

12 August 2022

The second meeting of the National Disability Insurance Scheme (NDIS) Mental Health Sector Reference Group (NMHSRG) for 2022 was held on 20 July.

The Chairperson, Dr Gerry Naughtin, welcomed new members to the NMHSRG, and noted apologies.

The Chairperson noted there have been developments since the last meeting of the NMHSRG. These include:

- A change of Government and the appointment of the Honourable Bill Shorten MP as the Minister for the NDIS
- The appointment of an acting National Disability Insurance Agency (NDIA) Chief Executive Officer following the resignation of Mr Martin Hoffman
- The resignation of the NDIA Board Chair, Mr Dennis Napthine AO. He outlined that the meeting would discuss the progress in implementing the Psychosocial Disability Recovery-Oriented Framework (Recovery Framework) and the work on co-design.

The meeting discussed the following matters.

## **Implementation of the Recovery Framework**

Erin Ingham, NDIA Director of Psychosocial Disability and Policy Reform, spoke about the implementation of the Recovery Framework.

The Reference Group discussed the implementation of the Recovery Framework. They noted this reform is pivotal for the future of participants in the NDIS who live with chronic mental health issues and psychosocial disability.

The members encouraged the NDIA to progress this work as quickly as possible.

They discussed challenges in implementing the Recovery Framework, including the need to make clear the recovery capabilities needed in the workforce. Members noted:

- There is a need for workers to have capabilities to build a participant's sense of agency to support moving from 'learned helplessness' towards taking greater control of their lives.
- If a worker does not have these capabilities and if participants do not feel safe or have trust in the worker, participants are unable to do the subtle work that is required to build agency and self-efficacy, which helps them to move forward in their recovery journey.
- Such recovery knowledge and skills are essential to meet the expectations of the legislation for participants with psychosocial disability in the Scheme.

- Many service providers working with participants with psychosocial disability are not employing workers with competency-based skillsets in recovery.
- A recovery-skilled workforce in the NDIA and the provider market is an essential ingredient for the success of the Recovery Framework. Members encouraged the NDIA to do more on this workforce issue.
- The Recovery Framework should also include a mechanism to monitor the recovery focus and its effectiveness in service provision.

## **NDIA co-design policies**

Jessica Walker, NDIA Acting Branch Manager of Agency Policy, outlined current co-design activities being undertaken by the NDIA.

This work is scheme-wide but also has significant implications for participants with psychosocial disability.

Jessica gave a presentation on six projects that are being co-designed, including the Information gathering for access and planning project; Home and Living Policy Project; Participant Safety Project; Support for Decision-Making Project; and the refresh of the Cultural and Linguistic Diversity and First Nations Strategies.

Jessica spoke about the NDIA engagement approach and the commitment to work in partnership with people with lived experience.

More information is available at this link: [Co-design update | NDIS](#)

## **Legislative changes to the National Disability Insurance Scheme Act 2013 (the NDIS Act)**

Brooke Nation, NDIA Director of Scheme Design, spoke about the National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Act 2022 and the changes that commenced from 1 July 2022.

Brooke noted the amendments rolled out from 1 July include clarifying that episodic or fluctuating impairments may be considered permanent when determining eligibility to the Scheme, including for people with psychosocial disability.

These amendments clarify that a prospective participant's impairment which is episodic or fluctuating in nature may be assessed as permanent; however, does not require that the impairments must be considered permanent. Rather, it is a clarification that an impairment being episodic or fluctuating does not preclude it from being deemed permanent.

Further changes included the introduction of plan variations. This change allows the NDIA to make minor changes to a participant's plan in specific and certain circumstances without having to replace it with a new one.

## **Psychosocial Disability Hospital Discharge Discovery Project**

Chris Faulkner, NDIA Branch Manager of Young People in Residential Aged Care/Hospital Discharge presented on the work being undertaken on hospital discharge delays. She introduced the new project leader of this project, Dorothy Belperio, and highlighted the following points:

- People with psychosocial disability represent over 30% of people experiencing delayed hospital discharges. This project will focus on participants with long stays in public hospital, defined as 60 days or more. The main issues regarding hospital discharge are the lack of appropriate accommodation for participants and the current staffing shortages.
- The NDIA continues to develop the scope of the project and is assessing the issues regarding hospital discharge and how they can be addressed.
- The NDIA is committed to engaging with the Reference Group on options for participants following their discharge.

## **NDIS funding for allied health professionals**

Jackie Saddington, NDIA Director of Service, Guidance and Practice, discussed funding for allied health professionals in NDIS plans for participants with psychosocial disability.

She confirmed that the NDIA service guidance regarding the funding of therapeutic supports has not changed.

Allied health services can be funded where it is related to improvement of functional impairments. Allied health services for therapeutic services are not funded through the NDIS and are funded through the Medicare Benefits Schedule (MBS) and public mental health services. This will require ongoing discussions.

- NMHSRG members requested clarity about psychological support services provided through the NDIS, and psychology treatment provided through the MBS.
- Members thanked Jackie for clarifying the Agency's policy and repeated their concerns that planner and Local Area Coordinator (LAC) Agencies' practice in this space was often not consistent with NDIA policy.

- The NDIA agreed to consider this issue further and communicate internally and with LAC agencies on this issue.
- The NDIA agreed to further discussions with interested reference group members.

## **Future speakers and presentations**

The Chairperson discussed speakers for upcoming meetings, including the possibility of inviting Minister Shorten to an upcoming meeting.

The NMHSRG agreed to progress this, noting there should be a sense of urgency to ensure matters regarding psychosocial disability are considered early in the new Government's term.

## **Members' Reports Highlights**

### **Janet Meagher, Independent Advisory Council (the Council) Liaison**

- The Council is finalising formal advice to the NDIA regarding equity and inclusion in the NDIS. The advice focuses on people from a Culturally and Linguistically Diverse background; the LGBTQIA+ community; and Aboriginal and Torres Strait Islander people. The advice highlights the need for an improvement in cultural competencies to ensure people feel safe accessing NDIS funded services.
- The Council is also developing advice regarding behaviour support; children and young people in the NDIS; and ageing in the NDIS; and encouraged the NMHSRG members to provide input and feedback.
- Janet highlighted the importance of NMHSRG members raising matters with the Council and providing input to the work they are doing. There is no psychosocial disability lived experience on the Council, and she noted that there is a strong appetite within the Council for input from the NMHSRG.

### **Judith Drake, Consumer representative, National Mental Health Consumers and Carers Forum (NMHCCF)**

- Judith reported on a range of issues impacting people with psychosocial disability. These included two major themes: supports for those who are not on the NDIS and are unlikely to be (Tier 2), and the difficulties for potential participants in accessing and navigating the Scheme, or who are eligible for the NDIS and are not applying.

## **Kerry Hawkins, Carer representative, NMHCCF**

- NMHCCF has established a psychosocial disability working group comprised of participants in the NDIS or people who support participants in the NDIS.
- Noted that it is time for a refresh of the understanding of psychosocial disability and NMHCCF is interested in undertaking a literature review of lived experience descriptions and experiences. This will aim to identify resources and responses that may benefit people with psychosocial disability, and how these can be adapted to the NDIS. As part of this work, they are planning to work with lived experience researchers.
- Acknowledged that NMHCCF represents a narrow group of people. They are focusing on developing stronger partnerships with the Aboriginal and Torres Strait Islander Lived Experience Centre and the Embrace Multicultural team who can help with translating materials.

## **Lorraine Powell, Lived Experience Australia (LEA)**

- LEA did a survey on understanding loneliness and the impacts on mental health. The associated report will be released in August or September.
- LEA also released a review report regarding physical and mental healthcare in Australia. One of the key findings is that four out of five people surveyed had not been asked about their physical health and wellbeing by their mental health professional, which is concerning.
- Provided an update on the training offered by LEA, including recent Communities of Practice for consumers and carers, and webinars for clinical staff and service leaders.
- Advised that the founder of LEA, Ms Janne McMahon, retired in June, and acknowledged Janne's significant contribution to the sector.

## **Laura Giltrap, National Mental Health Commission (NMHC)**

- NMHC commissioned the University of Sydney to conduct research on barriers for people with psychosocial disability regarding access to the NDIS.
- The first two phases of the project are complete, and the stakeholder consultation is underway. The final phase is due to be complete by 31 August 2022.

## **Bill Pring, Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

- RANZCP is working with the NDIA on eligibility and access proposals, focusing on the needs of people with intellectual disability, autism, and attention deficit hyperactive

disorder.

- There continues to be concerns regarding equity of access to the NDIS, particularly in rural areas.
- Noted there are issues with NDIS eligibility and access for participants with psychosocial disability and co-occurring disabilities where these are not well recognised. RANZCP is committed to working with the NDIA to address this.

## Next Meeting

The next meeting will be held on 14 September 2022 from 1.00 p.m. (AEST) to 4.00 p.m. (AEST).

## Attendees

### Chairperson

Dr Gerry Naughtin OAM, Strategic Advisor (Psychosocial Disability and Mental Health), NDIA

### Members

- Ms Janet Meagher AM, Independent Advisory Council Liaison
- Ms Judith Drake, Consumer Representative
- Ms Kerry Hawkins, Carer Representative
- Ms Lorraine Powell, Lived Experience Australia
- Ms Katrina Armstrong, Mental Health Carers Australia
- Ms Ingrid Hatfield, Mental Health Australia (proxy for Harry Lovelock)
- Mr Bill Gye OAM, Community Mental Health Australia
- Ms Jessica Walker, Branch Manager, Agency Policy, NDIA
- Ms Chris Faulkner, Branch Manager, YPIRAC/Hospital Discharge, NDIA
- Ms Erin Ingham, Director, Psychosocial Disability and Policy Reform, NDIA
- Ms Anthea Raven, Australian Government Department of Health
- Mr Kieran O'Brien, Director, Department of Social Services
- Mr Phil Watson, Department of Health Victoria, Mental Health and Wellbeing Division
- Ms Amelia Callaghan, State and Territory Mental Health Commissions (proxy for Ivan Frkovic)
- Ms Donna White, Director Behaviour Support, NDIS Quality and Safeguards Commission
- Dr Bill Pring, Royal Australian and New Zealand College of Psychiatrists
- Ms Tamara Cavenett, Australian Psychological Society
- Ms Amanda Curran, Allied Health Professions Australia

## Guest Speakers

Ms Brooke Nation, NDIA Director, Agency Policy

Ms Jackie Saddington, NDIA Director, Service Guidance and Practice

## Invited Guests

Ms Laura Giltrap, National Mental Health Commission

Mr David Gifford, Deputy Scheme Actuary, NDIA

Ms Siobhan Carrigan, Assistant Director, Department of Social Services

## Apologies

Ms Christine Morgan, National Mental Health Commission

Ms Amy Wyndham, NSW Health, Mental Health Branch

Ms Jacqueline Hrast, Branch Manager Participant Outcomes, Department of Social Services

## Related articles

Category

- Mental Health Sector Reference Group communique

## Mental Health Sector September 2022 Communique

Date

21 October 2022

## Mental Health Sector April 2022 Communique

Date

5 May 2022

## Mental Health Sector April 2021 communique

Date

15 April 2021

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