



Queensland Alliance for Mental Health

# Current Scheme Implementation and Forecasting for the NDIS

## Submission

October 2021

## Who is QAMH?

Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Wellbeing Sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of Community Mental Wellbeing Services across the state.

Our role is to reform, promote and drive community mental wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners.

At a federal level, we collaborate with Community Mental Health Australia. We work alongside our members to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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## Our Response

QAMH appreciates the opportunity to provide input into the upcoming inquiry into Current Scheme Implementation and Forecasting for the National Disability Insurance Scheme (the Inquiry), by the Joint Standing Committee on the National Disability Insurance Scheme (the Committee). Our response to this public consultation has been informed by our extensive knowledge of the Community Mental Wellbeing Sector in Queensland.

QAMH is broadly supportive of the Inquiry's review of funding arrangements and implementation of the NDIS, particularly if this leads to greater certainty and inclusivity in the system for people experiencing mental health challenges. However, the issues seeking to be addressed as part of the Inquiry, namely implementation and funding of the NDIS, are complex, with potentially significant implications for current and future NDIS participants. Accordingly, QAMH does not consider that adequate time has been provided for stakeholders to consider the Terms of Reference and consult in detail with our member organisations to ensure the scope of the Inquiry captures all relevant issues. QAMH encourages the Committee to ensure the Inquiry is sufficiently flexible to ensure issues raised through the consultation process can be fully explored.

Going forward, QAMH is establishing a special interest NDIS Advocacy Group focusing on concerns around the provision of psychosocial disability services. We will be consulting with this group, and our member organisations more broadly, following release of the interim report when there is more clarity around the Inquiry's direction.

Notwithstanding the limited time available, QAMH has developed this submission for the Committee's consideration. This submission will discuss the following areas:

- The blurred boundaries, or interface, between the NDIS and healthcare provision and how this disadvantages people living with psychosocial disability;
- The importance of the Information, Linkages and Capacity Building grants program in providing essential services in the psychosocial disability landscape;

- The inequity experienced by people with psychosocial disability in rural/regional areas under the current NDIS system;
- Inequitable variation in plan funding for NDIS participants who have psychosocial disability;
- Workforce issues, including the difficulty in providing quality services under current cost structures;
- The lack of clarity and equity around funding for support coordinators and recovery coaches; and
- Future funding of the NDIS, in particular how future arrangements need to provide for the “missing middle”.

## Blurred boundaries between NDIS and healthcare provision

QAMH’s members have regularly expressed concern regarding the interface between funding provided by the NDIS and healthcare provision, including Medicare, Queensland Health and Primary Health Networks. Members report that participant plans do not provide sufficient funding to cover costs associated with ongoing psychosocial needs. Participants try and fill these gaps by accessing mainstream services which are inadequate, inappropriate and difficult to access.

Members report participants are being denied access to the NDIS if they have periodic interaction with clinical services within Queensland Health. That is, the NDIA shifts responsibility for funding to State-provided services. Practically there is significant overlap between these services. For instance, navigating access to a Queensland healthcare provider for clinical services will often require NDIS-funded assistance. Unfortunately, an individual’s interaction with particular services does not divide neatly between NDIS and non-NDIS categories. The NDIS funding model should reflect this reality.

Eating Disorders Queensland, a QAMH member and an NDIS provider, has experienced significant cuts or complete cancellation of participant plans due to the NDIA considering that care can be exclusively funded by existing healthcare structures. The NDIA’s failure to consistently recognise the complex

interface that exists between health and psychosocial disability leaves some member organisations concerned that vulnerable people are missing out on accessing the care they require.

## **Importance of the Information, Linkages and Capacity Building (ILC) Program**

The ILC grants program provides significant opportunities throughout the NDIS landscape in Queensland, having been successfully utilised by our members in the community health and wellbeing sector. Bridges Health and Community Care was awarded over \$1 million for its “Mind Life Strategy”, which aims to reframe psychosocial disability to reduce stigma and improve understanding of needs, resources and service options.

Without this funding, such programs would not exist. For relatively small amounts of funding in the context of the NDIS and broader health system, this program improves the lives of people with lived experience of mental health issues. QAMH strongly advocates the continuation of the ILC grants program.

## **Inequity in rural/regional areas**

QAMH has been advised by service providers that NDIS participants are unable to fully utilise the funding in their packages because of the limited workforce available to deliver services in regional/rural areas. These ‘thin markets’ for NDIS services lead to a lack of choice and control, a fundamental principle of the NDIS. These participants are disadvantaged on two fronts, in that they miss out on the care required to manage their psychosocial disability, and they are also denied access to funding in future funding cycles because they did not utilise it in the previous package. QAMH supports the Inquiry considering the drivers of inequity between NDIS participants living in different parts of Australia and encourages broad consultation with rural and regional service providers.

## **Inequitable variation in plan funding**

Variation in plan funding between participants with similar diagnoses and lived experiences is an ongoing concern for QAMH members. The reasons why some people with mental health issues have

been found to be ineligible, or why packages can be for such varied amounts is not clear to either participants or service providers and leaves people increasingly frustrated with the lack of clarity around the NDIA assessment processes. Relevant factors include:

- In assessing psychosocial disability, the criteria used to establish eligibility for an individually funded package relies on ambiguous language. QAMH considers that replacing the words “appropriate treatment” and “appropriate length of time” with more objective terminology would address this ambiguity and hopefully lead to more consistency in funding being granted;
- Service providers report that it can be quite difficult to engage with some people living with mental health issues when they are unwell. This raises issues for many service providers around appropriate and ethical considerations for assisting people to gather evidence of eligibility, where there are no family or friends to act on their behalf and independent advocacy is required; and
- Participants already accessing services receive better packages because they have access to expert advice already within the system. Those not accessing services are less familiar with the key terms and descriptors that are currently integral to the application process. These individuals may, according to the current standard, submit a less effective application and are therefore less likely to be successful in terms of receiving funding.

Access to services should be based on need and not dependent on ambiguous terminology, having someone to advocate on your behalf, or an individual’s prowess in playing NDIS word bingo. QAMH considers the Inquiry should consider these matters.

## Workforce Issues

In July 2021, QAMH published *The Community Mental Health Workforce Report* which provided a snapshot of the Queensland community mental health and wellbeing workforce in 2021 and an understanding of the key challenges faced by the sector.<sup>1</sup> Findings were in line with previous publications and literature and found that the NDIS’s fee for service model and Pricing Schedule has

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<sup>1</sup> QAMH (2021). *The Community Mental Health Workforce Project*. [Community-Mental-Health-Workforce-Report.pdf \(qamh.org.au\)](https://www.qamh.org.au/Community-Mental-Health-Workforce-Report.pdf)

significantly impacted service providers' ability to offer secure and satisfactorily remunerated employment. Frontline workers have reported concerns around reduced job security, increased workloads and productivity requirements which have contributed to high stress levels and employee burnout. The Pricing Schedule is not adequate to provide suitable working conditions, including supervision, and has created a shift to casual employment. Workloads for staff have increased significantly. The sector discusses a "divide" that exists between its NDIS services and those that are funded through other sources. This leaves many organisations with a workforce of unqualified staff and unable to meet the needs of NDIS participants. A large national organisation and QAMH member, NEAMI National, recently ceased providing NDIS services altogether due to unsustainability of the cost structure.

Another issue is the provision of staff training required to comply with standards and to provide quality supports to people accessing services. The significant cost of this training is absorbed by service providers due to limited fee for service pricing model. Staff recruited from the disability sector and those with generic disability qualifications (e.g., Certificate III Individual Support) require training to understand the very specific needs of people receiving psychosocial supports. It is also not uncommon to recruit staff to work in the NDIS with no formal qualifications, particularly in rural and remote regions where there is a lack of qualified applicants. Service providers have weathered the costs of this training, but this is not a sustainable model going forward.

QAMH strongly advocates for a review of the fee for service model, and hope the Inquiry takes these matters into consideration when reviewing the current cost structure.

## **Lack of clarity around funding for Support Coordinators and Recovery Coaches**

QAMH's members have expressed concerns about the introduction of recovery coaches and how this has affected the ongoing provision of support coordination. Confusion remains about the criteria for inclusion of both support coordination and recovery coaching. Members have shared experiences where participants with complex needs are receiving funding for recovery coaches but not for support coordinators where both would have been appropriate. This has led to a view that participants were being pushed onto the recovery coach model as a replacement for support coordination. In contrast,

other members reported that some participants were using both a support coordinator and a recovery coach although it was unclear how this decision was made.

Feedback from members indicates that many support coordinators have a good understanding and useful familiarity with the communities in which they work. Their skills and knowledge are a critical component of ensuring participants are receiving relevant and useful advice and assistance. The lack of inclusion of support coordination in participant plans and instead the utilisation of recovery coaches runs the risk of eliminating this critical support for participants and negatively impacting the quality of care provided. To address this concern, the NDIA must ensure that support coordination continues to be included in participant plans where it will ensure good quality outcomes for participants based on their support needs.

QAMH welcomes the addition of recovery coaches into the psychosocial disability landscape, as it fits well with our belief in recovery-oriented care. However, QAMH considers that recovery coaches should not be seen as a cost saving but rather be made available in addition to, rather than at the expense of, support coordinators. The two roles provide distinctly different types of skills and knowledge and therefore one should not be funded to the detriment of the other. We also strongly advocate for a review of the Pricing Schedule in regard to the Recovery Coach line item. This role should be numerated at a similar rate to Support Coordination services.

### **Future funding needs to address the “missing middle”**

QAMH’s members regularly express concerns about service provision for people living with a mental health condition who are not eligible for an NDIS package. This “missing middle” must have their psychosocial needs met regardless of whether they are eligible for the NDIS or not. The NDIS was never expected to fill all service gaps, however the roll out of the NDIS altered the psychosocial support landscape significantly, decreasing the availability of supports for those outside of the scheme.

QAMH strongly urges the Inquiry to consider how people living with mental health issues who are unable to meet eligibility requirements for the NDIS for a variety of reasons are provided with high quality care and support.

Thank you for the opportunity to contribute to this important Inquiry. We will be monitoring the Inquiry's progress and scrutinising the findings and recommendations to ensure any changes seek to improve the lives of people living with psychosocial disability. QAMH will continue to advocate to improve the NDIS for people who experience mental health challenges which impact on their day-to-day functioning. We look forward to providing further input following the release of the Interim Report.

Please do not hesitate to contact QAMH should you require any further information.