the Productivity Commission inquiry into Human Services [online] Accessed at: http://www.pc.gov.au/__data/assets/pdf_file/0013/214114/sub446-human-services-reform.pdf

5. Conclusion and Recommendations

While we welcome this inquiry being undertaken by the Productivity Commission, we are strongly of the view that the Federal Government must take urgent stop-gap actions now, while the Commission take the time it requires to investigate and make recommendations for long-term reforms to the mental health support system.

Accordingly, the ASU makes the following recommendations:

The Federal Government should:

1. Urgently commit to funding extensions for PHAMS, D2DL, and PIR for 3 years, rather than phasing these programs out (including for new consumers);

2. Publicly provide information about the following in relation to the National Psychosocial Measure:

    - The nature of the programs the money can be spent on by PHNs;
    - The criteria the PHNs will use to commission these funds; and
    - The assumptions underpinning the funding amounts (eg, how much support can be delivered for the amount of money, taking into account Award wages and conditions, training and professional development of the workforce, time for supervision, administration, travelling between clients etc).

3. Work with the states to develop new partnership arrangements for psychosocial supports for consumers outside the NDIS (including implementing relevant recommendations that arise from this inquiry);

4. Prioritise the development of a comprehensive NDIS psychosocial stream which extends beyond the NDIS gateway. This should include a full suite of psychosocial support types in the NDIS price guide which are priced appropriately to support the specialised, trained and qualified psychosocial disability workforce; and

5. Review how the NDIS is accommodating psychosocial participants, including eligibility criteria and specialization in service provision.

Finally, the ASU, including frontline workers, wishes to appear before the Commissioners to give additional evidence and to represent our concerns more fully.