



Queensland Alliance for Mental Health Submission to the Productivity Commission

Disability Care and Support – Introducing the National Disability Insurance Scheme (NDIS)

April 2011



Summary

Queensland Alliance for Mental Health strongly supports the Commission's proposal to establish a National Disability Insurance Scheme (NDIS) for the long term care and support of people with a disability in Australia. Secondly, Queensland Alliance for Mental Health strongly supports the inclusion of mental illness within this scheme, ensuring that the daily support needs of individuals with a disability arising from a mental illness are covered, and are indeed, the responsibility of the NDIS.

Background

Queensland Alliance for Mental Health is the peak body for the mental health community sector in Queensland. Queensland Alliance for Mental Health is an independent charity which represents over 200 community organisations working in mental health. Queensland Alliance for Mental Health envisages a community that values differences, promotes well-being and creates a sense of belonging. We aim to achieve this vision by influencing, connecting, strengthening and collaborating with our communities to improve mental health and well-being. Our membership is made up of a variety of organisations from all regions in Queensland, and ranges from large national organisations, to small, unfunded support groups in the community.

In forming our responses below, Queensland Alliance for Mental Health sought feedback from our member organisations on two specific areas; firstly, where the boundaries between the mental health sector and the NDIS might lie, and what assessment tools would be suitable for individuals with a disability arising from a mental illness. The following comments are a combination of our own thoughts, and those of our member organisations.

Boundaries Between the Mental Health Sector and the NDIS

Queensland Alliance for Mental Health considers there to be a very clear distinction between the types of services which should be funded by the NDIS, and the types of services that should remain mainstream. We submit the clear distinction is between services which are focused on medical treatment, and services which are focused on meeting the daily support needs of people with disability as a result of mental illness. While these latter services are delivered to clients with a disability, we who provide them still believe ourselves to be part of the mental health sector.

Queensland Alliance for Mental Health would query whether the question the Commission is asking – where the boundaries between the mental health sector and the NDIS might lie – is the right one? We would suggest that the terms 'mental health sector' and 'NDIS' are not mutually exclusive. Our members – organisations that deliver services to support people with mental illnesses to live well in the community – are definitely part of the mental health sector, yet we also believe that the services that they deliver should be covered by the NDIS.

The services provided by the (not-for-profit) community mental health sector support people to live well in the community, and are focused on recovery. According to the National Standards for Mental Health Services¹, "...recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self." (pg 42)





Queensland Alliance for Mental Health sees that the daily support needs of individuals with a disability arising from a mental illness would be the responsibility of the NDIS, and would be delivered by the community mental health (not-for-profit) sector that currently delivers these services. The clinical treatment needs of these individuals with a mental illness will remain the responsibility of mainstream mental health services.

As an example, Government services, such as the *Better Access*² Initiative funded by the Commonwealth, or Queensland Health *Acute Mental Health Services* are treatment-related services, responding to mental illness with a focus on reducing symptoms. Using our distinction above, these services should remain as part of mainstream services and would not be the responsibility of the NDIS. Conversely, Government funded programs, such as *Project 300*^{3,4}, or the *Personal Helpers and Mentors Program*⁵ (PHAMS) which deliver support services to people with mental illness to assist them to live well and reconnect with their community, should be covered by the NDIS.

Queensland Alliance for Mental Health supports the Commission's recommendation to develop a memorandum of understanding (MOU) between the NDIS and the mental health service systems in each State and Territory, as well as the Commonwealth, to guard against individuals falling between the cracks of the respective schemes. This MOU should also establish effective protocols for referrals and other transitions between systems, and should clearly articulate systems for escalating problems, issues and complaints when they arise.

Feedback from one of our member organisations suggested that in order for the two service systems (mainstream mental health and NDIS) to work together effectively, there would need to be a closer values-alignment between the two systems. A good example of this is the Queensland Health Initiative *Homeless Health Outreach Teams* who work alongside community based organisations to minimise the mental health problems of people who are homeless or at risk of becoming homeless. The values of the two teams (Queensland Health workers and community-based workers) align, as both work within a recovery-oriented system of care⁶. Queensland Alliance for Mental Health would advocate that all mental health services should operate within the principles of recovery-oriented mental health practice, and suggest that this would facilitate integration across systems.

Assessment Tools Suitable for Individuals with a Disability Arising from a Mental Illness

Currently, within the mental health sector, there are a broad range of assessments and tools that are used to assess a broad range of areas, including eligibility, level of impairment, level of need, and functional implications. Without further investigation, it is not possible to promote and encourage the use of one assessment tool over another.

Queensland Alliance for Mental Health strongly suggests that the assessment tools and processes that will be used to assess eligibility for services under the NDIS, as well as the level of support required to enable an individual to live well in the community, need to be designed in close collaboration with consumers and carers. Individuals with a disability arising from a mental illness, and their carers, are best placed to advise whether an assessment tool accurately captures the full range of disabilities experienced as a result of the mental illness, including psychological, social, cognitive, vocational as well as the physical ability to care for oneself.





Queensland Alliance for Mental Health also strongly encourages the involvement of mental health professionals, who are experienced in supporting people with a psychiatric disability. Mental health professionals who have worked alongside someone with a disability, supporting them on their journey of recovery, have valuable insights into the functional implications that the person's disability has on their everyday life.

Queensland Alliance for Mental Health would encourage the Commission to undertake further consultation with consumers, carers and mental health professionals to inform this area.

References



¹ Australian Government (2010) National Standards for Mental Health Services. Canberra, ACT.

² http://www.health.gov.au/internet/main/publishing.nsf/content/mental-ba

³ Meehan, T., O'Rourke, P. K., Morrison, P., Posner, T. R. and Drake, S. (2001) Evaluation of 'Project 300'. Final report to Queensland Health. St Lucia, Brisbane: The University of Queensland.

⁴ Meehan, T. (2004) The Outcomes of Providing Disability Support to People with Severe and Persistent Mental Illness. Occasional Paper Number 2, Consumer Participation Project. Brisbane, QLD. (http://www.cru.org.au/projects/consumerparticipation/overview.htm).

⁵ http://www.fahcsia.gov.au/sa/mentalhealth/progserv/PersonalHelpersMentorsProgram/Pages/default.aspx

⁶ Queensland Health (2007) Health Matters. Vol. 12, No. 9, Oct 2007. Brisbane, QLD. (http://www.health.qld.gov.au/news/health matters/2007/hm oct 07 web.pdf).