# Self Directed Care, NDIS and Mental Health: An employer perspective

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Panel presentation at the NDS/CEWA Forum, 6 November 2013

# OVERVIEW

- A Mental Health Employer Perspective on Self Directed Care
  - Context for Self Directed Care and Mental Health in Australia
  - NDIS and Mental Health: benefits and Challenges
  - Some solutions to the challenges
- Mental Health Employer response to Self Directed care implementation

# Context

- International and Australian Context
  - US President's New Freedom Commission on Mental Health 2003
  - UK Personalisation strategy – 2009 NHS self direction pilots
  - Australian Aged care policy
  - WA Economic Audit Report 2009

# NDIS and Mental Health

**The Act**

- refs to psycho social issues but its parameters do not allow the effective application of those issues.
-  does not reflect a recognition of the episodic nature of mental distress.
-  is based on a narrow definition of disability which requires long term or permanent disability as the basis of eligibility.
- assumes predictability in the content of all personal plans.

The way the Act is structured and how the Pilots are unfolding is a potential policy and service disaster for people with serious mental  health problems.

# Challenges in common with the Disability sector

- Across both the Disability and mental health sector there are still many problems in common that are yet to be solved, such as the approach to pricing.
- The *My Way* pilot in WA holds some hope for solutions, including for the mental health component

# Some possible solutions

For Mental Health

- ▸ Modify the Mental Health pilot guidelines in the NDIS sites

- ▸ Quarantine Mental Health program Commonwealth funds until more clarity emerges from the pilot sites

- ▸ See what emerges from *My Way* pilot sites

# RFWA Employer Response

- Advocacy

- Organisational culture

- Systems change

- Modify approaches to Self Direction

- Develop new products

# Organizational Culture

- Education on the model

- Explaining links between what we already do and Self Directed Care

- Consumer and Family consultation

- Training in Person Centered Planning from a recovery perspective

- Re-engineering services where appropriate

# Systems

- Financial – including accommodating pooling as well as individual budgets
- Administrative and reporting – Care Link plus system
- HR – zero hour contracts,
- Quality/Service improvement  - supervision and training implications

# Developing New Products

▸ Training on Recovery

▸ Working with Voices

▸ Partnerships with other agencies to develop combined service responses

Thank you.