

Integrated supports and complex needs: cooperation (or not) between the NDIS, the mental health sector and other services.

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We recognise and pay respect to the Elders and communities – past, present, and emerging – of the lands that the University of Sydney's campuses stand on. For thousands of years they have shared and exchanged knowledges across innumerable generations for the benefit of all.



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Today's presentation



Aims and values

Complexity

Problems

Solutions

Definitions

**What are the aims of the NDIS?
What values should underpin it?.**

What are complex needs and how do they fit with mental health?.

What are the issues relating to the NDIS, complex needs and mental health?

What solutions are proposed? Do they work?.

How do definitional problems around 'psychosocial disability' compound problems and delay solutions..



What is the NDIS designed to do?
Who should it serve?

Objectives of the scheme outlined in the *NDIS Act* include:

- **supporting the independence and social and economic participation** of people with disability
- providing **reasonable and necessary supports**, including early intervention supports, for participants
- enabling people with disability **to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports**
- facilitating the development of a **nationally consistent approach** to the access to, and the planning and funding of, supports for people with disability and
- promoting the provision of **high quality and innovative supports** to people with disability.

What role should *equity* play in the operation of the NDIS?

- NDIS design: Reasonable + Necessary Supports = included and meaningful life for people with disability on an **equal basis** with other Australians.
- United Nations Convention on the Rights of People with Disability (UN CRPD) Australian obligations.
- Under UN CRPD rights should be equitable: should not be better enjoyed by those with some types of disability over others
- But is the scheme delivering equity *across* participants?
- **I argue, no, not for people with mental illness with ‘complex’ needs.**

A photograph of a modern glass skyscraper reflecting a sunset sky, with a brick building in the foreground. The glass reflects the sky and other buildings, creating a complex visual effect. The brick building in the foreground has a gabled roof and decorative elements.

What is complexity?
Who has complex needs?

Complexity created by:

- Complex situations, not complex people.
- Complex health, personal, social and contextual needs. Legacy needs.
- Layering of needs.
- Failures of systems to be designed in ways that address complexity.
- Very difficult for individuals themselves to address complexity around service delivery.

Thalia

- She has a brain injury from a motor vehicle accident and psychosis-related mental health difficulties for which she has received medication and in-patient treatment.
- Mobility problems and poor emotional regulation (from brain injury) and can be aggressive and occasionally violent.
- Obesity and Type 2 diabetes, periods of heavy drinking.
- Cannot consistently manage medication herself.
- Lived with parents, but they could not cope with her violence and drinking.
- Sustained blood poisoning when injured while homeless, returned to family home but arrested and jailed after assaulting mother.
- Due to be released but no public accommodation available that is appropriate to her behavioural and health needs.
- NDIS plan does not cover accommodation and support coordinator out of options.
- The NDIS sees itself as the provider of last resort and all avenues must be exhausted for her to be supported to access NDIS support.
- Apprehended violence order by parents so cannot live there.

People with complex needs in the NDIS

- Participants: autism 30.9%, intellectual disability 20.2%, psychosocial disability 9.1%
- Plan utilisation as a measure of NDIS equity
- People with high functional needs do better in the NDIS than those with low functional needs – why?
- But those with psychosocial disability additional complexities do worse
- Psychosocial disability: plan utilisation of 53% compared to 70% for autism
- Layering of complexity: only 11% plan utilisation for people with psychosocial disability in the Far West region of NSW: psychosocial disability, rurality, Indigenous populations

Key issues

Market design

People with complex needs more 'costly' to services:

- Economies of scale limiting the viability of markets
- Higher qualifications needed
- Additional time and collaboration needed

Cross-sector collaboration

Limited by:

- Work conditions
- Scheme funding restrictions
- Buck passing in an overstretched system (no provider of last resort)
- Staff movements, need to recreate connections

Lack of oversight

Loss of power to force agencies to act, or to buy individuals out of problems.

- Need for 'clout'
- No one to address systemic gaps identified

The system is already stretched – need to 'go above and beyond' e.g. "talking accommodation providers into taking a difficult client", "doing it for the love"

- Unsustainable model.

Also: failure to access the scheme in the first place

Solutions

Specialised coordination add-ons for very complex needs

- Exceptionally Complex support Needs (NDIA)
- Integrated Service Response programs (NSW and ACT)
- Work on the system rather than working with the individual

Market design

- Markets cannot be trusted to provide for complex needs
- 'The NDIS Market' is treated as a monolith
- Parts of the market should be stimulated to support complex needs

Funding mechanisms

- Funding available to enable collaboration
- Funding to buy individuals out of bad situations (as in Partners of Recovery)

Data and Outcomes

- What is the actual extent of the issues?
- What are the needs?
- We need to know what is and isn't working
- What outcomes do we want to measure?
- What outcomes can we expect?

Who is responsible?

Structural issues outside disability.

Boundary issues between systems

- Mental health and psychosocial disability
- Complexity brings out the tensions around the boundaries of the NDIS
- We still lack a clear understanding of who is responsible for psychosocial disability
 - if solely the NDIS, then what happens to the 90% of people with severe mental illness without access?
 - Key roles for a 'Tier 2' NDIS system in psychosocial disability and complex needs.
 - If there is a role for addressing 'psychosocial disability' beyond the NDIS, then we need to redevelop schemes such as Partners in Recovery for the broader group of people with psychosocial disability and complex needs
- These structural issues still not addressed in our national policy frameworks for mental health or disability.



Questions?

Questions for you:

- Complex needs – what solutions exist?
- Are there key issues beyond that discussed here?
- What is your experience ‘on the ground’?



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