Where are we at with the integration of NDIS and clinical mental health?

Eastern Cluster Mental Health Service Coordination Alliance

Mental Health, Partnership & NDIS Forum 2017

Wendy Davis
Program Design & Strategy
Department Health & Human Services
The NDIS is the new national approach for providing life-long support to Australians with a disability, their carers and families.

The NDIS is available for Australian residents age up to 64 years who have a significant condition or impairment that effects their capacity to do everyday things and participate in the social and economic life of their community and are likely to require support over their lifetime.
People with a psychiatric disability

- 15,000 Victorians or 14 per cent of total NDIS participants will have a psychiatric disability as the primary diagnosis at full scheme.

- The NDIS will:
  - significantly increase access to supports
  - provide a greater range of supports
  - give participants greater choice and control over how their supports are provided

More people: The Victorian market for disability supports is estimated to grow from 78,000 people in 2016 to 105,000 in 2019.
Local Area Coordination

Assist people with disability & carers to build and pursue their goals, exercise choice and control and navigate and engage with NDIS by

- Building pre-planning capacity and linkages
- Developing a Plan to submit to NDIA & assisting with plan implementation
- Maintaining contact and reviewing progress of plans
- Providing information and linkage to mainstream and support services

Working with communities and mainstream services to build awareness & become more inclusive of people with disability

- Identifying gaps in the market place
- Provide information to NDIS providers about the needs of people with disability
- Provide information to mainstream services about NDIS
Workforce implications

The workforce needs to grow in response to NDIS

Growth in workforce at full scheme

**Current**

19,550 - 23,900 FTE

**Future**

34,400 - 42,000 FTE

**More jobs:** The workforce required to service this demand is estimated to grow from 19,550 - 23,900 to 34,400 - 42,000 FTE in 2019.
NDIS eligibility and first contact
Eligibility

The NDIA acknowledges a person’s level of functional impairment and associated disability may be episodic or persistent, debilitating and long lasting.

So a person’s impairment will be assessed as permanent if it is likely they need support over their lifetime.

As eligibility criteria align, NDIA has agreed clients will automatically become NDIS participants for defined MHCSS programs:

- Individualised Client Support Packages
- Adult Residential Rehabilitation Services
- Supported Accommodation Services (3 exclusions)
Eligibility for NDIS psychosocial supports

People with a psychiatric condition must provide evidence they meet NDIS disability requirements

Evidence can be provided by nurse, allied health professional, GP or treating psychiatrist

Eligibility is determined by the person’s psychosocial functionality in the areas of:

<table>
<thead>
<tr>
<th>Mobility</th>
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<tbody>
<tr>
<td>Learning</td>
<td>Self-care</td>
</tr>
<tr>
<td>Social interaction</td>
<td>Self-management</td>
</tr>
</tbody>
</table>

MHCSS Intake will actively support people on MHCSS Needs Register to prepare for their NDIA access request.
Connecting symptoms to function

**Symptoms/Mental State/Illness Related Factors**

- **Appearance** – Issues related to self-awareness, appropriateness, social acceptance, motivation, self-care, lifestyle issues, safety.
- **Behaviour/Speech** – Social engagement, rapport with others, level of arousal/activity, withdrawal, disinhibition, aggression, interfering behaviours, compulsions, awareness of others.
- **Mood/Affect** – Depression, elevated mood, irritability, stability of mood state, appropriateness of affect, range of affect.
- **Perception** – Hallucinations, derealisation.
- **Thought Form/Content** – Paranoia, delusions, preoccupations, thoughts of self-harm/suicide, aggression, obsessions, anxiety, distracted/tangential thinking, poverty of thought.
- **Cognition** – Alertness, orientation, memory, spatial awareness, concentration, learning, planning, problem solving, following instructions, generating ideas, social cognition (e.g., challenges with reading nuances of verbal and non-verbal cues).
- **Judgement/Insight** – Self-awareness, understanding of illness and associated difficulties, issues of safety/vulnerability, decision-making, response to stigma/discrimination.

**Functional Areas That Can Be Impacted by Factors Associated with Mental Illness**

- Using public transport, leaving the house.
- Going to shopping centres.
- Attending recreational/vocational activities.
- Mobility difficulties as a result of side-effects of treatment.
- Communicating needs and wants.
- Following instructions and conversations.
- Understanding directions.
- Initiating and responding to conversation.
- Social contact (e.g., isolation and withdrawal).
- Making and keeping friendships.
- Friction with, or avoidance of, others in the household.
- Having a sense of purpose in life.
- Connecting with faith/spirituality/volunteering/community.
- Talking to strangers or particular people.
- Interaction affected by specific behaviours (e.g., overactive, aggressive, disruptive, offensive, including sexually offensive behaviours).
- Cognitive skills (e.g., planning, memory, learning new information, concentration).
- Participating in group learning (e.g., classes, tutorials).
- Managing household responsibilities.
- Budgeting money.
- Solving problems that arise, making decisions.
- Taking responsibility, behaving responsibly/safely.
- Doing laundry, shopping/cooking.
- Maintaining adequate diet/nutrition.
- Keeping safe in home environment.
- Personal care/grooming.
- Maintaining physical health.
- Non-accidental self-injury.
- Managing medication.
- Sexual health and wellbeing.

**Functional Domains in Evidence of Disability Form Part C**

- **Mobility**
- **Communication**
- **Self-management**
- **Self-care**
First contact with NDIS

- MHCSS clients will transition towards the end of the NDIS area phasing plan.
- The department provides NDIA with regularly refreshed client information.
- Victoria will provide continuity of support for current clients ineligible for NDIS.
CMH staff roles to support NDIS access process

- Check consumer eligibility & provide consumers & carers with information on NDIS access criteria & request process
- Discuss communication preferences, Correspondence & Plan Nominees & facilitate contact with NDIA
- Provide evidence to support application, including a letter from psychiatrist, clinician reports, recent assessments of psychosocial functioning, completion of relevant part of NDIS Access Request Form & Disability Support Pension applications
- Provide opportunity for consumers to include personal views about assessment conclusions
- Support the consumers to send the completed Access Request Form to the NDIA
- Confirm NDIA’s decision & where consumer ineligible request clarification from the NDIA and support appeals if required
NDIS planning process

Progression of Planning

First thoughts
Aspirational Planning

Thoughts into goals
Goal Setting Planning

Goals into actions
Detailed Planning & Budgets

Pre Planning  NDIS
CMH staff role in NDIA planning discussion

- Linking to NDIA participant information sessions & NDIS website & explaining types of supports available through the NDIS.

- Explaining what NDIA planner/LAC will ask in plan discussions, choosing support person & Plan Nominee, requesting a face to face discussion.

- Supporting consumers & carers to think about and write down their goals, discuss the type and level of support needed when unwell or to self manage & maintain wellbeing.

- Explaining to carers that they can make a written Carer Statement or request a separate meeting with the NDIA planner or LAC.
CMH staff role in NDIA planning discussion

• Provide recent assessments of psychosocial functioning & clinical input on the impact of the consumer’s mental health condition & the supports needed if in planning meeting

• Support the consumer to request a review of their NDIS Plan where type & amount of supports in the Plan are not adequate.
Supporting people living with mental health conditions to navigate the NDIS

reimagine your life. your future. your recovery.
reimagine.today
Carers planning tools

Mental Health Carer Checklist
to prepare for National Disability Insurance Scheme
assessment & planning meetings
# Information for mental health clinicians

**Supporting access to the NDIS for consumers, families and carers of area mental health services**

The National Disability Insurance Scheme is a completely new way of getting psychosocial support. It creates some more work for clinicians to set it up but a lot more choice for consumers. If eligible, consumers will be able to choose the services they want. Consumers, families & carers will require help to apply, so it’s important to understand the process. Once eligible, the NDIS will be available for life & has potential to make a huge change in the lives of consumers, families & carers.

*Please note: This overview is a start but as NDIS is constantly evolving this advice will change and be updated as we learn more.*

## Introducing the NDIS

**KEY POINTS**
- Check if any other service providers have already begun supporting access to the NDIS. If yes, liaise.
- **Language to support eligibility** - “Impairment which is likely to be permanent”.

**How long will the process take?**
- From Access to Service Delivery can take 3 - 12 months.

**What will the NDIS fund?**
- Reasonable and necessary supports.

- Support families & carers to understand and have input into the process.

Most of the NDIS Access & Planning process is conducted over the phone – discuss communication preferences & supports needed including written consent to share information with NDIA.

## Assisting access

**KEY POINTS**
- For registered MHCSS consumers - NDIA will contact the consumer by phone about a month before transition in May 2017 (& in some instances earlier) to complete the access process. Liaise with MHCSS provider.

- For consumers on MHCSS waitlist - MHCSS Intake will contact the consumer to offer assistance via phone and commence Access process. Consumer can nominate clinician to be their preferred contact. Liaise with local MHCSS Intake assessment service.

All other consumers
- Check eligibility using the NDIS Access checklist for consumers below, print as a prompt. Discuss preferred contact details & methods with consumer, family & carers. Consider a Plan or Correspondence Nominee. Access Request Forms can be collected from some Centrelink offices (check with your local office) or call 1800 800 110 for a form to be sent to address provided by consumer.

## Collecting evidence

**KEY POINTS**
- The letter from psychiatrist: confirmation of diagnosis & likely to be permanent
- Any other relevant reports (incl. HoNOS, LSP-16 and DSP applications)

The NDIS is required to make a decision or request further information within 21 days of receiving an Access Request Form.

## Supporting the planning process

**KEY POINTS**
- Most consumers’ first plans will be completed over the phone, through a planning conversation with an NDIA representative about the consumer’s existing supports, needs and main goals. Consider a prompt/script to assist this phone conversation.

If phone planning isn’t suitable, consumers will need to request a face-to-face meeting when NDIA calls them.

- Assist consumer, family and carers to prepare for the planning meeting. Be creative – together imagine how life could be better. Build on recovery plans & functional report.

- Discuss option of support coordination to implement plan.

Clinicians can attend meetings and assist with planning conversations with consumer consent.

## Sharing information

**KEY POINTS**
- Examples when interface may occur
  - Significant/rapid change of health needs
  - Discharge/transition planning
  - Unable to remain living in community without additional support
  - NDIS access, planning or review of NDIS plan
  - Recovery or health plan being developed or reviewed
NDIS plan implementation

NDIS participants can choose their NDIS providers & how, when and where supports are delivered and who will manage those supports. Funds can be self managed either directly or through a financial intermediary or via the NDIA.

Types of psychosocial disability supports provided:

- Daily personal activities, self-care
- Develop living & self management skills
- Household tasks for home maintenance
- Employment, transport
- Participation in community, social, economic and daily life activities
- Therapeutic and behaviour supports, allied health and other therapy
- Aids or equipment, vehicles, home modification
# Levels of support

<table>
<thead>
<tr>
<th>AREA OF NEED</th>
<th>FACTORS OF ILLNESS THAT CREATE DIFFICULTY</th>
<th>FUNCTIONAL IMPLICATIONS</th>
<th>TYPE OF SUPPORT NEEDED</th>
<th>FREQUENCY OF SUPPORT NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility</td>
<td>Example: Paranoid/Axiety</td>
<td>Unable to use public transport unaccompanied/ difficulty leaving the house.</td>
<td>Person to accompany when using public transport/ provision of transport.</td>
<td>Assist to attend weekly activity (3hr/wk) shopping (2 hrs/week) monthly appointments (2 hrs/mnth) (TOTAL 14hrs/mnth)</td>
</tr>
<tr>
<td>Communication</td>
<td>Example: Delusional thinking/hallucinations/ cognitive difficulties</td>
<td>Difficulty interpreting communication, following instructions, seeking help/direction.</td>
<td>Person to assist with interactions, especially with appointments, work activities.</td>
<td>Monthly support to attend appointments, weekly support to attend and participate in volunteer job.</td>
</tr>
<tr>
<td>Social Interaction</td>
<td>Example: Post-traumatic stress and anxiety</td>
<td>Social withdrawal/ difficulty responding to social situations/ fear or distrust of others/ difficulty getting needs met.</td>
<td>Person to accompany when attending social activities, at least for a period of time.</td>
<td>Attendance at social activities (about 2 hrs/wk, may not be required every week) May require graded support for new social situations.</td>
</tr>
<tr>
<td>Learning</td>
<td>Example: Cognitive difficulties</td>
<td>Difficulty with organising tasks, learning new information, memory.</td>
<td>Equipment that assists with recording and organising (e.g. tablet). Person to assist with learning and engaging in particular activities.</td>
<td>Device with suitable support and training in its use (10 hrs over a number of weeks) Person to assist with study or recreational activities. (TOTAL 6 hrs/mnth)</td>
</tr>
<tr>
<td>Self Management</td>
<td>Example: Amotivation/Cognitive Difficulties</td>
<td>Difficulty in attending to responsibilities due to lack of motivation/interest/ concentration/ organisation etc.</td>
<td>Person to supervise, support with care of house, managing money, getting services etc.</td>
<td>Attendance to assist with at least one meal a day and other home based responsibilities (14 hr/wk), shopping and appointments (3 hr/mnth).</td>
</tr>
<tr>
<td>Self Care</td>
<td>Example: Side effects causing weight gain, increased appetite, lethargy.</td>
<td>Difficulty with self-care activities, including hygiene, managing physical wellbeing, diet.</td>
<td>Assistive equipment to enable self care activities. Access to healthy lifestyle activities including exercise.</td>
<td>Assistance to attend exercise/gym program, including transport on a weekly basis. Provision of assistive equipment with training and support. (equipment cost + 1hr/mnth).</td>
</tr>
</tbody>
</table>
Additional supports

• Most people with a psychosocial disability will have support coordination in their NDIS plan.

• Support coordinators will help participants coordinate their informal, mainstream and funded supports, resolve points of crisis and participate independently in NDIA processes.
CMH staff role in implementation of plans

- Requesting the NDIA consider support coordination as part of NDIS plan
- Facilitating/ participating in joint planning meetings with the consumer & support coordination provider or LAC
- Raising concerns with DHHS about quality and safety issues
- Agree to a process for responding when the consumer experiences a rapid increase in their psychosocial support needs & include in Advance Statement
Review of NDIS plans

NDIS plans are reviewed annually as part of the planning cycle.

Participants can request a review where circumstances change:

- significant progression or deterioration of a participant’s mental health condition
- new condition or injury resulting in a permanent increase in support needs
- a permanent decrease in the amount of informal support available

Complex reviews may require a new support needs assessment, psychiatric or psychological assessment & a re-assessment of risks and safeguards and plan nominee.
CMH staff role in review of plans

Notify their support coordinator or LAC when participants:

- experience a rapid increase in their psychosocial support needs
- experience a sustained increase or significant change in their psychosocial support needs
- are admitted to a bed-based mental health service or are discharged from service

Work together to accelerate NDIS access request and planning processes for time critical discharge, particularly from acute inpatient, high dependency beds, sub-acute & PARC
Collaborative interface between clinical mental health services and NDIS
All Australian governments have agreed to:

- Integrated planning and coordinated supports, referrals and transitions that support a no wrong door approach
- Streamlined care at the local level recognising input from both health and disability service may be required at the same time & smooth transitions are required

Health system will remain responsible for:

- Assessment and diagnosis of health conditions
- Clinical treatment of health conditions, including ongoing or chronic health conditions, delivered in acute, extended care, sub-acute and community settings
- Recovery-oriented services and therapies (rehabilitation) aimed primarily at restoring the person’s health and improving the person’s functioning after a recent medical treatment intervention
Collaboration on shared consumers/participants will be dependent on having a sound understanding of:

- funding responsibilities
- service responses available from NDIS and clinical mental health services
- clear expectations of roles and responsibilities between all parties
- agreed best practice
Development of an effective operational interface between the specialist clinical mental health services and the NDIS and to ensure eligible consumers experience easy, timely access to NDIS supports and coordinated planning, implementation and review by:

- establishing new partnership arrangements with the NDIA, LAC & NDIS services
- changes to service operations & practice
- building the capacity & capability of the clinical & lived experienced workforces
Sector Development Fund Project

Key features:

- in the NEMA covering LGAs of Banyule, Nillumbik, Darebin, Whittlesea and Yarra

- Consortium of Austin Health (aupice) , St Vincent's Hospital and Melbourne Health, NDIA, LAC, DHHS & consumer and carer peaks

- Project Steering Group of key stakeholders

- Rapid distribution and translation of products and learnings across the state and other jurisdictions

- Concurrent formative evaluation

- Completed by 30 June 2018
Key outcomes

- Develop effective models of partnership between the specialist mental health services and the NDIA, LAC and NDIS funded support providers.

- Describe new NDIS related workforce roles and functions and develop workforce training & development initiatives to build the competency and capability of the workforce to effectively support consumers across the NDIS operational pathway.

- Develop policies, practices, processes, service pathways, protocols and operational guidelines to guide interactions between clinical mental health services and the local NDIA, LAC, ILC and NDIS services.

- Support consumers to make decisions and choices about disability supports that promote their recovery, maximise their wellbeing and social and economic inclusion.
Key issues

Project to explore and address

- Information sharing
- Connecting hard to engage clients with the NDIS
- Early intervention and escalation processes for consumers experiencing a relapse
- Planning discharge from clinical mental health settings and coordinating disability supports
- Supporting consumers to make decisions and choices
Analysis of CMH & lived experience workforce roles & functions & the knowledge, skills and attitudes required to:

- identify gap between current and future practice
- prepare a workforce development program
- identify supporting clinical and organisational structures and processes.

Engagement, decision making or agreed action on the NDIS pathway
Workforce development workshops

**Workshop 1- Envisage future**
- People with a multiple disabilities (ID/ABI)
- single long standing mental health illness (depression)
- earlier stage illness & multiple/fluctuating episodic presentations

**Workshop 2- Gap analysis**
- Health service specific analysis of current knowledge, skills & attitudes against future outcomes

**Workshop 3- Addressing the gap**
- Core and health service specific workforce strategies, clinical processes and organisational structures to facilitate change
Questions
Key Contacts

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NDIS - PRACTICE ADVICE FOR MENTAL HEALTH CLINICIANS

Christine Hodge
Business and Service Development Manager
Northern Area Mental Health Service
Acknowledgements

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North East Primary Care Partnership
- Tania Nicholls
North East AMHS
- Elizabeth Davis
St Vincents
- Graeme Doidge
BACKGROUND
NATIONAL DISABILITY INSURANCE SCHEME IN NORTHEAST REGION

• Roll out from July 2016

• NAMHS – St Vincent's – Austin

• Transition period MHCSS and needs register to May 2017
Consumer groups

- MHCSS consumers – transition by MHCSS, supported by AMHS

- Needs register consumers – transitioned by central intake, supported by AMHS

- New referrals, initiated with consumer by AMHS

- Dilemma: Education and communication strategy to staff
Working group

- Team representatives
- Team presentations
- Information dissemination
- Database
- Identification of useful resources
Information for mental health clinicians
Supporting access to the NDIS for consumers, families and carers of area mental health services

The National Disability Insurance Scheme is a completely new way of getting psychosocial support. It creates some more work for clinicians to set it up but a lot more choice for consumers. If eligible, consumers will be able to choose the services they want. Consumers, families & carers will require help to apply, so it’s important to understand the process. Once eligible, the NDIS will be available for life & has potential to make a huge change in the lives of consumers, families & carers. Please note: This overview is a start but as NDIS is constantly evolving this advice will change and be updated as we learn more.

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**KEY POINTS**
- Check if any other service providers have already begun supporting access to the NDIS. If yes, liaise.
- Language to support eligibility - ‘impairment which is likely to be permanent’
- How long will the process take? From Access to Service Delivery can take 3 - 12 months.
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All other consumers Check eligibility using NDIS Access Checklist, print as a prompt. Discuss preferred contact details & methods with consumer, family & carers. Consider a Plan or Correspondence Nominee. Access Request Forms can be collected from some Centrelink offices (check with your local office) or call 1800 800 110 for a form to be sent to address provided by consumer.

Collecting evidence

**KEY POINTS**
- The key items:
  - Letter from psychiatrist: confirmation of diagnosis & likely to be permanent
  - Clinician report: functional impact of disability - Part F of Access Request Form
  - Any other relevant reports (incl. HoNOS, LSP-16 and DSP applications)

The NDIA is required to make a decision or request further information within 21 days of receiving an Access Request Form.

Supporting the planning process

**KEY POINTS**
- Most consumers' first plans will be completed over the phone, through a planning conversation with an NDIA representative about the consumer’s existing supports, needs and main goals. Consider a prompt/script to assist this phone conversation.
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**KEY POINTS**
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IMPORTANT LINKS

**About the NDIS**
- NDIS Information for Specialist Clinical Mental Health Services
- Psychosocial disability, recovery & the NDIS
- What will NDIS fund?
- Guide for mental health carers Supporting families & carers

**NDIS Information for Specialist Clinical Mental Health Services**
- My NDIS Pathway
- NDIS Access Checklist
- What are Correspondence & Plan Nominees?
- NDIS Decision making guide for adults with cognitive impairments or mental ill health (plan nominees)

**Providing proof of age & residence**
- Psychiatrist letter template
- Clinician report template
- Prompts for Clinician report
- Tip Sheet
- Sample allied health report

**What does an NDIS plan look like?**
- Example 1 and 2
- Preparing for the planning conversation
- What are Local Area Coordinators (LACs)?
- What is Support Coordination?
- Mental Health Carers Checklist

Available online at www.nepcp.org.au

JANUARY 2017

NorthWestern Mental Health
To: National Disability Insurance Agency (NDIA)

Re: [insert name] [Date of Birth: inserted] of [insert address]

This letter is in support of the above named persons application for the National Disability Insurance Scheme (NDIS).

I am the Doctor currently treating them for a psychiatric condition. I can confirm that the person has a psychiatric condition and they have a need for ongoing psychosocial support. They have been diagnosed with [insert psychiatric diagnosis] which they have had for approximately [number of years] years. This condition was first diagnosed in [year]. They also have a secondary diagnosis of [secondary diagnosis if available].

They are currently receiving treatment in the form of [insert type of treatment, i.e. pharmacotherapy and/or psychological treatment; such as medication name]. They have had [insert number] psychiatric inpatient admission/s between [years; i.e., 2010 - 2016]. Their most recent admission was [insert date] at [name of hospital].

I can confirm that this condition is likely to be permanent although it may vary in intensity due to the episodic nature of their mental illness; their impairment is assessed as permanent because they will need support at varying levels over their lifetime.

If you wish to contact me about this person’s application for the NDIS please do not hesitate to contact me on [insert phone number/email].

Yours Sincerely,

[Insert Name of Health Professional and sign]
[Insert name of provider]
Clinician template

To: National Disability Insurance Agency (NDIA)

[Insert name] [State of birth] [Insert of insert address]

This report is in support of the above named person’s application for the National Disability Insurance Scheme (NDIS).

[Insert name] has been a registered client of [treating service] since [insert date] and I have been working with [insert name] since [insert data].

[Insert name] is currently treated by:
Consultant Psychiatrist: [insert name]
Psychiatric Registrar: [insert name]
Key Clinician: [insert name]

[Insert name] was diagnosed with [insert diagnosis] and experiences difficulties across many areas of health, productivity, community access and leisure.

I can confirm that [insert name] experiences impairments in the following life areas: [choose as many as apply]

1. Mobility/motor skills
   - Yes  No
   - Does difficult is it to get around, use public transport, go shopping, leave the house?

Type of assistance required

2. Communication
   - Yes  No
   - Is it easy or difficult to have conversations, understand instructions and directions?

Type of assistance required

3. Social Interaction
   - Yes  No
   - Do you find social interactions easy or difficult, what is your level of trust in other people?

Type of assistance required

4. Learning
   - Yes  No
   - Does your mental health impact on your ability to organise, learn new tasks, does it affect your memory, is it difficult to incorporate new information into your life?

Type of assistance required

5. self-care
   - Yes  No
   - How well are you at being able to manage your needs, physical wellbeing, your diet, to exercise regularly and take care of yourself?

Type of assistance required

6. self-management
   - Yes  No
   - Do you ever have difficulties in meeting your responsibilities, does it affect your motivation, interest in life, your ability to concentrate and to prioritise, can you manage your finances, tenancy issues?

Type of assistance required

If you wish to contact me about this person’s application for the NDIS please do not hesitate to contact me on [insert phone number/Email].

Yours Sincerely,

[Full name]
[Professional Qualification]
Contact details

Email: Christine.hodge@mh.org.au
Phone: 8405 8880

Practice advice

http://www.nepcp.org.au/ndis-mental-health-clinicians
Supporting applications and preparing for NDIS

Neami / Me-Well
Phil Watson – Manager – Central Intake
2017
NDIS is Australia's most significant social policy reform in the last forty years.
What we will cover today:

• NDIS transition
• NDIS eligibility
• Accessing NDIS / Evidence gathering
• NDIS plans
• Neami/Me Well Update
• Questions and Answers
NDIS Phasing in Victoria

NDIS will be available from the following dates:

1st July 2016: North East Melbourne

1st November 2017: Outer East Melbourne, Inner East Melbourne

1st March 2018: Hume & Moreland

1st April 2018: Bayside Peninsula

1st October 2018: Moonee Valley, Melbourne, Maribyrnong, Hobsons Bay, Brimbank & Melton
Defined & Non Defined Programs

• Consumers connected to MHCSS are deemed eligible - pending age & residency: (Defined Program)

• Consumers connected to Phams & D2DL will need to test their eligibility (Undefined Program)

• Consumers on the MHCSS wait list will need to test their eligibility, but through a streamlined processes supported by intake workers (Undefined Program)
Local Area Coordinators – the LAC

Will assist people:

• Local Area Coordinators will assist some participants with pre planning, plan development and plan implementation.

• Local Area Coordinators can also support people with a disability who are not eligible to enter the Scheme or if the participant has tested their eligibility by linking them into supports into their community.
Eligibility

1. Live in Australia and be: an Australian citizen OR a permanent resident OR on a Protected Special Category Visa

2. Aged under 65 years (at time of assessment)

3. Have an impairment or condition that is likely to be permanent (lifelong) and affects your capacity for social and economic participation.

Please note: Once deemed eligible, you will have access to the NDIS for the rest of your life.
Access to Plan to Review

- **ACCESS**
  - Request & Complete Access Request Form to submit to NDIA (Phone and Forms)

- **PLANNING**
  - LAC/NDIS develop a plan with funded ‘reasonable & necessary’ supports (face to face)

- **CONNECT**
  - Once plan has been approved, LACs assist participants to choose services

- **START**
  - Services provide support (can be multiple providers) (Activate Plan)

- **REVIEW**
  - Plan is reviewed every 12 months by NDIS
Accessing NDIS

• People can self-refer and contact NDIA to access NDIS (Access Request Form)
• People on the MHCSS Needs Register will be offered assistance to transition/access
• People with MHCSS support are considered in a ‘Defined’ program
• People may receive a letter or phone call from the NDIA if they are registered with one of these programs or the Disability Support Register (DSR)
Eligibility for NDIS - Psycho-Social Disability

• Psycho-Social Disability is difficult to prove that it is permanent and significant (it is not a defined disability like Intellectual Disability (IQ Under 55); and Permanent Blindness)
• HONOS and LSP16 can be supporting evidence
• Supporting Evidence for psychiatric condition should preferably come from a Psychiatrist who can confirm
  – Psychiatric Diagnosis
  – ‘Permanent’/Enduring disability
  – ‘Significant impairment’ as a result of psychiatric condition
  – List of treatments that have been completed such as CBT, ECT, Psychotherapy, various Pharmacotherapy and whether they are “treatment resistant”.
Planning Phase

• If found eligible, NDIA will develop a plan; and usually meet face to face or over the phone to assess needs (WHODAS)

• People can request a face to face meeting for this and can also have a support person or professional present.

• People may receive notice of an NDIS plan and support package via mail

• Plans are individually funded for each person

• People have a choice of provider(s)
How can the funding in plans be managed?

Consumers have choice and control over how funded supports are used. That includes choice in which service providers are used. There are 5 ways that plans can be managed:

1. Agency managed: providers claim directly from NDIA
2. Plan manager: funding is allocated for a 3rd party to manage
3. Self-managed: consumer or their nominee directly manages funds
4. Automated payments (transport only): these funds can be deposited into an NDIS bank account weekly, fortnightly or monthly
5. Combination: A combination of the above 4 options can be used together to meet individual needs
Example of an NDIS Plan

**Capacity building: Support Coordination:** $4000 p.a @ $92 p/h
- Coordinator to link participant to NDIS & mainstream services

**Improved Daily Living:** $9000 p.a.
- OT assessment @ $175 p/h, travel training @ $42 p/h, social access @ $42 p/h

**Core Supports:** $5000 p.a
- Home cleaning, garden maintenance @ $40.60, self-care (showering) @ $42 p/h

**Transport:** $1600 p.a

**TOTAL:** $19,600 p.a.
Challenges for consumers & MHCSS sector

Consumers
- Many consumers sceptical about ‘insurance scheme’
- Many consumers not in defined programs missing out (especially people with unique complex needs, eg. Homelessness or high prevalence disorders)
- Assessment & planning processes are deficit focussed
- May experience workforce as less experienced
- Interpreter funding is generally not included in participant plans

MHCSS
- Services going from block funding to demand driven
- High efficiency expectations (90%) result in limited professional development/training opportunities
- There are some MHCSS’s that have transitioned in trial site areas have had to close due to lack of financial viability
Benefits of NDIS

• More choice and control (through more providers)
• Potentially save consumers $ with new funded supports
• No wait list
• Most services really emphasising ‘customer service’
• Not losing the ‘capacity building’ philosophy that the recovery focussed mental health system have been building on
Neami & Me-Well

• Neami National decided in late 2016 to create a subsidiary company - Mental Health and Wellbeing Australia (Me Well)
• Me Well will be offering a range of NDIS services to both our existing and new mental health consumers
• All Neami’s NDIS supports in Victoria will be delivered through Me Well
• Me Well will operate under the same vision, mission and values as Neami, with new roles, processes and support systems in place to be able to operate most effectively in an NDIS service delivery environment.
Want more information on NDIS?

To access more information on the NDIS:
Call: NDIA on 1800 800 110
Email: enquiries@ndis.gov.au
Website: ndis.gov.au
Questions and Answers.

MHCSS Central Intake (Neami)
1300 379 462

Me-Well Enquiries Vic.
1800 163 264