

23 October 2014

Senator the Hon Mitch Fifield
Assistant Minister for Social Services
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Dear Minister,

I am writing to seek clarification in relation to the provision of psychosocial and other services to people with a severe mental illness or disorder who may not be eligible for the National Disability Insurance Scheme (NDIS). Specifically, the Australian Association of Social Workers (AASW) would like to know what plans the Government and the Board of the National Disability Insurance Agency (NDIA) has to address the needs of people currently receiving assistance from Personal Helpers and Mentors (PHaMs), Partners in Recovery (PiR) and State based psychosocial services transitioning into the NDIS, who may not be eligible in the future for services provided by the NDIA.

The inclusion of people with a permanent severe mental illness and reduced functional capacity in the scope of NDIS is welcome. As we understand it, funding for the NDIS is both new and being drawn from existing programs that are related to the goals of NDIS. The two Commonwealth mental health programs that our members are most concerned about are the PHaMs and PiR.

It is critical to acknowledge that the vast majority of Australians requiring support for mental illness will not be eligible for the NDIS. For example, Mr Eddie Bartnik, the strategic adviser to the NDIA on mental health matters stated at a Canberra conference that only approximately one in seven clients in public mental health systems are expected to be eligible for a Tier 3 package. Similarly, the Productivity Commission estimates that only 60,000 of the 489,000 people with a mental illness will have access to the NDIS because they have serious and persistent mental illness with complex interagency needs. These people, often with significant functional impairment and psychosocial disability, are also the target group for PiR. The question is, what will happen to people who now participate in PiR but have more episodic illness than the NDIS may consider legitimate for eligibility?

The PHaMs program also targets people who are severely affected by mental illness and the aim of the program is to overcome social isolation and increase their connections to the community. The PHaMs target group may not be as unwell as PiR participants at the time that they seek assistance and are unlikely to be eligible for NDIS yet PHaMs funding is proposed to be folded

into the NDIS. A similar story is repeated for State funded psychosocial services that are being incorporated into the NDIS.

The Association believes that the high bar for NDIS eligibility and the inclusion of specialised programs, whilst valuable for the very seriously disabled, risks jeopardising the success of the 'recovery' movement for the many people with severe mental illness who may not be eligible. There will be a group of people who will be less able to receive tailored services, other than clinical interventions if the programs that have been designed for them such as PHAMS and PIR are transitioned into the NDIS.

The structure of the NDIS needs to accommodate people, both now and into the future with severe mental illness and substantial psychosocial disability without disadvantaging those who benefit from current programs that provide valuable services. The proposed and as yet insufficiently defined Tier 2 NDIS services should be adequately resourced with psychosocial and mainstream services. Importantly, the funds from existing mental health programs need to be assured for people who are not deemed eligible for Tier 1 NDIS services.

The Australian Association of Social Workers and many of its members seek clarification on these matters.

Yours faithfully



Professor Karen Healy
AASW National President