

15 May 2020

Hon Kevin Andrews MP

Chair

Joint Standing Committee on the National
Disability Insurance Scheme
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Parliament House
Canberra ACT 2600



**MentalHealth
Victoria**

Collaboration • Knowledge • Leadership

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Dear Mr. Andrews,

Thank you for the opportunity to provide input to the present inquiry into the workforce providing NDIS services (the NDIS workforce). Mental Health Victoria (MHV) is the peak body for mental health organisations in Victoria, many of whom provide services to people with psychosocial disability under the NDIS or support families and carers of participants.

MHV has remained closely engaged with providers, the NDIA and state and federal government departments over the course of the NDIS roll-out and based on our extensive consultations, makes recommendations across the following areas:

- the coordination of NDIS workforce plans and projects;
- the collection and provision of data to grow the NDIS workforce;
- remuneration and conditions to attract and maintain a skilled psychosocial workforce;
- support for a lived experience workforce; and
- the need for a mental health workforce strategy which includes NDIS supports.

Co-ordination across national and state NDIS workforce projects

There are a number of important state and national workforce development projects and initiatives underway, including:

- the development of a National NDIS Workforce Plan;
- the National Mental Health Workforce Strategy
- the Victorian Department of Health and Human Services report of the impact of the NDIS Market on participants with a psychosocial disability;
- the implementation of the NDIA's Psychosocial Disability Capability Framework and Psychosocial stream; and
- the establishment of the Victorian disability workers register

In addition, the Productivity Commission inquiry into mental health and the Royal Commission into Victoria's Mental Health System will also have significant implications for people with psychosocial disability accessing the NDIS. These state and national plans and inquiries all have a similar end-goal of improving the quantity, quality and access to services for people with psychosocial disability and mental ill-health. However, there is currently no direct oversight to ensure that the

outcomes and recommendations of these plans are implemented in co-ordination with each other.

Recommendations

In order to improve efficiency and create cohesion in relation to the workforce providing supports to people with psychosocial disability, we call for the establishment of a mechanism to co-ordinate and integrate state and national NDIS workforce initiatives. This includes the joint identification of common targets in relation to:

- workforce growth
- quality improvement
- evaluation measures

The collection and provision of more detailed data

The NDIS psychosocial workforce appears to be growing but it is unevenly distributed. Providers report:

- growth in the area of core supports, but shortages in workforce supply of support coordination, occupational therapy and behavioural supports;
- increased wait times for service provision for participants living in certain geographic areas (particularly rural areas) and those requiring workers with particular skills; and
- lack of visibility of unmet need at a local level leading to workforce planning difficulties.

Providers lack the statistical information to adequately respond to market trends and efficiently fill service gaps within their communities or more broadly. The COVID-19 pandemic has provided opportunities for organisations to innovate and develop service offerings via tele-health that could reach into more remote areas or to pockets of the community where services are required. However, with very little data published by the NDIA at a local level and limited transparency around plan compositions and spending, opportunities to meet such demand are potentially being missed. More detailed and localised information is needed in relation to participants with a psychosocial disability, the utilisation of plans, and where service gaps exist.

Recommendations

To support workforce planning, growth and service delivery, in early 2019 we met with the NDIA Board and requested that the agency:

- publish detailed, quarterly data on psychosocial disability support supply and demand at a local level; and
- conduct detailed analysis to identify market trends and workforce gaps, and make this publicly available.

More than 12 months on, and with the added challenges of COVID-19, this data would greatly improve service access, provision, quality and workforce planning.

We recommend the NDIA establish a workforce data collection and utilisation project to monitor and report on the movement of the workforce. This information would benefit:

- the national NDIS workforce plan/strategy to respond in a timely manner to shortages or need;
- NDIS providers to enable them to better attract, retain and support a relevant workforce; and
- other relevant plans/strategies (including those related to the mental health workforce) to ensure the effective coordination of workforces across different system interfaces.

“A place to learn, but not to stay”: remuneration and conditions to attract and maintain a skilled psychosocial workforce

The needs of people with psychosocial disability are best supported by people with specialist skills and experience in working with mental illness and psychosocial supports.

Providers report that many employees with relevant skills and qualifications who were employed as mental health workers before the NDIS have left the sector, having moved into other fields or growth sectors. Most new applicants to NDIS roles have only entry-level skills and limited or no qualifications. Despite providers' best efforts to invest in the development of the new workforce (often drawing on scant reserves), organisations report that most workers leave the sector once they have gained some experience (often around 12-18 months in the job) in search of better pay and conditions. Many workers have described the NDIS as “a place to learn but not to stay”.

The pricing of NDIS psychosocial supports is not adequate to:

- compete with other sectors in attracting and retaining workers, particularly in certain geographic areas or to jobs requiring particular skills or experience;
- allow for the provision of adequate training, supervision and professional development to enable the workforce to deliver safe and effective services;
- give organisations enough stability in their workforce to plan for growth or expansion.

The 2019 *Growing the NDIS Market and Workforce* report states that, “research ... identified that approximately half of the people considered suitable to work in the NDIS had very low awareness of the opportunities available”. While improving remuneration and conditions for psychosocial disability support workers is a priority, ensuring that suitable workers are aware of the roles is also vital to workforce growth. This report outlines a number of initiatives aimed at promoting the NDIS to potential workers and MHV urges the Government to expand these initiatives as the NDIS reaches full-scheme and beyond. Within these strategies, the psychosocial workforce should be considered as a distinct workforce and the delivery of psychosocial supports, a career option in its own right.

Recommendations

MHV recommends that the NDIA:

- urgently improve the pricing of psychosocial supports to prevent the loss of skilled and qualified workers to other sectors and ensure the delivery of safe and effective services; and
- continue the improvement and roll-out the Psychosocial Disability Stream including:
 - the delivery of mental health related training
 - development of the 'Psychosocial Recovery Coach' role to ensure that it allows for workers with the appropriate skill and experience to fulfil this role.
 - Acknowledgement that recovery work and support co-ordination have distinct functions with different goals, ensuring that participant's plans reflect this.
 - the creation of other specific roles for peer workers (with input from people with lived experience)
 - embedding a process of ongoing monitoring and evaluation to allow for continuous improvement.

The development of the psychosocial lived experience workforce

People with a lived experience of mental illness are pivotal members of the mental health workforce. In addition to many participants requesting people with lived experience as their support worker, providers of psychosocial support under the NDIS recognise the value that people with a lived experience bring to this work. However, under the NDIS:

- Pricing is not adequate to attract and maintain a lived experience workforce
- There are no identified roles recognising the specific skill set of Peer workers

Recommendations

MHV recommends the development of an NDIS Lived Experience Strategy and Plan. This Strategy and Plan should:

- be co-designed with participants with a psychosocial disability and providers of psychosocial supports
- define the role of the lived experience workforce in the NDIS
- create new roles and line items suitable and attractive to people with a lived experience
- recognise peer work as a specific role
- outline how organisations can support the lived experience workforce to carry out their relevant positions

Like other high-level workforce planning, the following should also be specifically addressed:

- remuneration and work conditions
- capability frameworks and career pathways
- stakeholder education
- recruitment and retention
- support and capacity building of employers
- orientation and supervision and other relevant supports
- training and professional development plan

A national mental health workforce strategy that includes the development of the psychosocial disability workforce.

Many people with psychosocial disability face a range of barriers in accessing services for their mental health. One of the main contributors to the problems with accessibility is a lack of clarity and understanding of how services intersect, how services can complement each other and work together for the greater benefit of the consumer / participant, and where service gaps remain at a local, state and national level.

The *National Mental Health Workforce Strategy* that is currently being developed aims to attract, train and retain the workforce needed to meet the demands of the mental health system in the future. Psychosocial disability and the workforce providing psychosocial disability supports must be an integral component of this strategy.

Recommendations

Ensure that psychosocial disability and the NDIS workforce providing psychosocial supports are key considerations in the *National Mental Health Workforce Strategy*.

The strategy and associated work should:

- provide a clear understanding of the different support and treatment types (including skills, qualifications and pricing);
- provide details about how services relate to each other;
- identify gaps in services
- Identify how interfaces between services should function so that people can move easily between them.

Conclusion

Mental Health Victoria commends the Joint Standing Committee on its efforts to shape a better NDIS. There is great potential within the NDIS to make it a more attractive sector to work in. However, the current pricing structure, limitations in roles, and difficulties for organisations to plan for workforce growth means that this potential is yet to be realised.

With comprehensive, co-ordinated state and federal workforce planning to drive investment and action, NDIS participants, workers and organisations can receive the support they need. The psychosocial workforce will also be better placed to meet the objectives of the NDIS with: improved access to adequate, transparent data and analysis; the development of a lived experience workforce; and proper remuneration for the work they do.

Mental Health Victoria looks forward to continuing to work with all stakeholders to ensure that people with severe and persistent mental illness and their families and carers receive the right supports and services for them to live meaningful lives as contributing members of our community.

Sincerely,



Larissa Taylor
Director of Policy
Mental Health Victoria