



**National**  
**NDIS**  
MENTAL  
HEALTH  
CONFERENCE

#NDISMH2017 #towardsagoodlife



**BREAKOUT SESSION STREAM:  
CARERS, FAMILY AND  
COMMUNITY**

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**When the NDIS came to town  
- a story of hope and disruption  
PANEL**

**Leith Felton-Taylor** Mental Health Community Coalition ACT

**Wendy Kipling** ACT Government NDIS Taskforce

**Angie Ingram** Mental Health Foundation ACT

**Terri Warner** NDIS participant

**Judy Bentley** Carer of NDIS participant

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**NDIS Participant**

**NDIS Carer**

# **When the NDIS came to town – a story of hope and disruption**

Five perspectives of the ACT NDIS experience

Panel-led discussion

CMHA NDIS Conference, Sydney

16-17 November 2017



# Five perspectives, one event

**NDIS participant – Terri Warner**

**Carer of an NDIS participant – Judy Bentley**

**ACT Government Taskforce established to support the transition – Wendy Kipling**

**Mental Health Foundation ACT, NFP mental health service provider – Angie Ingram**

**Peak Body for ACT community managed mental health services – Leith Felton-Taylor**

**We all agree – the NDIS can transform lives for the better**

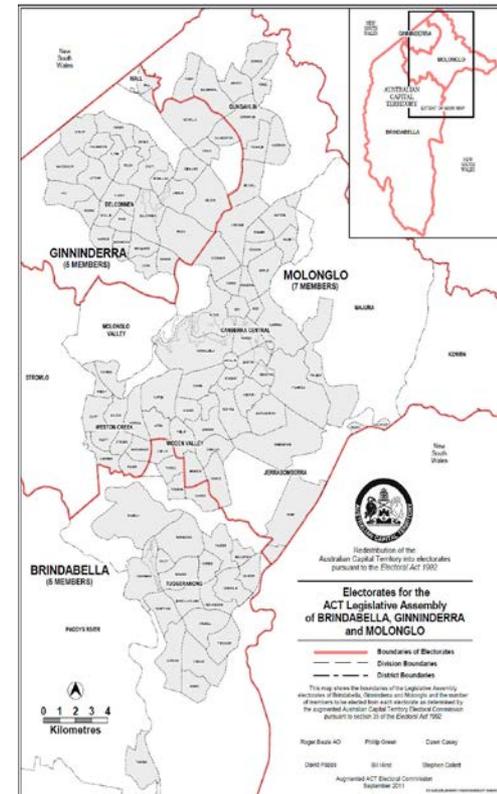
**We all know – its been a rocky road and there is still much to sort out**

**We are all – committed to make this work for everyone!**

# We are small and easy to get around

- ACT population 400,000 and growing + daily NSW commuters
- Land area 236,000 ha
- 6 main township centres
- 40min drive north-south; 30min east-west
- Private car quickest way around
- Population density 164 people/km sq
  - Braddon highest at 3600/km
- Median age 35

ABS Stats - 2014







# Session structure

## 1. Introduction (5 mins)

The ACT – demographics

The NDIS rollout in the ACT – the basics

## 2. Perspectives from panel members (5 mins each)

We might agree, or agree to disagree

## 3. Discussion (30 mins)

Ask questions, seek perspectives, share thoughts

### **REMEMBER**

**We are in this together – all contributions are valuable  
Be respectful and constructive – lets learn from each other**

# Speaker Order

1. **Wendy Kipling** - ACT Government NDIS Taskforc
2. **Angie Ingram** - Mental Health Foundation ACT
3. **Terri Warner** - NDIS participant
4. **Judy Bentley** - Carer of an NDIS participant
5. **Leith Felton-Taylor** – Mental Health Community Coalition ACT





# Psychosocial disability and accessing the NDIS

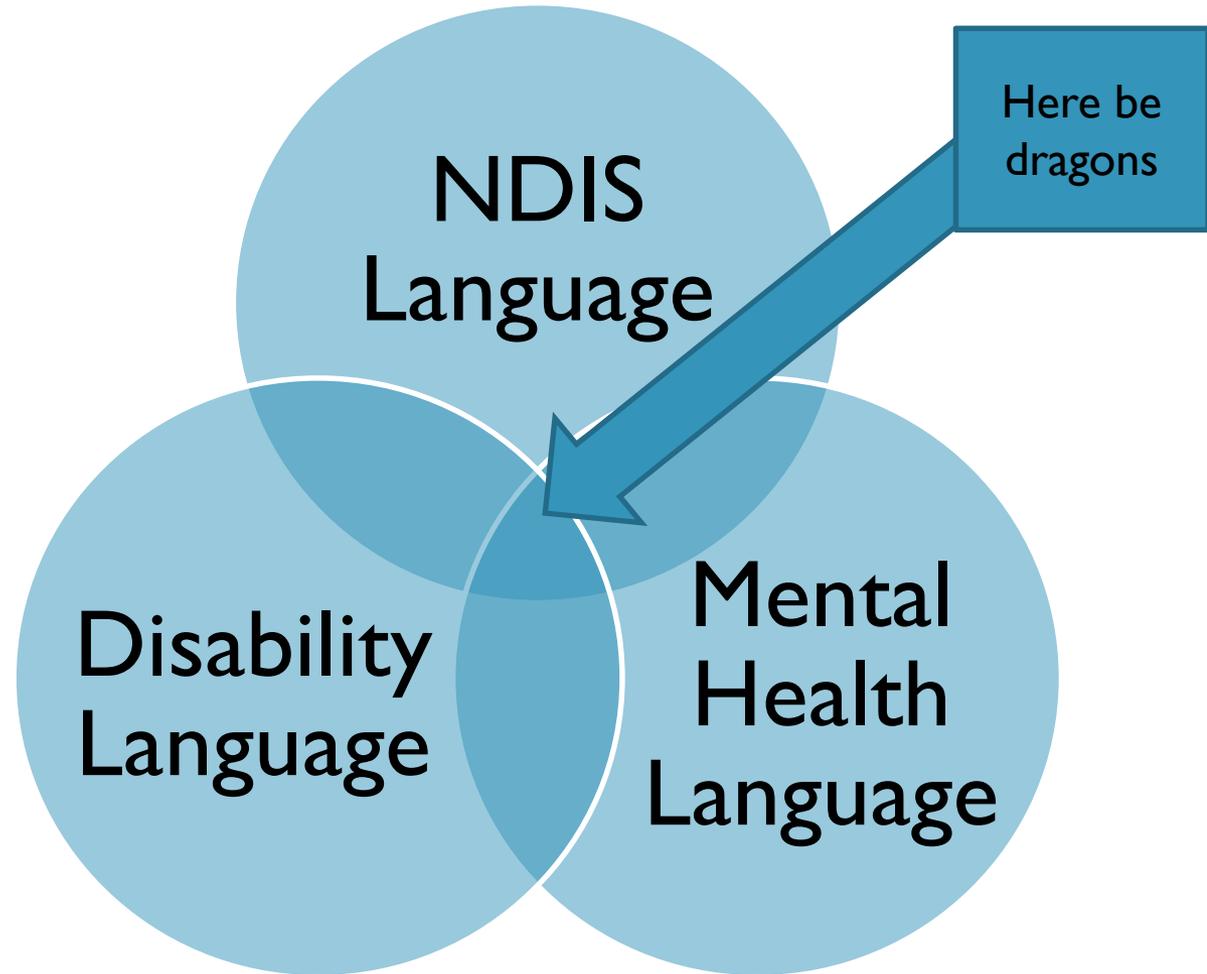
A lived experience perspective on the benefits and  
challenges

# Dealing with the deficit model

- Most people with mental illness are used to language about hope and recovery, not of permanent functional impairment
- There are several points in the process that force a person to reflect on themselves in what seems like a very negative light
- This creates an access barrier that makes it difficult to enter the scheme and to get appropriate supports

- 
- Being recovery focussed doesn't mean ignoring the hard parts
  - Focusing on the hard parts doesn't invalidate a person's strengths and achievements
  - Self care is always important, but especially so when a situation is directly confronting

# Language barriers



**Mental  
Health  
Language**

**NDIS  
Language**

**Disability  
Language**

**Actual  
people**

- 
- A lot of the language used in the NDIS process refers to physical disability and it can be difficult to relate a person's experience of mental illness to the questions that are asked to determine their support needs.
  - It takes some lateral thinking, but it's possible to build an accurate picture of a person's support needs using those questions regardless of the nature of their disability.

# Setting the right goals

- Long term goals can be difficult for a person who experiences chronic mental health issues, particularly if their illness has prevented them achieving goals in the past.
- Thinking about goals is an aspirational exercise, but thinking about what barriers a person's mental illness might present can be disheartening and detrimental.

- 
- Goals are relative
  - There are no small victories
  - People with psychosocial disability deserve reasonable and necessary adjustments to help them live a good life as they define it

# My advice

- For those who facilitate the process ... understand that the NDIS process creates identity disruption, and support people to get the best plans possible for what they need, not what they \*should\* have
- For those going through the process ... blind them with science, with evidence, with an honest appraisal of your functioning, even if that confronts you and makes you question yourself, and surround yourself during the process with people who can remind you of the answer to those most important questions of who you are and what matters to you



# When the NDIS came to town – a story of hope and disruption

Perspective from the peak body for  
community-managed mental health services

Leith Felton-Taylor - Manager, Policy and Sector Development  
CMHA NDIS Conference, 16-17 November 2017

Peak body for community mental health services in the ACT

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# MHCC ACT



- Peak body for community managed mental health service providers in the ACT
- About 35 organisation members
- Well networked; work with peaks and ACT Government
- Member of CMHA

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# In the beginning there were concerns

Recognition that NDIS transition would be challenging – change is!

## Framework not seen to fit mental illness

- Deficits language – permanent disability
- Recovery oriented practice – how fit the framework
- Pricing framework – not support skilled workforce
- Collaboration vs competition
- Building while flying – business model information gaps
- IT framework cumbersome
- Administrative cost shift to participants, carers, service providers



**But everyone wanted it to work, change things for better  
we were told to trust, be innovative and get used to operating in a market**

Peak body for community mental health services in the ACT



# ACT as a test site – facilitating the transition



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## Building a partnership approach

### Use our position as peak body to:

- Maintain collaboration in face of increased competition
- Systemic: Peak bodies, NDIA, ACT NDIS Taskforce, ACT Health
- Coalface: Providers, Consumers, Carers, Clinicians
- Timely consistent information
- Learning by sharing
- Focus on how NDIS can work for psycho social disability
- Raise transition issues and jointly explore local solutions

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## How did we do it?

### CEO Forum (monthly)

- High level strategic focus: policy development, organisational sustainability, business model issues
- CEOs report – what's working and not working



### Mental Health and the NDIS Transition Forum (6 weekly)

- Significant players and decision makers together – policy makers, carers, consumers, providers, clinicians
- Solutions focus – common commitment to making the NDIS work
- Focus on local practical challenges and successes – not the philosophical issues
- Set up good network for collaboration and communication on all things NDIS

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## How did we do it ...

### **NDIS Champions Group (monthly)**

- Service providers only; no government/NDIA
- Front line staff and team managers – coalface, small
- ‘On the ground’ issues and successes
- Open, sharing, solutions focus – becoming change champions

### **Training**

- Cultural change – 1 on 1 relationship with client, service plans, recovery, money
- NDIA training

### **Communication**

- NDIS weekly newsletter – focus on local
- Regular contact with ACT Gov, NDIA and NDS

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## The truth of it:

- Government and NDIA: believe the scheme is workable – working hard to implement
- Participants, providers, carers: want the scheme to work, see the potential – working hard to adapt

### **But lack of a partnership approach from the beginning has made it difficult**

- VERY challenging to get issues/concerns taken seriously
- Lack of trust in those living with, working with, supporting those with psychosocial disability – i.e. valuable expertise ignored
- Information gaps, inconsistencies and changes – no system of real time communication from NDIS to stakeholders.
- Framework, planners and others – reflect lack of understanding of complexities of supporting people with PSD
- Pricing – backward step in ACT; undone years of investment in workforce (average Cert IV qual now unaffordable)

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## Making it work - Key learnings

- Set up networks for collaboration and communication on all things NDIS
- Multi pronged approach – variety of fora ranging from executive leadership through to daily coalface issues; range of stakeholders
- Listen to providers, consumers and carers
- Bring clinicians into the conversation
- Talk to local peaks – advocacy, human rights, youth
- Establish good mechanism for information dispersal

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## Making it work - Key learnings ...

- Identify common issues and collectively raise them with peaks, NDIA and governments
  - Build an evidence base of issues, good/bad experiences – collect case studies early, be approachable
- Recognise that local NDIA staff cannot make systemic change – they can feed up the chain though
- Everyone will feel stretched, challenged, time-poor
- Some organisations will close; others fundamentally change; some respected people will leave the sector

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# Follow the money

- Fundamental cultural change in client-service provider relationship; and service provider-funder relationship
  - Aspect not well supported during transition
- Workers now need to talk to clients about the cost of each service unit
- Clients need to understand implications of defined funding in their NDIS plan, and of 'no-show'
- Providers less able to respond to sudden unplanned need

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# The point of the 'trial' process?

- Trial – no report produced by NDIA of learnings (MHCCACT undertaking at own cost)
- Positive change introduced during trial – dropped at full roll out
- Plan review – no review; mostly cuts, too often significant. This now being addressed
- Transition process is more than getting people into NDIS – longer term support needed

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# Where are we now?

- More understanding of issues associated with psychosocial disability and NDIS – nationwide submissions early in 2017 show clearly
- Loss of services and qualified staff – gaps for those with and without NDIS plans
- Loss of community spaces and activities – not viable under NDIS
- Fatigue, burnout
- Carers relatively unsupported
- Increase in debt carried by providers; more questioning viability of being a registered NDIS provider
- Workforce issues – recruitment, retention, training and development, safety, suitable qualifications and experience
- Loss of proven and transformational services such as PHaMs and PIR

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## Where are we now ...

### On the positive side

- Sector less chaotic now compared to 12 months ago
- More stories of NDIS having positive impact on people's lives – but most people find the process onerous at best



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# If I could change things?

- Partnership approach with the key stakeholders – listen, learn, build, refine, keep listening
  - Valuable expertise and experience of what works and does not has been wasted
- Understanding that psychosocial disability equates to episodic wellness
  - Mental illness may not be apparent - but its real, and can be managed with support
- Hybrid system
  - smaller block funding to support crisis situations, administration, advocacy, training and development
  - NDIS services
  - Early intervention and prevention style programs to prevent mental illness becoming severe and enduring
- Invest in planning and review processes – get it right the first time
- **Approach the NDIS as a long term investment in Australia’s social and economic wellbeing**

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# Imagine this ...

Scenario: You have a meeting with a new client. When you enter the room you find two well presented people already seated at the table. You discover that one of them is socially isolated and in despair about their life – even needing support from their health professional to continue the conversation because they are so distressed.

The client says: *‘with a wheelchair I could live a much more connected life’.*

The health professional agrees – *‘I have seen wheelchairs transform lives’.*

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# Imagine this – now 12 months later

Scenario: You are meeting with your client for a review. Before you even sit down, said client is excitedly talking about how much life has changed with a wheelchair – new job, shopping, going to the movies with friends. In fact its hard to get a word in edgeways.

You then notice that the person is alone. This person is now motivated, connected, enthusiastic, enjoying life. Fabulous!

What do you do?

A. Do you assume that they are no longer in need of the wheelchair? Do you question their claim of severe and enduring disability? Do you have another long deficits focussed conversation?

OR

B. Do you simply ask what things are still needed to maintain this new quality of life and even improve it?

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# What do we want from the NDIS? We must work tirelessly to achieve it.



- Maintenance or recovery model (as used in mental health)?
- Isolation or connection?
- Proving functional disability once and being believed?
- Acceptance that PSD means episodic WELLNESS – do not remove supports that keep a person living a connected life (whether it be a wheelchair or a support worker)
- Supported valued Carers
- Skilled qualified and motivated workforce
- Strong innovative best practice service providers

**We can be bold AND respectful**

Peak body for community mental health services in the ACT



**NDIS Participant**

**NDIS Carer**

## **PANEL-LED DISCUSSION**

When the NDIS came to town – a story of hope and disruption

### **PANEL MEMBERS**

**Terri Warner** - NDIS participant

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### **REMEMBER**

**We are all in this together – all contributions are valuable**

**Be respectful and constructive – lets learn from each other**

**We may agree – or we may agree to disagree**

**Have your say – and leave time for others to do so too**



**reimagine.today**

**SJ Edwards and  
Katherine Fardian**  
MHCC (NSW)

**Janet Millford**  
Carer (ACT)

**#NDISMH2017 #towardsagoodlife**



# reimagine

MENTAL HEALTH, MY RECOVERY AND THE NDIS

Funded by the  produced by MHCC





INTRODUCING JANET

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# How to support people living with mental health conditions to navigate the NDIS?



**NDIA + MHCC  
+ co-design =  
reimagine.today**





**reimagine**  
MENTAL HEALTH, MY RECOVERY AND THE NDIS

A A A

MENU

HOW THIS SITE WORKS

GLOSSARY



# Supporting people living with mental health conditions to navigate the NDIS



Funded by the **ndis** produced by MHCC 

A graphic for Step 1 featuring a large, multi-colored rainbow arrow pointing to the right.

**STEP 1**

Learn how people living with mental health conditions can

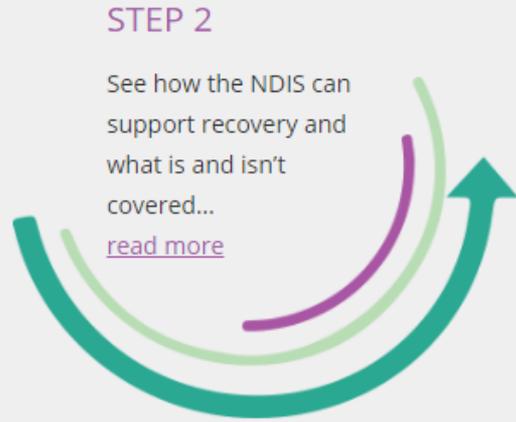
**STEP 2**

See how the NDIS can support recovery and what is and isn't covered

A small graphic for Step 2 featuring a multi-colored rainbow arrow pointing upwards.A graphic for Step 3 featuring a large, multi-colored rainbow arrow pointing to the right.

**STEP 3**

Use the access requirements checklist to find out if you may be



**What is psychosocial disability  
and how does it relate to me?**

**What is the NDIS process?**

**NDIS language is confusing**

**I want to hear experiences from  
NDIS participants & carers**

**Who is out there to support me?**



## GET TO KNOW US



Hi I'm Beth. Sometimes I find it hard to talk about myself and believe that pictures express more about me and who I am. You know what they say... a picture says more than a 1000 words!



My name's Gillian, I'm Beth's Mum. I am 42 and single with 2 beautiful daughters, Beth and Grace. I provide care for my daughter Beth, who has some complex mental health needs.

< BACK TO CHOOSE  
ANOTHER STORY

ASK BETH & GILLIAN  
ANOTHER QUESTION



## HOPES & DREAMS



< BACK TO CHOOSE ANOTHER STORY

Beth has spent some time thinking about her aspirations.

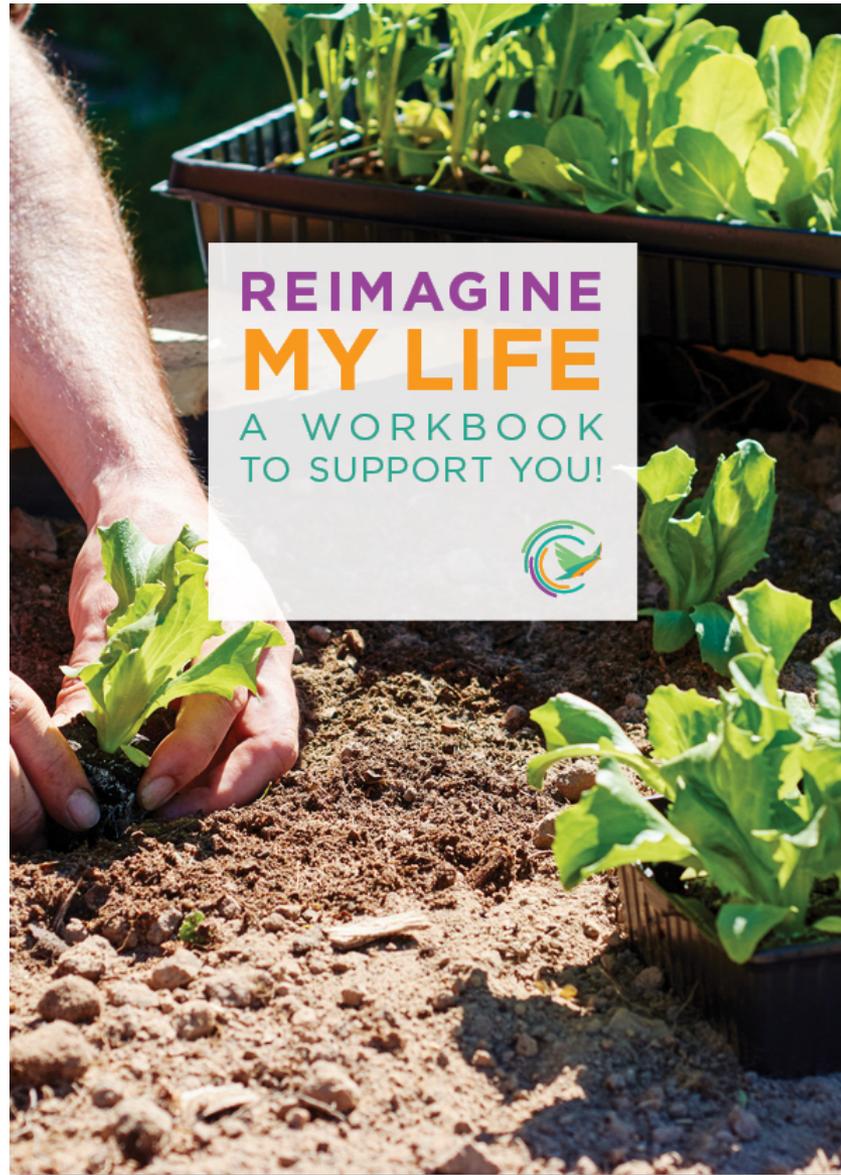
These are her top three.

RAISE CHICKENS

DEVELOP FRIENDSHIPS

ATTEND ED SHEERAN CONCERT







Thanks Vanessa, wish me luck with working with the workbook with my daughter, I will have to catch her on a good day. I will work through the workbook with her Psychologist and case manager first as any thing attached to severe mental illness is a nightmare.



Hi, as a mother with two adult children with a mental health disability I would like to give you feedback. The reimagine web site is amazing. As a mother I will be working with my daughter who has a severe psychosocial handicap and this site is invaluable to me.



The workbook is terrific however my daughter will never be able to navigate this site and understand the important dialogue re her disability. Firstly she does not have a computer and when we did give one to her she is not capable of looking after it and it soon ended in the bin. Secondly she does not believe she has a severe illness.





**Thank you.**





# **Mother-daughter journey - transition into WA NDIS**

Veronica Bruce (WA)

[#NDISMH2017](#) [#towardsagoodlife](#)



# Rolling out in Maningrida

**Daisy Clingan and Kylie Ella**

TeamHEALTH (NT)

**#NDISMH2017 #towardsagoodlife**

# ROLLING OUT IN MANINGRIDA

Kylie Ella & Daisy Clingan



# PHAMS IN MANINGRIDA

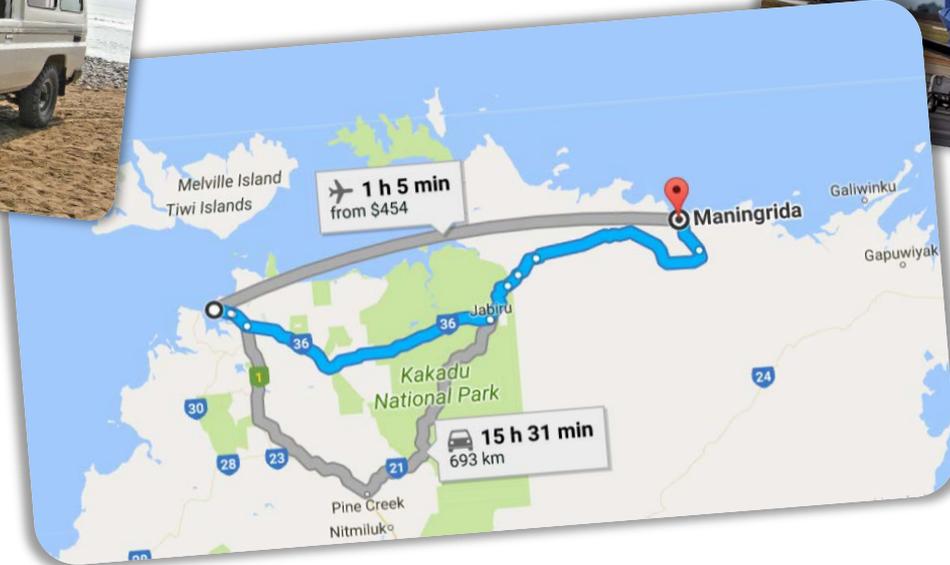
A look at our service delivery model in a remote community setting



# About Maningrida



# Travelling to Maningrida



# Maningrida PHaMS Centre



# Out on country



# Cultural Art Groups



# TEAMHEALTH PREPARATION FOR NDIS ROLLOUT

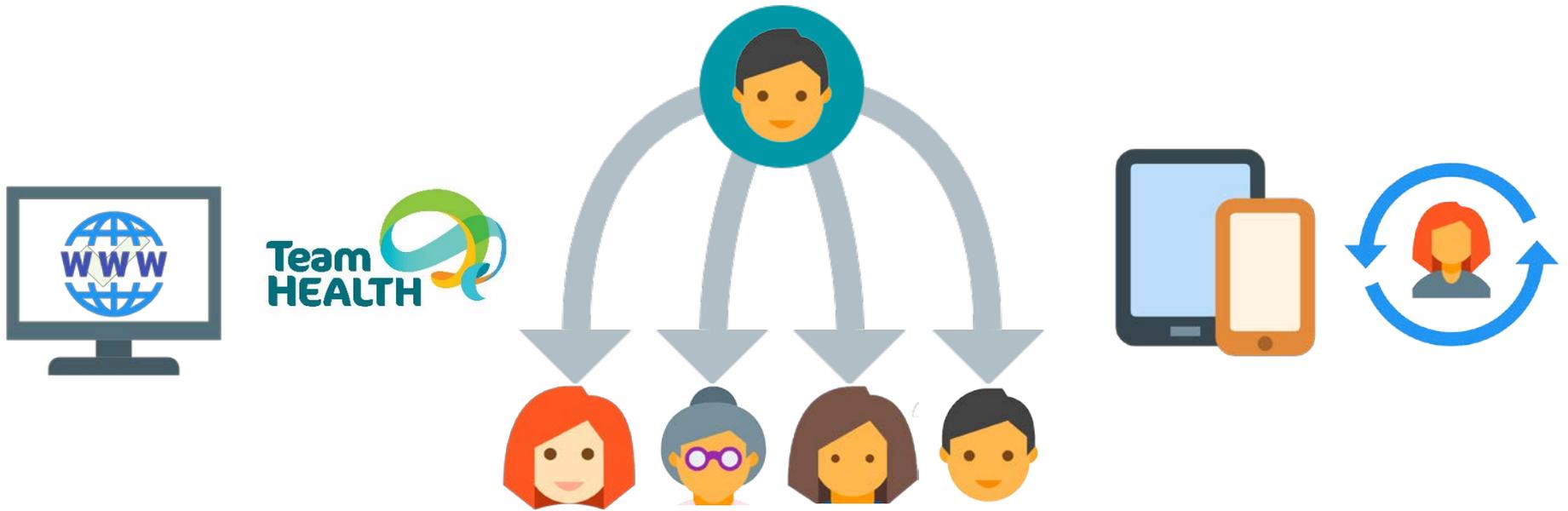


# What does the NDIS transition mean to TEAMhealth?



- Personal Helpers and Mentors
- Day to Day Living
- Carer Support Program

# Investing in the transition



# NDIS CREW Training



**NDIS Chat** Session– All Staff (30 minutes)



**NDIS Ready** Training – Transitioning Staff (1 day)



**NDIS Expert** Training– Transitioning Staff (2 hours)



**NDIS Ways of Working** Training– Transitioning Staff ( 4 hours)

# CREW Training in Maningrida



# Preparing in Maningrida

- Community Consultations
- CREW Training at Maningrida
- All Staff Meetings
- Leadership Meetings

# WHERE IS THE ROLLOUT NOW

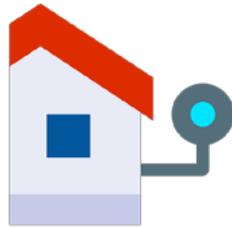
What are the challenges and how have solutions grown from them



# Challenges



12 Languages  
No translated plans  
No NDIA translators



No available housing  
to bring support  
workers in  
  
No office space to  
house NDIA staff



Very few providers  
have completed the  
NT Quality & Safe  
Guarding Framework



Travel costs to bring  
in Allied Health  
Professionals

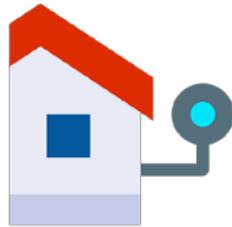


Key Mental Health  
staff are unavailable.  
  
Long standing MHN  
is on leave for 4  
months

# Solutions



TEAMhealth have employed a local Translator to help participants understand the eligibility process. Currently recruiting for an NDIS Cultural Liaison Officer



NDIA Fly in Fly Out engagement team visiting providers on the ground. Working from their accommodation.



Quality & Safeguarding Framework

All remote NDIS Plans are Plan Managed



Pooling funds for Allied Health Professionals to cover travel costs. Building capacity of existing providers



Working together with the Health Clinic to collect historical data.

AMHOCN Training for PHaMS team to complete accepted outcome measures

# WORKING TOGETHER

A view from the top end



# Collaboration





[www.teamhealth.asn.au](http://www.teamhealth.asn.au)



# AFTERNOON TEA



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