

The NDIS is not for everyone, nor the sole solution:

The importance of a continuum of care for Tasmanians with mental health needs

Information Paper 2021



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About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania's services include crisis, short-term and long-term accommodation support; NDIS disability and mental health support services; support services following a motor vehicle accident; aged and home care services; alcohol and other drug services; financial and gambling counselling; and family support. In addition, Anglicare Tasmania's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, research and advocacy.

Anglicare Tasmania's work is guided by a set of values which includes these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

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Introduction

Anglicare Tasmania has long advocated for quality care and support services for people, families and communities to promote mental health and wellbeing. However, significant gaps exist at different points (e.g. early intervention, acute care, recovery or ongoing supports) in mental health services, which have a profound impact on people with mental illness and their loved ones (MHCT, 2020a, 2020b).

Adopting a Mental Health Continuum of Care Model to address systemic gaps is a key way forward as set out in *Rethink 2020* Tasmania government's 5-year state plan for mental health (Primary Health Tasmania (PHT) and the Tasmanian Department of Health (DoHT) 2020).

This collaborative strategic approach involving mental health consumers, their families and community sector organisations is welcomed. *Rethink 2020* also reflects the Fifth National Mental Health and Suicide Prevention Plan (COAG Health Council 2017), which values the importance of integrated regional responses as well as a contemporary, recovery-orientated, community- and person-directed service delivery approach.

However, it is acknowledged that there is a long way to go before full implementation of integrated services ensures gaps are adequately addressed.

A current tension experienced by people living with psychosocial disability or chronic mental illness and the mental health sector is the uncertainty of recovery oriented clinical and non-clinical supports and supported accommodation for people who are not eligible or cannot access the National Disability Insurance Scheme (NDIS). The full transition (roll out) to the scheme in Tasmania is due to be completed mid-2021. Who this potentially affects:

- For approx. 35-50% of people who are currently receiving these services within Anglicare Tasmania, they will not transition to the (NDIS) due to not meeting eligibility requirements.
- Only around 11% or around 10,000 participants of all disability types were ever anticipated to meet the NDIS eligibility criteria (Productivity Commission, 2017).
- According to NDIS figures Jul- Sept 2020, only 688 NDIS participants in Tasmania have a primary psychosocial disability.

The provision of continuum of care for all people with mental illness is critically important now and into the future.

There are also broader social policy, service delivery and social infrastructure gaps that need to be addressed to support mental health and wellbeing in Tasmania, such as stable and affordable housing (Law & Claxton 2020; Muir et al. 2020), public transport (TasCOSS 2014) and employment (Disability Voices Tasmania 2020).

This information paper seeks to highlight tensions and priority areas of focus as *Rethink 2020* is implemented over the next five years.

“[Living with mental illness is] a book that can never be finished. Our psyche is continually changing over our lifetime” – a mental health consumer with the NDIS

Tasmanians living with mental illness and psychosocial disability

Mental illness is a term that covers a wide range of conditions, in severity and duration (Slade et al. 2009). It can be defined as a 'clinically diagnosable disorder(s) that significantly interferes with an individual's cognitive, emotional or social abilities' (COAG Health Council 2017). The 2007 National Survey of Mental Health and Wellbeing of adults aged 16-85 found 45% of Australians will have a mental disorder at some point in their lifetime and about 20% of Australians have a mental disorder each year (ABS 2008).

According to the 2019 Tasmanian Population Health Survey, depression and anxiety disorders are the most prevalent of all chronic illnesses, and the reported rate of prevalence of these conditions has increased from 21.4% in 2009 to 33.6% in 2019 (DoHT 2020). While a significant number of people living with mental illness recover and live well, approximately 3-4% of all people living with mental illness will have persistent complex needs that severely limit daily life activities, resulting in disability (AIHW 2019, 2021).

According to the 2018 Survey of Disability, Ageing and Carers (SDAC), Tasmania has the highest prevalence of people with disabilities compared to other states and territories in Australia, with 1 in 4 reporting living with a disability (ABS 2019). This is estimated to be 140,100 Tasmanians. Seventeen per cent of the Tasmanian population under 65 lives with a disability, which is the highest of all states and territories (ABS 2019). Across disability types, almost one-quarter (23.2%) reported a mental or behavioural disorder as their main condition, up from 21.5% in 2015 (ABS, 2019).

Psychosocial disability is a specific term used to describe a disability that may arise from a mental health issue (NDIS 2020c). Not everyone who has a mental health condition will have a psychosocial disability, but for individuals who do it can severely impact on their daily lives. People with a psychosocial disability may qualify for the NDIS.

According to the 2018 SDAC, 4.6% of Australians (1.1 million people) had a psychosocial disability (ABS 2019). Of these:

- 85.5% had at least one other disabling condition;
- 38.8% had a profound limitation; and
- 24.1% experienced discrimination, up from 21.5% in 2015.

Tasmania has the highest rate of psychosocial disability, at 8.3% (ABS 2019) compared to all other Australian States and Territories.

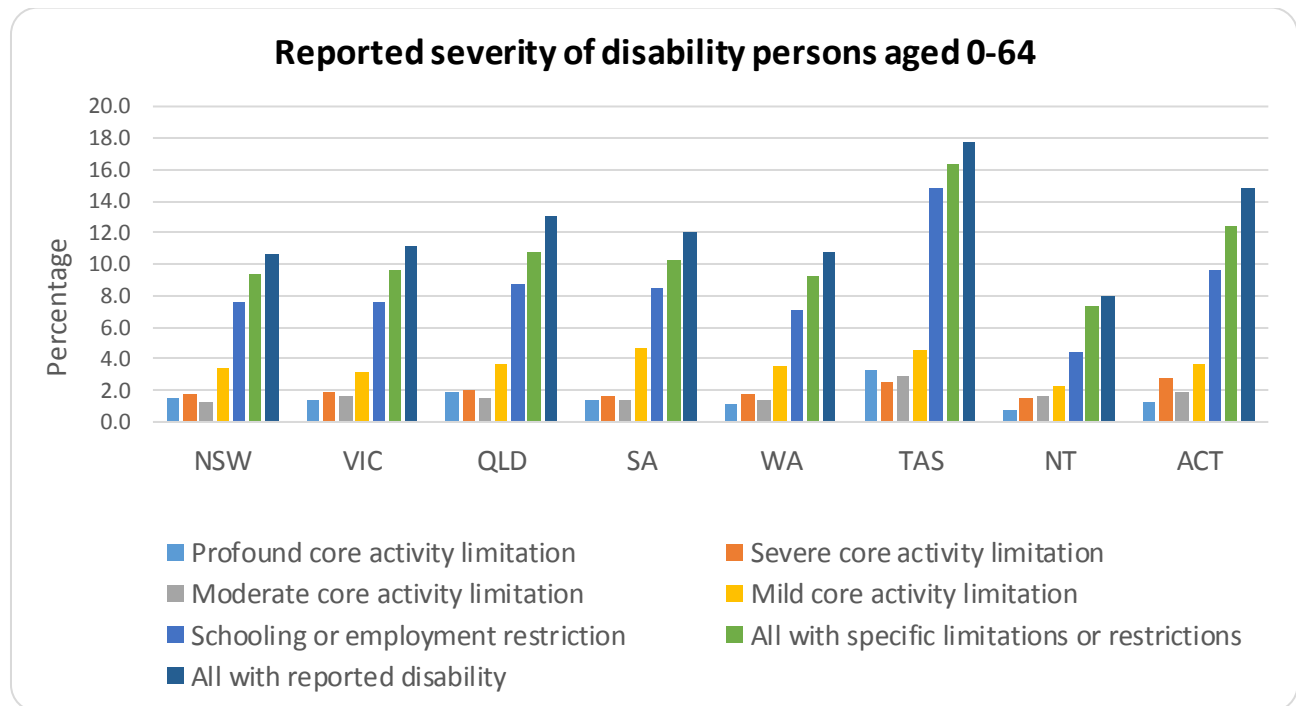
Severity of impact

Within the disability population, the impact of a condition on daily life activities varies in severity from a profound limitation in core life activities through to no impact or limitation. Access to the NDIS is determined not only on permanency of disability, but also severity of limitation in core life activities.

According to the 2018 Survey of Disability, Ageing and Carers, Tasmania has a higher proportion of people living with a profound or severe limitation on core activities than all other states and territories (7.5%, compared to a national 5.8%). Tasmania also has higher proportion of people with moderate

and mild limitations than other states or territories (ABS 2019). Severity is important as it is used by the NDIA in its criteria to determine access to the NDIS. However, the needs of people with less severe limitations or specific restrictions in life areas like education must also be understood and considered to inform service development and delivery by the Tasmania Government to meet its responsibility to people who are not able to access the NDIS.

	<i>Tasmania</i>	<i>Australia</i>
<i>Profound limitation</i>	3.8%	3.2%
<i>Severe limitation</i>	3.7%	2.6%
<i>Moderate limitation</i>	4.4%	2.4%
<i>Mild limitation</i>	9.0%	6.1%
<i>Schooling or employment restriction</i>	14.0%	8.1%
<i>Specific limitations or restrictions</i>	3.4%	15%



Area of Concern 1. Gaps and inadequate support for people not eligible for NDIS

The majority of Tasmanians with mental illness and disability will not be eligible for the NDIS, as only 11% or around 10,000 participants are anticipated to meet the eligibility criteria (Productivity Commission, 2017). For the other 89% of Tasmanians living with disability and mental illness, supports and services to address barriers to participation in daily life education, work and leisure must be available, along with clinical supports.

Mental health, co-existing illnesses and specific cohorts

People living with mental illness can also experience chronic physical illness, referred to as comorbidity. Morgan et al. (2011) found that people living with chronic persistent mental illness often had poor physical health outcomes and comorbidity, and were more likely to experience a number of physical health conditions compared to the general population. They were more than three times as likely to have diabetes, and more than 1.5 times as likely to have a heart or circulatory condition (Morgan et al. 2011).

The 2018 SDAC, reveals that 85.5% of Australians living with a psychosocial disability also reported having one or more other impairments or restrictions. Of the 1.1 million people with psychosocial disability:

- almost two-thirds (63.0%) also had a physical disability (down from 66.2% in 2015);
- almost two-fifths (38.3%) also had an intellectual disability (difficulties in learning or understanding), similar to 2015 (39.5%); and
- one-third (33.4%) also had a sensory disability (speech difficulties, or loss of sight or hearing), down from 34.9% in 2015 (ABS 2019).

The Tasmanian Population Health Survey 2019 further illustrates the prevalence of comorbidity. Of the Tasmanians with three or more chronic conditions, 61.9% have a current care/management plan with their GP for their conditions. This means nearly 40% of people with multiple chronic conditions may not be benefiting from care plans designed to provide a structured approach and coordinated actions to help manage chronic conditions (DoHT, 2020).

Comorbidity and needs

Living with co-existing conditions can have a significant impact on quality of life and participation in daily life, depending on one's social and physical environment and supports. This is impacted further when there are difficulties accessing supports across fragmented service systems administered by various levels of government in Australia.

In Tasmania, there is a known gap in services and support for people who have comorbidity of mental and physical illness and do not have access to ongoing supports through the NDIS. These needs are wide-ranging and include assistance with personal care, household maintenance, accessing appointments, and shopping, transport etc.

The Home and Community Care program, funded through the federal-state agreement, is one of the few services to provide support with household tasks to people in the community who are not able to access NDIS. However HACC is only low level support – 1 to 2 hours per week – and has very specific eligibility criteria. A large number of people accessing HACC live with a coexisting mental and physical illness. This is further illustrated in the insight snapshot 1.

For the Tasmanians who are on the NDIS, ongoing barriers to supporting people's co-existing mental and physical health needs persist (Smith-Merry, 2018).

Insight Snapshot 1. Need for HACC services by people with commodity

To give an insight into the demand for services and gaps for people living with mental and physical illness, of the 32 applications to Anglicare for HACC support from November 2020 to February 2021, 23 (72%) had coexisting mental and physical illnesses. PTSD, anxiety and depression were common mental illnesses and ABI was a common co-existing disability. These individuals were not receiving NDIS, yet had complex needs due to comorbidity as well as social and environmental factors.

Area of Concern 2. People living with comorbidity of mental and physical illness

Rethink 2020 has included the need for improving the physical health of people living with mental illness, aligning with the Fifth National Mental Health and Suicide Prevention Plan (Priority Area 5). However, for people living with comorbidity of mental and physical illnesses who do not meet NDIS eligibility requires a deeper understanding and a holistic response to addressing a person's needs in the home and in the community. This includes access to appropriate level of medical, home and community supports as well as accessible health literacy.

Acquired Brain Injury (ABI) and mental illness

"A man in Hobart commented that his son lived in a nursing home as that was the only accommodation available to him, and he is a young man surrounded by people who are dying. This is having a significant deleterious effect on his mental health," – Brain Injury Australia 2011, p. 8.

ABI refers to any damage to the brain that occurs after birth. That damage can be caused by an accident or trauma, by a stroke, by a brain infection, by alcohol or other drug abuse or by diseases of the brain like Parkinson's disease. Over 700,000 Australians have a brain injury that causes day-to-day activity limitations or participation restrictions (Brain Injury Australia 2016). Three in every four of these people are aged 65 or under. As many as two out of every three acquired their brain injury before the age of 25.

It is estimated that up to 44% of people with an ABI have a comorbid mental illness (Scholten et al. 2016). Many factors can influence the mental health of a person with brain injury, including:

- direct effects of brain injuries;
- longer-term implications, such as personality changes;
- changes in capabilities and competencies post injury; and
- pre-injury social functioning (Queensland Health 2017).

Area of Concern 3. Tasmanians living with ABI and mental illness who do not meet NDIS eligibility

People with ABI who do not meet NDIS eligibility are at significant risk of falling through the gaps in social, disability and health services and experiencing barriers to accessing and maintaining housing and transport as well as participation in leisure, employment and education (BIAT 2009).

Holistic, person-centred and trauma-informed supports that recognise the complexity of needs for people living with ABI are essential to ensuring quality of life and wellbeing.

Unaccompanied children in Tasmania experiencing a current mental health issue

Any continuum of care model needs to be inclusive of people across the age spectrum – this includes from infant through to adolescent through to adult mental health.

- The recent CAMHS review (McDermott 2020) highlighted various needs/investments/models for Under 18.
- A particular concern is unaccompanied children who struggle to access any mental health service at all.
 - In 2018-19 SHS data recorded that 410 children aged 10-17 presented alone in Tasmania (AIHW 2020). This same data revealed a steady increase in the number of unaccompanied children in Tasmania experiencing a ‘current mental health issue’ (AIHW 2020). This has risen from 170 children aged 10-17 in 2013-14 to 256 in 2018-19.
 - Tasmanian SHS recorded the highest level of mental ill health unaccompanied children presenting for support across all states and territories in Australia among – over 60%.
- As per Anglicare Tasmania’s Budget Submission 2020-21, children who experience homelessness alone without a parent or guardian can experience ongoing cumulative trauma. They are more likely to couch surf than sleep rough or access Specialist Homeless Services (SHS), to have a range of physical and mental health support needs, to have inadequate nutrition, to be living with little or no income, and to face challenges in both accessing and remaining engaged in school (Robinson 2017; 2018).
- SARC research has documented the long-standing struggles of community sector child and youth support workers to facilitate access to appropriate professional assessments for clients under 18 who they observe to be experiencing potential cognitive and other disability. This includes an inability to access school-based assessment or other public or privately arranged assessments (Robinson 2017; 2018).

Area of concern 4. Access to appropriate mental health services for unaccompanied children in Tasmania

SARC’s ‘A public health approach to ending unaccompanied child homeless’ clearly lays out a framework to tackle this issue head on (Robinson 2020a, 2020b).

Support for people living with mental illness not able to access the NDIS

People living with mental illness are a diverse group with broad differences in severity, duration and types of disorders. The NDIS, however, was only ever intended to cover a small percentage of Australia’s disability population, around 11% or 430,000 based at full scheme (Productivity Commission, 2017). The Tasmania Parliamentary Process Report 2020, outlines the anticipated participant numbers full scheme being 10 000.

According to NDIS data for the period between Jul-Sept 2020 there were 9,358 Tasmanians receiving NDIS, 688 of whom identify psychosocial disability as their main disability group (NDIS 2020a).

The full transition (or roll out) to the NDIS for Tasmania is due to be completed mid-2021. Continuing long-term recovery-oriented community supports for people with mental illness who are not eligible or not able to engage with the NDIS is the responsibility of state government mental health systems. This responsibility is outlined in Reform Direction 5, Key Action 2 of *Rethink 2020*, which says that while the NDIS will take responsibility for eligible consumers requiring long-term support, the Tasmanian Government will continue to support NDIS-ineligible consumers (PHT and DoHT 2020).

Anglicare Tasmania commends the Tasmanian Government’s recognition of the continued support required for NDIS-ineligible consumers. However, a planned approach with mental health community organisations who are delivering ongoing support programs is needed to guide this work.

State-based provision of ongoing wraparound services with clinical and non-clinical support for individuals is a key part of the continuum of care approach.

Wrap-around service delivery that is recovery-focused, strengths-based and client-driven is evidence-based best practice (Commonwealth of Australia 2013). Unlike more traditional services where people are made to fit a model, support is “wrapped around” the client and their family in their natural environment as a way to improve personal outcomes with the least disruptive intervention. The model centres on developing trust with a key practitioner who case-manages support needs across co-occurring issues. The benefits of this model is further summarised in table 2 below.

Table 2: From the front line experiences: The Benefits of Recovery Wrap-around Services

- Wrap-around approach supports a person, and where appropriate their family, in their home, school, and community in an effort to help meet their needs in the most conducive environment for recovery.
- Support is flexible tailored to the individual.
- Focuses on the whole of a person’s barriers to recovery inclusive of co-occurring issues.
- Holds the hope/messaging that people can recover if the barriers are identified and overcome (self-righting).
- Strength based not deficit based by nature as is the NDIS
- Least invasive approach.
- Skilled experienced workforce.
- The focus on collaborative relationships is a strength of the Recovery program.
- The development of trust and hope is key to wrap-around support.
- Able to support people through crisis.

Area of Concern 5. Ongoing community-based support accommodation

There is an uncertain plan going forward for Supported Accommodation for people not transitioning to NDIS. Significant urgency is required to ensure continuity of support for all individuals whose existing services are due to cease in their current form at the end of 2021.

Going forward, people living with mental illness and disability affected by these funding decisions must be included in future planning and decisions about their home and supports. Future models of support and accommodation should align with principles of [United Nation's Convention on the Rights of People with Disabilities \(UN CRPD\)](#), best practice and strategic visions of Fifth Plan and Rethink 2020.

Insight Snapshot 2. Who's impacted by Discontinuing Funding of Supported Accommodation?

60% of people currently receiving state-based supported accommodation services from Anglicare Tasmania are not eligible for the NDIS. There are various reasons for ineligibility: age, severity, assessment testing issues (lack of documented diagnosis history, cost to assessments), triggering process related to past traumas.

Area of Concern 6. Ongoing community-based programs

Prevention and early intervention are important areas of investment identified by the Productivity Commission. However, there also needs to be ongoing programs for people in acute or recovery stages of illness who are in community. This includes attempted suicide support programs along with wrap around recovery programs and people who live in independent accommodation.

A key concern now, is for people currently receiving support from community based programs where funding is due to finish at the end of June 2021. Based on recent patterns (see Snapshot 2) this could mean that anywhere between 35% to 50% of current clients living with mental illness may not be eligible to transition to the NDIS and thus may be left without support.

Of concern is the *Recovery program*. *A community-based wrap around service for people aged 16+ who are living with mental health challenges and who live in independent accommodation.*

Insight Snapshot 3. Proportion of eligible and non-eligible consumers of current state services

It is anticipated that of the people under 65 years receiving support from Anglicare Tasmania's recovery program, only 45 - 50% will transition to the NDIS. This was also experienced with previous programs. For example in Anglicare's report to Primary Health Tasmania in 2020, 64.5% of Partners In Recovery clients and 50.0% Personal Helpers and Mentors' clients were accepted onto the NDIS (positive access request) during the period 1 April to 30 June. This meant 50% of PHaMs and 35.5% of PIR client were not eligible for the NDIS.

NDIS: Barriers throughout the NDIS pathway for people living with psychosocial disability

For individuals who may be eligible for the NDIS, there are a number of improvements needed to ensure people with a psychosocial disability can access the scheme, and once on the scheme receive supports that align with a recovery-oriented, trauma-informed approach that respects and upholds their rights.

Persistent barriers to accessing the NDIS

According to the NDIS Jul-Sep 2020 data, only 688 participants in Tasmania have a primary psychosocial disability.

There has been substantial advocacy from the Mental Health Council in Tasmania (MHCT) and Australian-wide to address barriers experienced by people with psychosocial disabilities.

The MHCT (2020b, p.3) Removing Barriers report identified the most pertinent barriers to testing eligibility for Tasmanians with mental illness in accessing the NDIS include:

- The term disability is not relevant to the individual's experience
- There is a lack of clarity regarding NDIS's eligibility criteria.
- The process can be triggering, overwhelming and/or anxiety inducing.
- The difficulty in gaining evidence to support an application to the NDIS.
- The individual's condition prevents them from applying for the NDIS.

These are similar to the systemic barriers experienced by Anglicare consumers and recovery workers – as capture in table 3 below.

Recommendations from the MHCT (2020b) Removing Barriers report highlighted the importance of:

- creating shared meaning of disability,
- exploring ways to make it easier to attain required evidence, and
- providing services to support individuals transitioning or remaining with the Tasmanian Health Department.

Area of Concern 7. Removing barriers to accessing the NDIS

Going forward it will be important to have oversight of NDIS access barriers and information about what support services the Tasmanian Government will fund for individuals not NDIS eligible. This also means continual advocacy with the NDIA and state based representatives, to ensure these barriers are being addressed locally.

Table 3. Known systematic barriers to accessing NDIS experienced by Anglicare consumers with mental illness and recovery workers

- Weight of evidence required for access.
- Lack of clinicians available to assist with evidence for applications.
- The process is seen as onerous and shared negative experiences from other applicants has dissuaded some clients from wanting to apply.
- Confusion about the assessment criteria when people observe others with 'less' severe diagnosis obtaining a NDIS Plan whilst they do not.
- Difficulties with acquiring evidence for clients who have not had mental health assessment/no mental health diagnosis but have persistent and severe mental illness.
- Health professionals not properly trained to complete the NDIS ARF (Access Request Form) has meant that a person's psychosocial disabilities were not recognised, emphasis was only placed on a person's physical disabilities, and information provided about the person's impairments and their impact was.
- Lengthy wait for approvals. Clients sometimes do not have the ability or confidence to ring up and ask what is happening with their application. One participant has been waiting for several months, with no contact provided.
- Cost of being assessed by a health professional for clinical evidence has been a deterrent for many clients due to this varying from \$1800 - \$2000, and often including a waiting period of 6-8 months.

Area of Concern 8. Compulsory Independent Assessment introduced by NDIA

Inequities in accessing the NDIS, such as cost and the long wait times to gain assessments, have been an ongoing barrier identified by Disabled People's Organisations Australia (DPO Australia) and mental health peak bodies. An independent review of the NDIS (Tune 2019) also highlighted these inequities in access and proving eligibility. In response to these concerns, the NDIA introduced the compulsory independent assessment (IA), starting with various trials.

While disability and mental health peak bodies have supported the intent of the NDIA to improve consistency and equity, they have also expressed significant concern over the use of "independent assessments", particularly standardised approach and assessors experience of psychosocial disability. Mental Health Australia (2020, p. 6) has expressed:

"serious concerns remaining about the method of implementation of NDIS Independent Assessments that requires a more nuanced and flexible implementation. The NDIA must undertake genuine collaboration with the disability sector around improving the implementation method for NDIS Independent Assessments."

The submission by Community Mental Health Australia (2020), which includes MHCT, on Independent functional assessment for NDIS participants with psychosocial disability also raised a number of significant questions that needs to be addressed.

Concerns regarding IA have intensified in 2021, with wide-reaching opposition expressed by the diverse disability community, sector and allied health peak bodies. Concerns include: lack of genuine consultation with people with disabilities (e.g. [PWD Australia](#)) and with allied health bodies like Occupation Therapy Australia (2020, p. 4); the validity of tools along with processes (Bonyhady 2021, OTA, 2020); dehumanising questions and tick-a-box approach that may have an adverse effect (Dickson, 2021), particularly for people unable to articulate needs well, or who don't fit into boxes.

The [joint statement](#) from the NDIS sector released March 11 2021 (p.5) has requested:

1. Immediately cease the rollout of compulsory assessments as currently planned.
2. Undertake a robust and transparent outcome evaluation of the current pilot of the new assessment process. This evaluation must be independent of the NDIA, led by experts and co-designed with people with disability, their families and the organisations that support them.
3. Undertake robust, independent and transparent trials of alternative approaches to improving consistency in access and planning – such as allowing a person's existing health professionals to complete assessments using the same tools.
4. Once the trials and evaluations are complete, engage in a meaningful co-design process with people with disability, their families and the organisations that support them to ensure a fair and consistent approach to both access to the scheme and planning and to ensure people with disability receive the support they need.

Going forward, if we are to learn from what has happened with other federally-controlled assessment processes such as Centrelink work capacity assessments (Stafford 2019), systemic advocacy must remain to ensure there are no adverse impacts of these independent assessment on Tasmanians with disabilities, particularly individuals with a psychosocial disability.

This advocacy needs to include the Tasmanian Government, who as a shareholder in the NDIS (like other state and territories), has a responsibility to ensure the NDIS and its processes are fair, rigorous and valid for Tasmanian's with disabilities.

Any proposed changes to the NDIS, now and into the future, must be co-designed with people with disabilities in order to uphold rights, and central principles such as choice and control (Joint NDIS Sector Statement, 2021).

Accessing recovery-oriented supports within NDIS

There is no question that the NDIS has been beneficial to many - with access to support and services to contribute to people's ongoing wellbeing that were previously not accessible and /or too prohibitive (Parliament of Tasmania 2020).

However, there are still several gaps in the types of support available, particularly within a recovery-oriented trauma-informed model. Two stand-outs impacting people with psychosocial disability on the NDIS are:

1. Ongoing tensions and responsibilities for supports
2. Underfunded recovery coaches.

Area of Concern 9: Ongoing tensions and responsibilities for psychosocial supports

Determining what is and what is not covered under the NDIS is a matter of interpretation. From Anglicare Tasmania’s experience, what supports can be accessed and approved varies depending on the language used and the individual NDIS representative involved (e.g. LAC and Plan Managers).

Recovery-oriented supports are a particular ongoing tension. According to the NDIA, the difference between receiving and not receiving a support is whether the support is ‘clinical in nature’ (see Table 4). Supports that are not clinical in nature include supports that ‘focus on a person’s functional ability, including supports that enable a person with a mental illness or psychiatric condition to undertake activities of daily living and participate in the community and social and economic life’ (NDIS 2020a).

The NDIA approach seems to compartmentalise categories of support, despite such supports often being intertwined within recovery-oriented trauma-informed models.

To ensure a successful transition of all eligible people to the NDIS, it is imperative for both the NDIA, Tasmanian Health Department, and organisations to work collaboratively to ensure a streamlined smooth transition.

<p><i>The NDIS funds:</i></p> <p>Disability supports that are not clinical in nature and that focus on a person’s functional ability, including supports that enable a person with a mental illness or psychiatric condition to undertake activities of daily living and participate in the community and social and economic life.</p>	<p><i>The mental health system funds:</i></p> <ul style="list-style-type: none">• Supports related to mental health that are clinical in nature, including acute, ambulatory and continuing care in the community, rehabilitation/recovery.• Early intervention supports related to mental health that are clinical in nature, including for child and adolescent developmental needs.• Residential care where the primary purpose is for inpatient treatment or clinical rehabilitation, or where the services model primarily employs clinical staff.• Supports relating to a co-morbidity with a psychiatric condition where the co-morbidity is clearly the responsibility of another service system (for example, treatment for a drug or alcohol issue).
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Area of Concern 9. Underfunding of Recovery Coach by NDIS

After much advocacy, the NDIA in June 2020 recognised the importance of a Recovery Coaches. However, under the current NDIS Price Guide the hourly funding (weekdays) for a Supports Coordination – Psychosocial Recovery Coach is \$83.15, which is much less than the Supports Coordination – Level 2 Coordination of Supports at \$100.14.

Advocacy is required to address the concern of underfunding of Recovery Coaches and the rule regarding access to support coordination that exists in the NDIS. This includes:

- recognition that a Recovery Coach is a different approach and role with highly specialised skills that should be at least the same starting price as Level 2 Coordination of Supports, and
- the NDIA reconsiders costs and access to supports coordination for other aspects of a person's plan that are more process orientated.

Investment in building inclusion in communities

The Trieste model has been upheld by the Tasmanian Government and peak bodies as best practice in terms of less emphasis on acute care and a more integrated community-managed model. This thinking has informed much of Rethink 2020, and is also put forward by the Mental Health Council of Tasmania in submissions to the Productivity Commission (MHCT 2020a) and the Tasmanian State Budget (MHCT 2015).

However, for the Trieste model to be successful, acceptance and inclusion of mental illness in the community is needed. Unfortunately, people still experience significant stigmatisation and discrimination in their community (DoHT n.d.).

According to the Australian Human Rights Commission 2018-19 complaint statistics:

- Of the 2,037 complaints received, 44% were lodged under the Disability Discrimination Act,
- Of which 32% (393) were made by people with mental health/psychosocial disability (AHRC 2019).

Area of Concern 10. Community Attitudes

Given the persistence of stigma, prejudice and discrimination of mental illness as well as an individualised way of living entrenched in Australia society, it is imperative to monitor how the implementation of this Trieste model is tracking and whether overall systems and attitudes have improved.

Area of Concern 11. Mental health workforce

The Productivity Commission (2020) identified a reduced mental health workforce in regional and remote areas although no specific actions have been identified to address this issue (MHTC, 2020a). The loss of expertise of recovery workers is also a growing concern with the uncertainty of state-based funding of programs and underfunding of Recovery Coaches within the NDIS.

Tasmania's Rethink 2020 and the Productivity Commission (2020) both recognise the importance of the peer workforce in mental health. Significant challenges exist around the development of the peer workforce, including around recognising the value of peer workers, lack of funding for a Peer Workforce Coordinator and inadequate supervision and professional development.

Area of Concern 12. Affordable access to social infrastructure

As identified in Rethink 2020, there needs to be better integration of mental health systems with all other areas of people's lives, including, housing, education, and youth/child support services. There is

also much needed strategic planning to address the significant issues of housing and public transport in Tasmania. Disparities in the provision of accessing and using essential social infrastructure has a direct impact on social, economic and health inequalities encountered by people with disability and mental illness on low income (Stafford 2020). Adopting an inclusive universal design approach to planning and design of housing and neighbourhood developments, and public transport to address structural barriers encountered by people of all ages with disabilities living on low incomes is one strategy going forward (Baldwin & Stafford 2019).

Conclusion: Ongoing need for a continuum of care

The Tasmanian Government recognises its ongoing responsibility in the provision of a continuum of care for people living with mental illness. Rethink 2020 and regional integration plans for mental health services are exemplars of this commitment. However, as state-funded programs come to an end, there is concern how gaps, shortfalls and demand exceeding supply for clinical and community care services in Tasmania will be managed.

A number of factors and tensions contribute to this concern:

- The NDIS will only be a small part of ongoing supports. Most Tasmanians living with mental illness will not be eligible for the NDIS, based on the criteria set by the NDIA (Productivity Commission 2017).
- There are ongoing barriers to accessing the NDIS for people with psychosocial disability who are eligible. This is evident in the data, according to NDIS Jul-Sep 2020 data, as of 9,358 NDIS participants in Tasmania, there are only 688 participants with psychosocial disability (NDIS 2020a).
- For the current participants (and future participants), the ongoing tensions experienced within the NDIA regarding approval of recovery-oriented supports need resolving, as well as the underfunding of Recovery Coaches.

The focus must be a commitment to a Continuum of Care for all. This includes:

- Ensuring a commitment to recovery-oriented framework as key part of the continuum of care approach.
- Ongoing wraparound services with clinical and non-clinical support for individuals not eligible for NDIS would remain funded and supported through the Tasmanian Health Department.
- More advocacy to ensure NDIS participants are appropriately supported. It will be imperative for all stakeholders (NGOs, Tasmanian Health Department, NDIA) to work together so that individuals can develop a recovery plan that meets their needs
- Recognise and invest in the retention of experienced recovery mental health workers.
- Ongoing attention must be given to understand and respond to the people with mental illness who require ongoing support with continuum of care outside of the NDIS.
- Commitment to seamless and appropriate level of supports for people living with comorbidity of mental and physical illness – and what this looks like.
- Commitment to addressing broader issues within communities – through inclusive attitudes, supports, and social infrastructure.

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