

NDIS INDIVIDUAL SUPPORTS DESIGN PROJECT CONSULTATION ALICE SPRINGS WORKSHOP

A workshop was conducted in Alice Springs on Friday 27 November, 2015. The workshop was hosted by the Mental Health Association of Central Australia (MHACA)

Workshop Facilitators:
Vanessa Harris and Jen Upton

Workshop Participants:
Three people attended the workshop - 1 consumer and 2 employees of MHACA.

The presumption was made that participants would have had minimal exposure to information regarding the National Disability Insurance Scheme (NDIS) and the workshop commenced with some background information and history on the NDIS.

SUMMARY OF MAIN POINTS RAISED BY WORKSHOP PARTICIPANTS IN OPEN DISCUSSION:

CURRENT SITUATION:

- Too many agencies providing individual services which can be confusing ie, 2 or 3 agencies/organisations catering to the needs of the individual. The services seem to be fragmented.
- The loss of the Commonwealth Rehabilitation Service (CRS) has been difficult as CRS provided a more co-ordinated service. A participant described how an individual's whole of life needs were investigated and assistance was provided.
- There are difficulties in qualifying for services due to age, range/type of disability, or co-morbidities.
- There are currently time delays in accessing services.

INDIVIDUAL PACKAGES:

- The introduction of individual packages will need to allow for sufficient time to build trust and respect. Packages need to have negotiated timeframes built in to give the individual the continuity of care that is needed to get well.
- Signing an individual package could be an issue if the person is suffering psychosocial disability as people may be too unwell and unable to understand what they are signing.
- Individual packages need to incorporate counselling sessions. While the examples under the 'building blocks' do mention 'individual assessment and/or therapy' it is important that counselling by suitably qualified and skilled staff is part of the packages. Participants also mentioned the need for counselling and support for conditions such as post-natal depression and post-traumatic stress syndrome.

- There was concern expressed that services would be uncoordinated especially with people living with co-morbidities such as chronic disease and alcohol related issues. Co-morbidities need to be recognised as part of individual packages, with the continuation of services that may include specialist workers such as AOD counsellors.
- Participants stated that packages need to be managed by one coordinator who works on behalf of the individual receiving the individual package. This approach would help support the person through the fragmented services such as housing, Centrelink, AOD rehabilitation centres and health clinics.
- Participants also suggested the use of life coaching services and mentoring as part of the road to recovery.
- Participants were interested to know if the following services would be part of individual packages:
 - massage therapy
 - meditation and yoga sessions
 - return to country on a regular basis for Indigenous people and cultural activities which maintains the connections to country
 - peer support and training for peers
- Individual packages need to be firmly focused on wellness, strength, recovery and be family and culturally inclusive and trauma informed.
- Participants raised concern regarding having to work with the NDIA and the possibility of a rigid and bureaucratic system that may not be easily understood.
- The guiding NDIS principles of choice and control will be difficult for some people and a high level of planning and support will be required to help people transition to the idea that they will have control over their individual packages. Would existing service providers eg MHACA staff be funded to support current clients for this planning stage?
- The group discussed the different level/type supports that are needed at different points as people move through periods of wellness and illness. There was a concern expressed regarding adequate funding for these supports. Participants provided the following suggestions:
 - funding a provider to help someone develop an advance directive, in period of relative wellness; and
 - funding a provider to advocate on someone's behalf, with the intensity increased when someone is becoming unwell and when they are acutely unwell.
- There was also discussion about the level of skill required to deliver recovery-oriented psychosocial services, and concerns that the supports outlined would not fund workers at the right level for example, the high skill level and sophistication required to deliver recovery-coordinated psychosocial services is not currently reflected in the pricing catalogue.
- Participants also discussed the stigma that is attached to mental illness and how it holds people back from recovery. The stigma follows you through your life and can

be debilitating, as it can hold you back from accessing services such as training, housing, and employment.

Following the open discussion, three questions related to NDIS Individual Supports were explored and participant responses recorded.

Q1. (a) What are the features of good psychosocial supports?

- Having good coordination throughout the individual package
- Integration into community life as part of the support
- Having transition services throughout the package is important
- Having long term good advocacy/mentor support.

(b) What should packages of support under the NDIS look like for people with psychosocial disability?

- Coordinated by one person
- Person centred services and support
- To have dignity and respect built into the support package
- Ability to cut through the 'red tape' to access services

(c) What do you think is missing from the services you currently receive?

- Coordination of services
- Lack of information on who is doing what and who is responsible/funded to deliver services
- Building resilience
- Developing integration of services

Q2. What do you think is needed to be taken into account for providing psychosocial support in rural and remote areas?

- Participants discussed the requirement to build local capacity within organisations/agencies to better support individuals. Recruiting, training and retaining good staff is an ongoing issue for rural and remote areas.
- There is a lack of specialist services in rural and remote areas and Alice Springs experiences a lack of services.
- Funding organisations to run participation programs and to develop recovery framework programs such as:
 - personal life skills
 - building resilience
 - empowering the individual to take control while ensuring the provision of ongoing and appropriate support

Q3. What do you think is needed to be taken into account for people with psychosocial disability in regard to support - particularly cultural issues?

- Ongoing training for all staff. Training needs to be targeted and culturally appropriate for the client group.
- Capacity building and the ability to train local people to support people living with psychosocial disability within remote communities.

- Engagement ('buy in') with remote communities to assist with identifying and understanding the type of support available in communities, including the role traditional healers play in the lives of people living in remote communities.
- Preserving the connection to country and elders as a high priority.

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