

***Submission:* NDIS Code of Conduct Discussion Paper**

**Mental Health Coalition SA (MHCSA)**

**Introduction**

The Mental Health Coalition of SA (MHCSA) values the opportunity to make a submission in relation to NDIS for people living with a psychosocial disability related to a mental illness. We would welcome the opportunity to address the Joint Standing Committee when hearings are held as part of the inquiry process.

The MHCSA has over 20 organisational members and provides a unified voice for the Community Managed Mental Health (CMMH) Sector in South Australia. The CMMH Sector comprises non-government organisations that deliver mental health services and work with people with mental illness and their families and carers across the state. The MHCSA work includes a strong focus on supporting and growing the Lived Experience Workforce and promoting positive messages that support people to improve their well-being and reduce stigma and discrimination.

The MHCSA Vision is that all people with mental illness in South Australia and their families will receive the mental health support they need when and where they need it. The MHCSA promotes a recovery approach meaning the goal of support is to assist people living with a mental illness to build a contributing life in the community including social and economic participation.

**Context**

For psychosocial disability, the NDIS Act refers to “a functional impairment that affects daily living, likely to be lifelong caused by a mental illness”. Based upon original Productivity Commission modeling, 65,000 people in Australia fit that definition, with a further 210,000 with severe and persistent mental illness “with chronic and major limitations on functioning”[[1]](#footnote-1). It is critical, therefore, that any Code of Conduct and management of complaints and issues be able to interface with other bodies and systems such as (in SA) the Community Visitors Scheme and Health and Community Complaints Commissioner, given that a large proportion of people living with severe mental illness will continue to be supported through other programs than NDIS.

Over the past 20 years community psychosocial rehabilitation support services delivered by NGOs have matured with a growing evidence base highlighting their effectiveness[[2]](#footnote-2) [[3]](#footnote-3) [[4]](#footnote-4). Mental Health NGOs have developed a skilled and experienced workforce to deliver (non clinical) psychosocial rehabilitation support that has helped many people living with severe mental illness to recover to the point that they are managing contributing lives in the community without continued supports. Service providers are assessed for quality against the National Standards for Mental Health Services.

The MHCSA is a member of Community Mental Health Australia, and therefore fully supports their submission. This document is intended to supplement that and add any specific South Australian reference.

## Reference to Mental Health Standards

The MHCSA and other mental health bodies have continually raised the issue that the Act, the Quality and Safeguarding Framework and now the Code of Conduct are all silent in regard to the National Mental Health Standards and relevant Mental Health Acts. This does not support the participant living with a disability due to severe mental illness. We note that the National Mental Health Standards have been an input document, but we are at a loss to understand why compliance with mental health standards and Acts are not part of a Code of Conduct for NDIS service providers.

## Quality of workforce

Page 9 of the document refers to the specific elements of a Code of Conduct for workers and providers. These obligations are reasonable and are supported in the National Mental Health Standards. In relation to point 4 – “Provide supports in a safe and ethical manner with care and skill” - the issue is the mis-match between the requirement for a skilled and trained workforce and the price and method of calculating the “reasonable cost” of services.

* If workers are 90-95% face to face with clients, there is no factoring of training, case noting, supervision or de-briefing. All critical to providing a quality service to participants in the Scheme.
* Overhead cost-recovery does not factor staff training or continued professional development – critical to quality service delivery.
* The “reasonable cost” rate has used SCHADS Award level 2 while Mental Health Support Workers are generally paid on levels three and four. This reflects the skill required to work well with people living with severe mental illness and that the base qualification is Certificate 4 rather than 3. If we are to retain a workforce who will meet the quality needs of NDIS participants living with severe mental illness, there should be a price for complex supports (other than social work) that uses a higher rate of pay in the calculation.

If workers are expected to sign up to an NDIS Code of Conduct, the skills, qualities and experience they bring to their work should be similarly respected, ensuring that participants receive the quality and value they deserve.

## Interface with other Complaints Systems

Unlike disability, people living with severe mental illness who do not qualify for NDIS supports will, according to the SA Bi-lateral arrangements, receive continuity of care in the community through other funded services. The Community Visitors Scheme and the Health and Community Complaints Commissioner (among others) will still be available to SA consumers and carers. It is critical that any complaints system interface well with other systems, and also with organisational complaints management systems through effective escalation processes.

## Assistance to Make a Complaint

Many participants living with psychosocial disability will not have natural supports around them. An easy to follow guide to making a complaint, together with how to seek assistance (for example from LACs) may be helpful. Some participants living with psychosocial disability won’t have internet access so other means such as a free-call number will be helpful.

## Accountability

The Code of Conduct document is not clear about how the Code will be applied for workers who are unregistered and employed by self-managing participants. An easy to follow guide should be produced for self-managing participants, with a Code of Conduct Agreement document that the worker can sign that is then registered with the NDIS as part of that participants record.

Similarly, un-registered providers should be able to access a “tool kit” on line so they are clear about their responsibilities; for example - through a membership portal.

## Training

The document refers to a compulsory orientation module for registered providers. Could this be made available to un-registered providers working for self-managing participants as an on-line module? By using this, there would be an auditable trail that could be interrogated should issues arise between a participant and service provider. If the service provider had undertaken the training module it would be expected they understood their obligations in relation to their client.

As mentioned previously, the current pricing does not allow for training and development for workers. For a Code of Conduct to be fully enforceable it is critical that workers are appropriately qualified and trained, with on-going professional development opportunities. Induction, training, professional development, meeting quality standards all represent a cost to the organisation and there is a limit to how much an organisation can absorb in a low cost environment. The pricing should be adjusted to allow for reasonable professional development to ensure currency of skills for workers.

## Lived Experience Workforce

Mental Heath Lived Experience workers, including Peer Workers, are an important cohort in the mental health workforce. Because their lived experience is declared as part of their role, supporting this skilled workforce requires specific considerations. To this end the MHCSA has co-designed (with lived experience workers) Standards and Guidelines for NGO mental health employers. In addition we have co-designed professional development sessions for lived experience workers and leaders.

These guidelines could be shared nationally, to assist service providers and their staff who sign the Code of Conduct, to deliver a quality service that supports participant choice.

1. P46, NMHC: National Review of Mental Health Programs and Services, V1 [↑](#footnote-ref-1)
2. [http://www.sahealth.sa.gov.au/wps/wcm/connect/d03c5c004c3ed23d9066b4e408a887aa/IPRSS+Final+Report+-+for+distribution.pdf?MOD=AJPERES](http://www.sahealth.sa.gov.au/wps/wcm/connect/d03c5c004c3ed23d9066b4e408a887aa/IPRSS%2BFinal%2BReport%2B-%2Bfor%2Bdistribution.pdf?MOD=AJPERES); [↑](#footnote-ref-2)
3. https://www.sprc.unsw.edu.au/media/SPRCFile/1\_SPRC\_Report\_\_Evaluation\_of\_Intensive\_Home\_Based\_Support\_Services\_v2.pdf [↑](#footnote-ref-3)
4. http://www.mhcc.org.au/media/3056/cmha-taking-our-place.pdf [↑](#footnote-ref-4)