Australian National University

Culture Clash?

Recovery in Mental Health Under the NDIS

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Today's presentation

Considers the extent to which the NDIS as currently configured is compatible with recovery by:

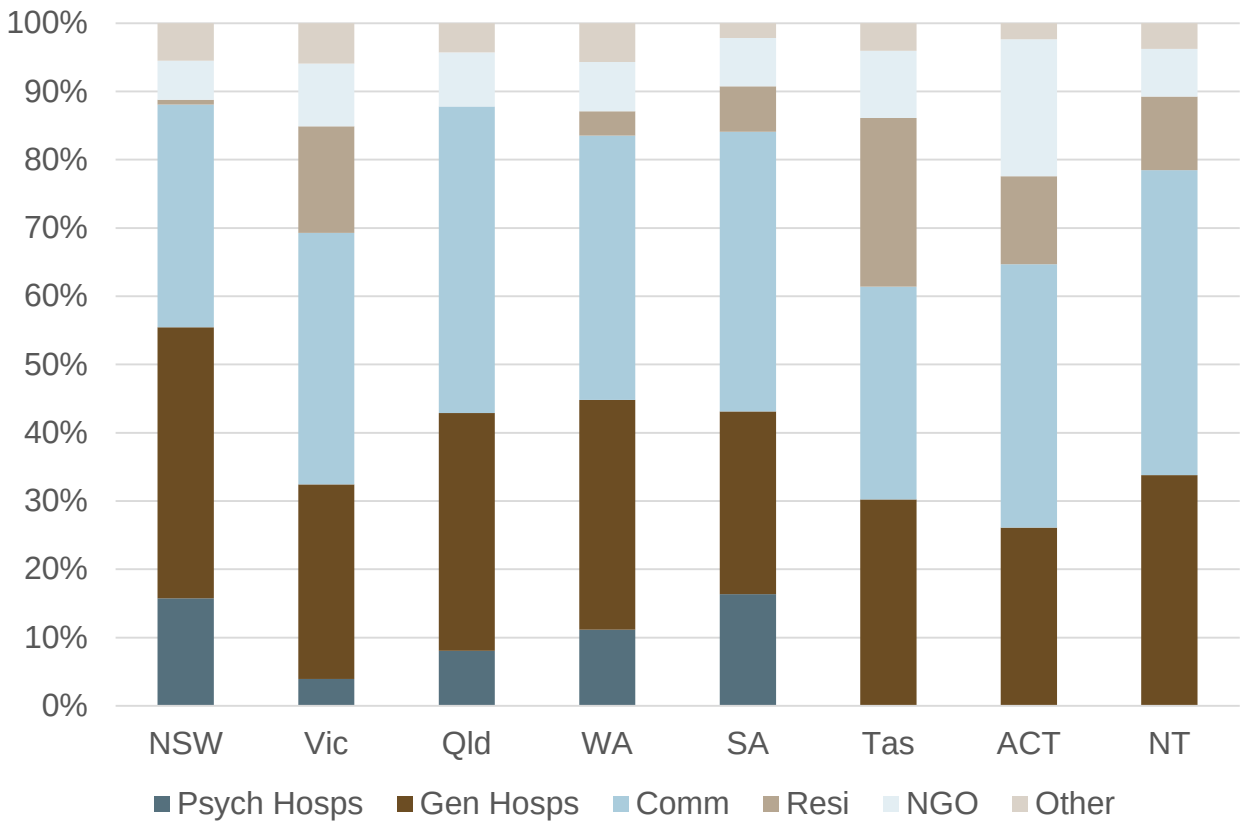
- Looking at overall context of mental health care in Australia
- Looking at a specific case study which draws on my own experience as Board member of Woden Community Services (ACT)
- Asking you some questions about what this all means, for commissions, inquiries, streams and other animals

And then opening the floor to your experience and expertise, discussion and comment.

What we know about mental health

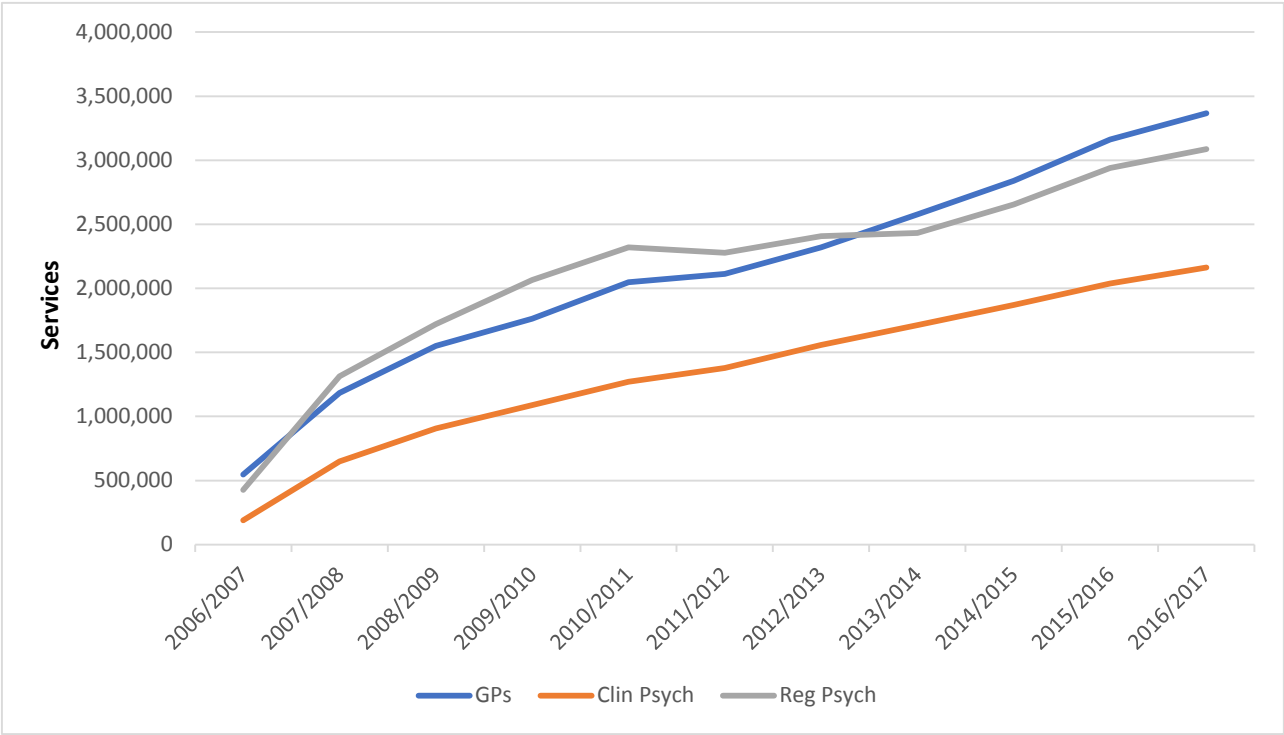
- 38% of people in care in 1997, 35% in 2007 – why don't people come? 46% now….
- 1 in 5 adults per year, 75% of all mental illness <25yrs
- Treatment rates for young men (16-24 yrs) are just 13% (2007)
- $9bn in 2015-16, $5.4bn of mental health spending is States and Territories, $3.1bn is Feds – MBS and PBS
- No 3rd ABS Survey of MH and W – paucity of data – what will RC and PC rely on?

State Spending on Mental Health



As a proportion of total govt health expenditure:
Mental health received 7.25% in 1992-93
7.67% in 2015-16
12% of burden of disease
1.8% of pop tx

Fed Spending on Mental Health

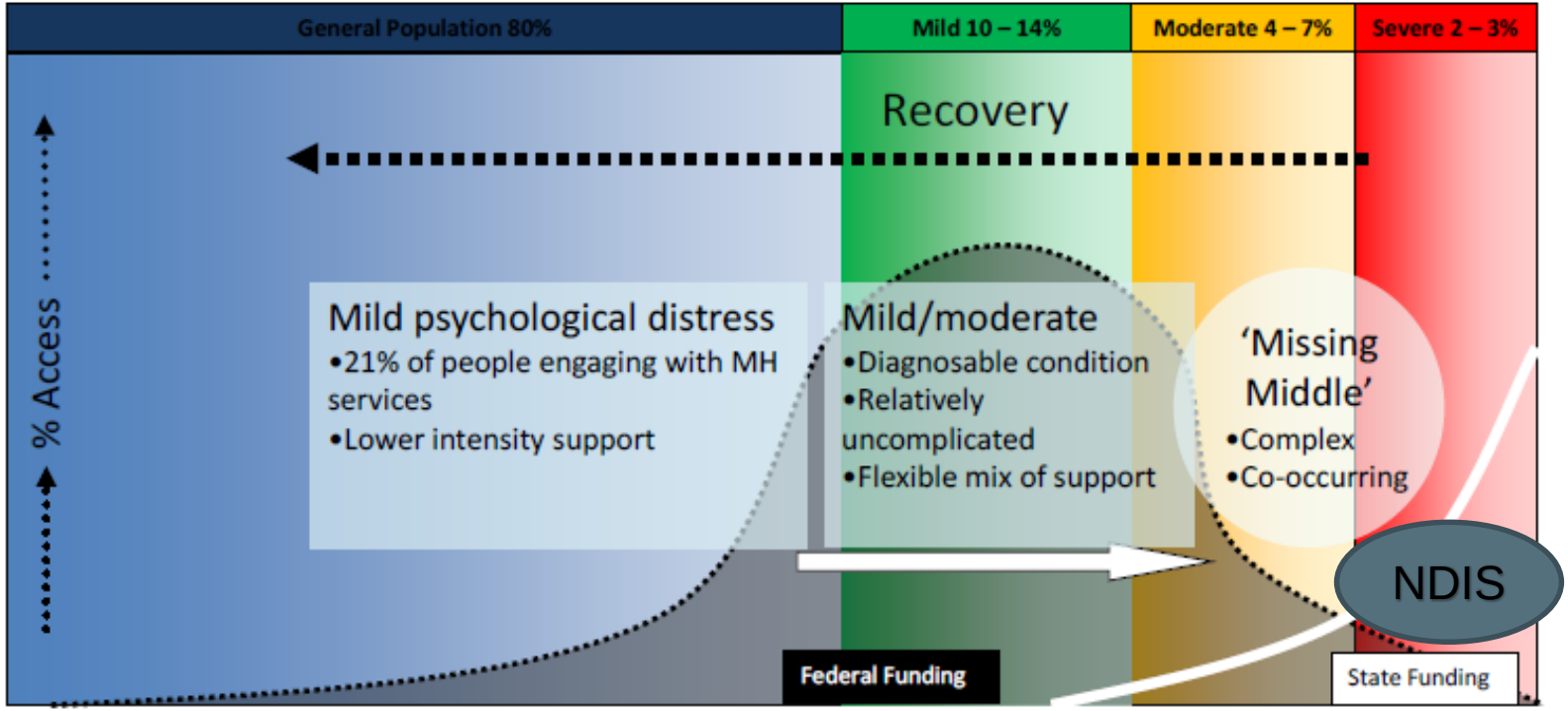


In 16-17, 2.4m people received 11m services, costing $28m weekly (MBS plus out of pocket costs).

Services from:
34% Registered psychs
24% Clinical psychs
38% GPs
4% other (OTs, SWs)

BA Program is about 1/3 of total Australian Govt spending on mental health.

The Missing Middle ++++++++++



WENTWEST Current Mental Health Programs	Better Access	ATAPS	PIR/ MHNIP
Population 80% = 684,000 (Total 855k 2012)	85k – 119k	34k – 59k	17k – 25k

What we know about mental health

Indicator	Performance
Suicide 2015	96/183 countries
Homelessness 2017	26/30 countries
NEET 15-19yrs 2015	Males: 20/33 Females: 10/33
Prisoners 2018	86/222 countries
Employment of People with a Mental Illness 2012	Lowest in OECD in terms of the income of people with (severe) mental illnesses as a ratio of the average income of the population

Rosenberg S, Hickie I, No Gold Medals - Assessing Australia's International Mental Health Performance, Australasian Psychiatry 8 October 2018

What we know about mental health

Indicator	Performance
Chronic and Lifestyle-related illness 2014	4th most obese/31 13th highest/43 per capita alcohol consumption
Spending 2011	8/11
Rehospitalisation <30 days 2011	Schizophrenia – 3rd highest/20 Bipolar – 4th highest/20
Antidepressant Use	2nd highest/23 – positive (12m 07, 14.8m 16)
Access to Community Mental Health	1 of only 4 OECD countries reporting its population enjoys access to a range of programs that are “routinely available as part of community mental health services”

What we know about mental health

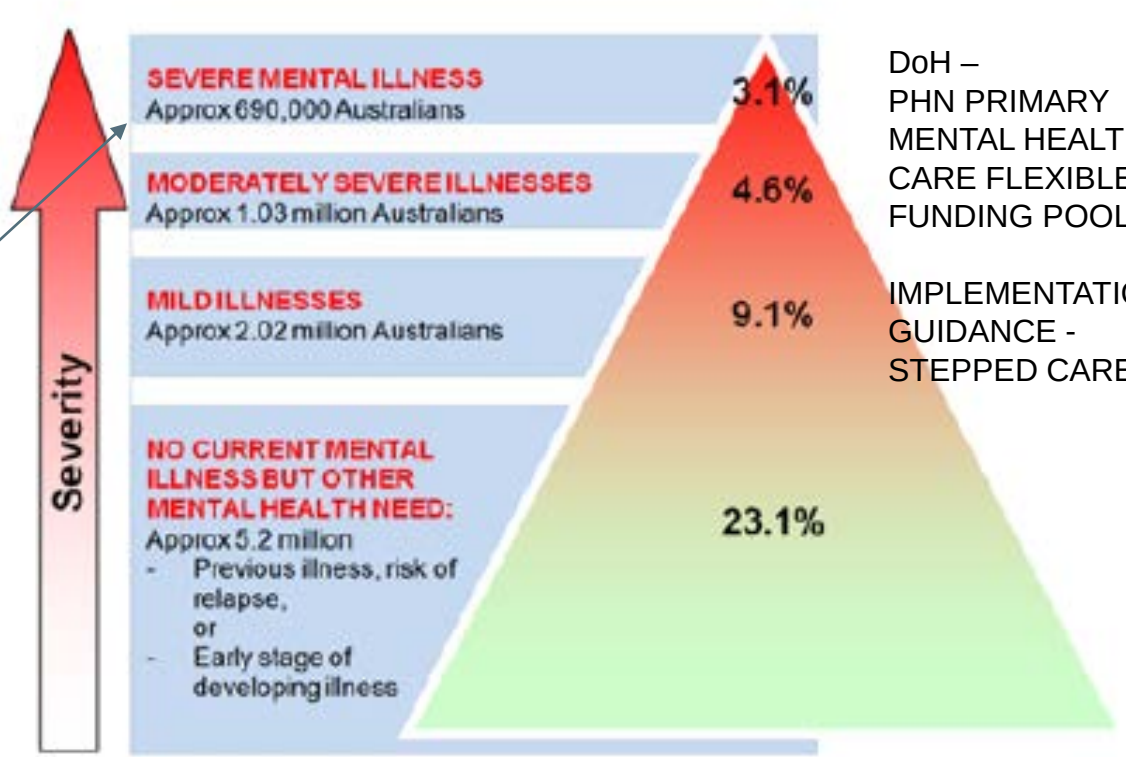
- 32 separate inquiries between 2006-12 alone
- 3 existing commissions proposed – PC, RC (Vic), Aged Care
- 7 standing commissions
- 2 Policies
- 5 plans
- Poor accountability
- No validated collection of the experience of care
- Massive workforce challenges, unwillingness to invest in new models (peers) or new services
- Huge gap between GP and ED

NDIS and Mental Health

End June 2018, active participants due to psychosocial disability were 13,482 out of 172,333 total.

64,000 people estimated to be eligible.

Psychology and NDIS…



DoH –
PHN PRIMARY MENTAL HEALTH CARE FLEXIBLE FUNDING POOL

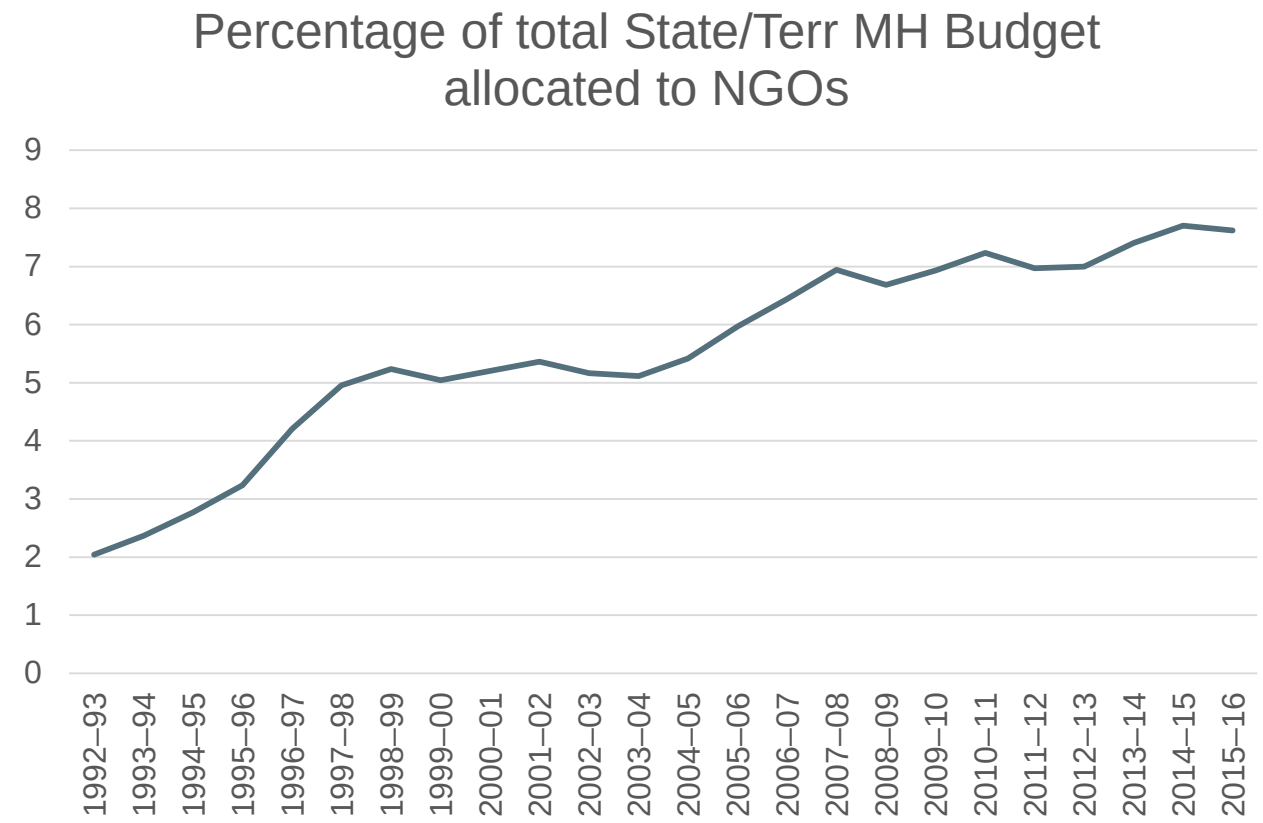
IMPLEMENTATION GUIDANCE - STEPPED CARE

NDIS and Mental Health

Joint Standing Committee identified following key areas for further development:

- Eligibility
- The planning process
- Assertive outreach/advocacy to find new clients
- Continuity of support (PIR, PHaMs, Respite, D2DL)
- Inadequate access to psychosocial services as part of Information, Linkages and Capacity Building (ILC)

Psychosocial Services in Australia



NGOs always peripheral element of mh service landscape. Fragile workforce – VIC!!

Most effort and resources put into hospital-based inpatient, outpatient and ED services

ACT Case Study of Recovery

- First whole jurisdiction to join NDIS
- Woden Community Service one of ACT's larger providers
- Building on success of Transition to Recovery (TRec) model – evidence-based psychosocial program, independently evaluated
- WCS worked with NDIS over long period to understand costs of service, model of care etc.

Rosenberg S, Redmond C, Boyer P, Gleeson P. Culture Clash? Recovery in Mental Health under the NDIS – A Case Study, Public Health Research and Practice

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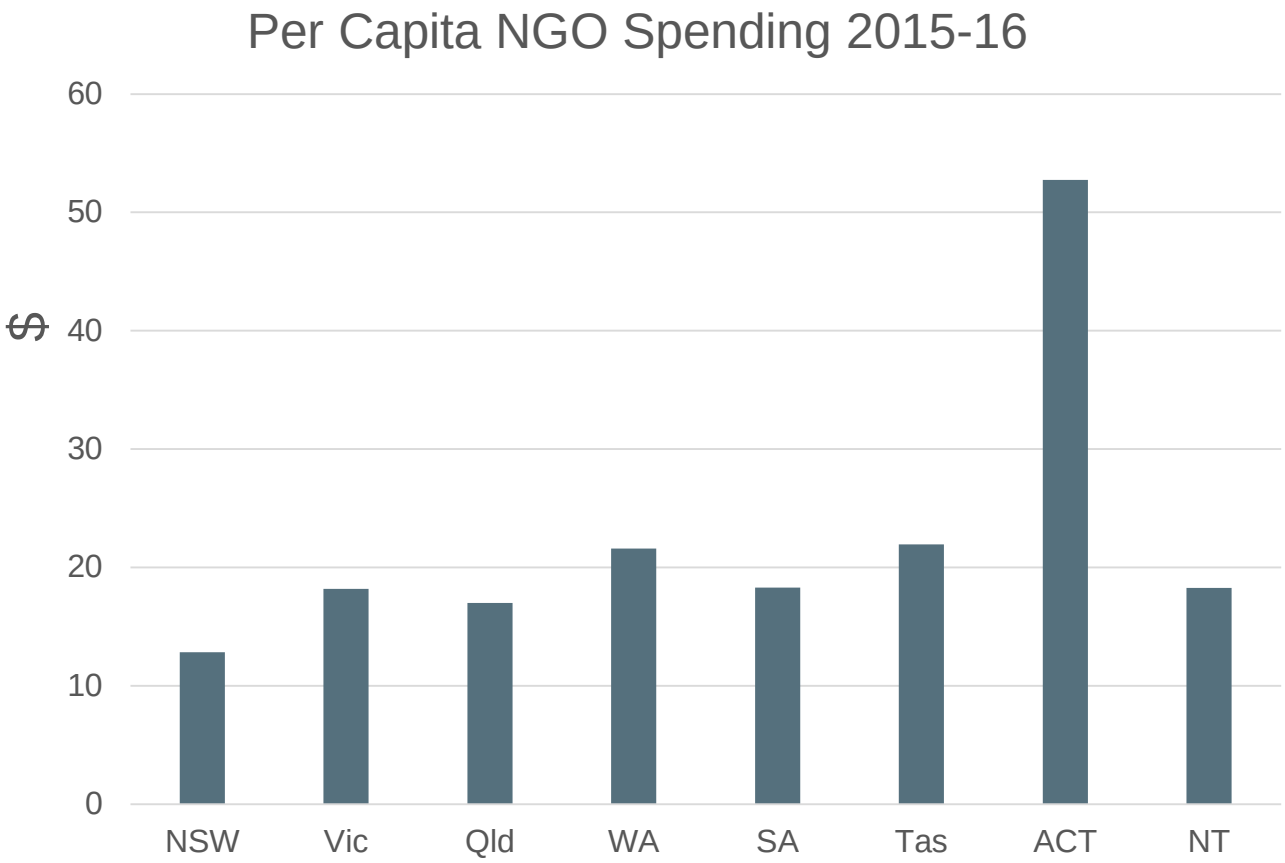
Recovery in the ACT



What is Recovery?

Recovery is a mainstream guiding principle for mental health workers and others. In general, psychological recovery refers to the establishment of a fulfilling, meaningful life and a positive sense of identity founded on hopefulness and self-determination.

Commonwealth of Australia. A national framework for recovery-oriented mental health services: Guide for practitioners and providers. Canberra, 2013.

Andresen R, Oades L, Caputi P. The experience of recovery from schizophrenia: towards an empirically-validated stage model. Australian and New Zealand Journal of Psychiatry. 2013; 37:586–594.

Leamy M, Bird V, Boutillier, C et al. Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. The British Journal of Psychiatry. 2011; 199, 445-452.

What is TRec?

- Intensive community mental health outreach Program - twelve weeks offering intensive support, seven days a week.
- ACT Govt funded, not NDIS.
- Works with ACT public Adult Mental Health Service to help people transition to the community following discharge from acute care.
- Trained TRec ‘key workers’ assist people to maximise their recovery and independence. They provide and arrange support in the community to manage sub-acute symptoms and prevent re-admission.
- TRec clients are typically people with severe, enduring mental illness. Some TRec clients may have NDIS plans, some may not.

TRec evaluation

A 2015 evaluation of TRec found that participation in the Program was associated with lower psychological distress, higher functioning in life skills, reduced relapse and reduced admission to hospital.

Australian National University (2015). Evaluation of Transition to Recovery (TRec) Program, Final report 21 May 2015 [cited 2018 3 May]. Available from: www.wcs.org.au/images/Evaluation_of_Transition_to_Recovery_21.05.15.pdf

Fitting TRec-style paradigm of recovery into NDIS was the challenge.

TRec and the NDIS

- NDIS funding effort directed towards core supports (74% of total NDIS funding at Dec 2017) rather than capacity building (20%).
- Capacity support at this level can be 40 mins a week – inadequate
- Fear of encouraging ‘attendant care’ over psychosocial rehabilitation expertise
- NDIS rate of pay lower than ACT (most states) – implications for sustainability of the workforce
- Clash between holistic, integrated care and NDIS funding rules regarding perceptions of conflict of interest. WCS not able to respond to all client needs.
- Support worker and coordination role in the SAME team reduced likelihood of client disappearing but not possible under NDIS rules (combining service provider and coordinator roles).

TRec and the NDIS - implications

- WCS attempting to shoehorn recovery practice into meagre ‘support coordination’ funding
- Australia has the third highest readmission rate for schizophrenia and the fourth highest for bipolar disorder – there is every reason for public mental health services to put in place effective hospital avoidance programs where appropriate.
- Intensive outreach recovery program critical but not funded by NDIS

A recent article in NZ Doctor (2014) reports that funding for New Zealand NGOs has reached a critical point. Marion Blake, chief executive of Platform Trust, a national network of mental health and addiction NGOs, said community services are being “driven into the ground” due to a lack of additional funding to offset cost increases, inconsistent pricing of services across the country and an overly bureaucratic contracting system. - Te Pou

The Psychosocial Gap

DoH at Senate Estimates regarding the Matched Psychosocial "Gap" Funding (30 May 2017)

Year	Task	Funding $
2017-18	Planning and getting infrastructure in place	7.8m
2018-19	Investment into expanding services	23.7m
2019-20	Maximum investment deployment at full Scheme transition	24.4m
2020-21		24.4m

Even matched by States and Territories, the amount at final implementation would be $48.8m. This is around a fortnight's expenditure on Better Access under the MBS.
CHOICES!

Culture Clash - conclusions

- Current NDIS funding and policy geared towards services that perpetuate client maintenance and dependence rather than recovery and independence.

- 30 years since the closure of the asylums and Australia still lacks a network of community mental health services, blending clinical and psychosocial support, designed to permit people to live well, with dignity in the community.

- The role of the NDIS in Australia's continued evolution towards recovery-oriented community services is unclear.

- There is doubt about who should hold the responsibility for complex cases in relation to the provision of psycho-social support.

- The future development of mental health in Australia cannot permit the NDIS to be a place simply for a small number of people to go and rest between crises.

Some questions for you:

1. How do we identify and take advantage of opportunities to change a system where currently, what matters is who funds not what works? Eg RC and GPs?
2. What might a psychosocial disability ‘stream’ in the NDIS look like and how might it help?
3. When every report ever written about mental health calls for greater integration, how can we combat this evident fragmentation?
4. What needs to be national and what needs to be local?
5. How to encourage housing, employment and education completion – keys to a contributing life?
6. What do we do with people with schizophrenia when they are well? Pan-systemic care
7. How do we respond to an ever growing missing middle?