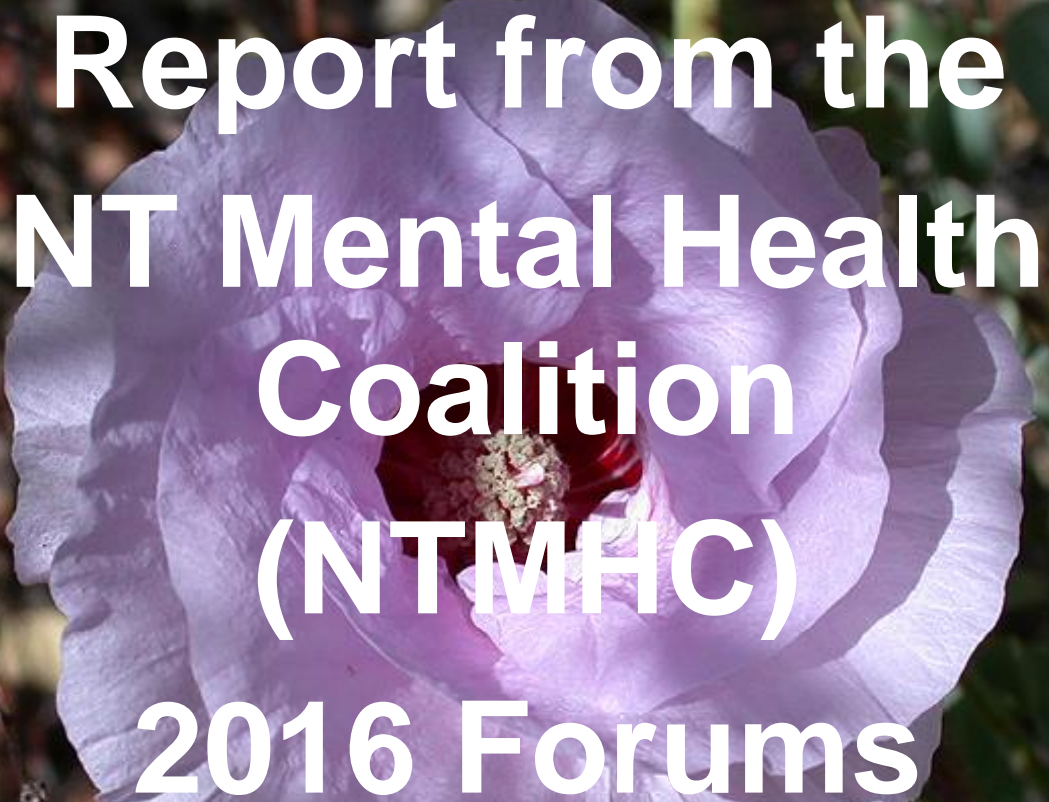




NORTHERN TERRITORY  
**MENTAL HEALTH**  
COALITION



**Report from the  
NT Mental Health  
Coalition  
(NTMHC)  
2016 Forums**

Sturt's Desert Rose (*Gossypium sturtianum*)

Floral emblem of the Northern Territory (NT)

**OPPORTUNITIES IN COMMUNITY  
MENTAL HEALTH IN THE NORTHERN  
TERRITORY**

*22 SEPTEMBER 2016*

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## 1. This report is because...

**The aim of this report** is to provide a document that captures information from the Northern Territory Mental Health Coalition (NTMHC) June 2016 forums and acts as a guide for NTMHC. The intention is to support and strengthening the important role of NTMHC as a peak body during this period of significant reform. The document is also intended to assist NTMHC in consultation with the key Northern Territory (NT) reform players i.e. NT Government, NT Primary Health Network (NT PHN) and NTMHC member services to work towards positive, collaborative outcomes.

**This report or discussion paper** set out to capture key information from the forums within a timeframe and it should not be considered as conclusive. NTMHC can build on the information and use this document to stimulate a final position. It is recommended that this document is given to the NTMHC membership and key partners in Mental Health Australia (MHA) and Community Mental Health Australia (CMHA) for deliberation.

### 1.1 Background to the Forums

NTMHC coordinated 2 forums for members and stakeholders working in the community mental health sector in the NT. The forums were held at Alice Springs Convention Centre on 28 June 2016 and at the Darwin Waterfront Vibe Hotel on 29 June 2016. Speakers provided the sector with the opportunity to discuss emerging issues, including the roll out of the National Disability Insurance Scheme (NDIS). The scheme scheduled to roll out in the NT from 1 July 2016, this will formalise the trial site in the Barkly.

Key speakers at the 2 forums were from MHA and CMHA and provided a National overview. Further speakers together with attendees provided the local perspective. The aim of the forums being to support the work of NTMHC as the peak body for community mental health services in the NT. The forums aimed to assist NTMHC members to work towards improvements in the mental health system for consumers.

NTMHC coordinated the forums for the NT sector to come together to discuss opportunities and challenges. This is particularly relevant now because the mental health arena is experiencing a significant period of reform. It was identified by both National and local stakeholders that the role of coordinating the forums and the role of NTMHC as a peak body is fundamental during this transition period for mental health services. The role of NTMHC to act as a conjugate between the government and service providers was articulated as being paramount at a time where roles and responsibilities within the sector are evolving and changing.

### 1.2 Opportunity

This period of significant reform offers positive opportunities with mental health services scheduled to come into the NDIS and the NT PHN and Government evolving and changing responsibilities. The underlying principles of the reforms, being person centred care, individual choice and control are an encouraging premise to work from.

### 1.3 Challenge

The challenge is to ensure that people don't fall through the net and current services that are effective are not lost. A challenge is to ensure that services are not unnecessarily burdened by the changes and quality of service is not compromised. And that the key considerations unique to the NT are incorporated.

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## 2. Who was there?

The Master of Ceremonies (MC) for both Alice Springs and Darwin sessions was Jen Upton from Upton Management and Support Services. A survey was distributed by NTMHC prior to the forums to identify topic areas of interest. The responses collected from 'Survey Monkey' informed the discussion and workshop component of the forums.

Instruction was given by Netgrrl Web Design and Hosting in how to engage in Twitter and Facebook social feeds during the Alice Springs forum. This was done as a trial to consider applicability for future NTMHC activities. The aim of this was to increase participation by forum attendees and try to capture people who could not physically attend i.e. people living remote. The proceedings of the forums were audio recorded and are available on the NTMHC website [www.ntmhc.org.au](http://www.ntmhc.org.au)

### Speakers/Presentations:

- **Community Mental Health Australia**
- **Helping Minds**
- **Mental Health Australia**
- **NTMHC – NT Mental Health Coalition**
- **Shout Out (Youth Mental Health)**
- **Upton Management and Support Services**

### Representation/Attendees:

- **ARRCS – Australian Regional and Remote Community Services**
- **AADANT – Alcohol and Drug Association of the NT**
- **Anglicare NT**
- **Banyan House**
- **CatholicCareNT**
- **Carers NT**
- **Danila Dilba Health Service**
- **DASA – Drug and Alcohol Services Association**
- **DSS – Department of Social Services Australian Government**
- **EASA – Employment Assistance Support Association**
- **Golden Glow Nursing**
- **Grow NT**
- **Health and Community Services Complaints Commission**
- **Lifeline NT**
- **Melaleuca**
- **MIFANT – Mental Illness Foundation of the NT**
- **MHACA – Mental Health Association of Central Australia**
- **Mission Australia**
- **NDIS – National Disability Insurance Scheme**
- **NDS – National Disability Services**
- **NTCOSS – NT Council of Social Services**
- **NT PHN – NT Primary Health Network**
- **NT Government**
- **OzHelp Foundation**
- **Red Cross NT**
- **Salvation Army**

### **3. Let the proceedings commence**

The forums in Alice Springs and Darwin both commenced with a traditional welcome from local Indigenous leaders. This brings to mind the importance of deliberations of the service needs of Aboriginal and Torres Strait Islander people in the NT and how the reforms will affect/cater for them.

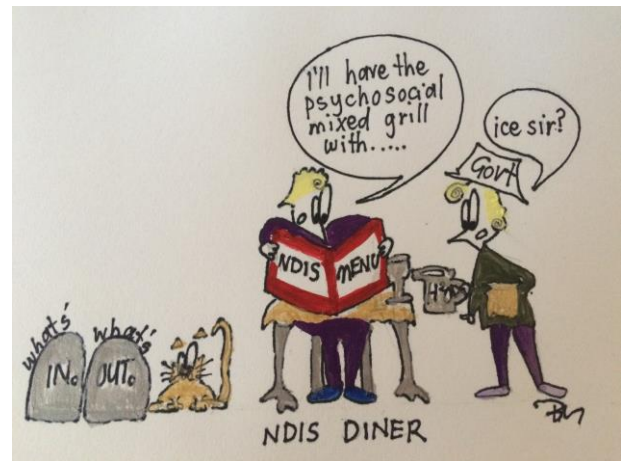
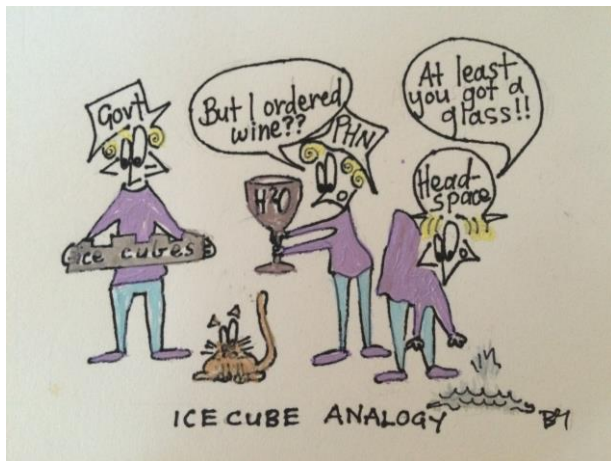
The forums were opened formally; in Alice Springs with a presentation from the Mental Health Association of Central Australia (MHACA) who 'set the scene' for Central Australia. A key point from the presentation was the significant opportunity Central Australia has in that service provision is conducted by a small, collaborative group. Examples were provided how this produces positive outcomes for consumers. Concern was raised that reforms will increase competition amongst services and that this could negatively affect the current collaborative environment.

In Darwin, the forum was opened by Pritika Desai, Shout Out, youth mental health champion who gave a moving talk about her lived mental health experience. Pritika shared about the effective mechanisms i.e. coordinated peer support that offers an opportunity to support young people towards recovery. This is notable considering another presentation identified that mental health issues predominately occur early (75% before the age of 25). Further to this is that the NT has a younger than the average population, comparative to the rest of Australia. See Australian Bureau of Statistics data <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1362.7Feature%20Article1Mar%202011?opendocument>

### **4. A time of significant reform**

The forums recognised that we are currently experiencing a period of significant reform within the mental health sector. As mentioned this presents opportunities as well as challenges. An opportunity is to build on current successes in the sector and a challenge is to ensure people don't fall through the gaps.

Rolling programs into the NDIS has been supported by bilateral agreements in state and territories. Services outside of the NDIS have been shifted across to the PHN i.e. Headspace. Under consideration is what activity will fall under the responsibility of the NT Government. MHA shared the Government ice cube analogy, articulating the process for moving and integrating funding.



The overall sense from presentations is that the principles underlying the NDIS are sound i.e. person-centred care, individual choice and control. It was noted that this is a fundamental shift in government practise and has potential implications for other areas within community services. The challenge is in the execution, recognising that not all NDIS eligible individuals will have the capacity to exercise choice and control. A challenge for organisations will be the move from a block funded grant environment to a transactional relationship.

Again, the principle underlying the shift from the Commonwealth to local PHNs is seen as sound. It is recognised as an opportunity for closer integration of services. At the forums the NT PHN articulated a keen willingness to collaborate. PHNs identified their role of planning, needs assessment and program development within an evidence based, person-centred care approach. They identified a holistic approach through broad integration of services i.e. clinical, housing. Programs that will fall under NT PHN will include Headspace, Partners In Recovery (PIR) and Mental Health Nurses. More flexible funding arrangements will be available to consider new programs and approaches.

PHN challenges include insufficient timelines for planning processes which impact on effective consultation. Another challenge is insufficient guidance from the Commonwealth, for example in relation to measuring success. Consideration has been given to measuring rates of treatment but which measure indicates success? Is it when the numbers go up (increased access) or when numbers go down (improved early intervention/prevention). A future challenge for the PHN will be how to become an integrator of services as opposed to an agent for the Commonwealth. The challenge will be for the PHN to develop a role different to its previous roles as the GP Division/Medicare Locals.

Also of consideration is the relationship and role of the NT Government and the interface between the NT Government, NT PHN, NDIS and the NT mental health sector. It is important that effective communication is undertaken to ensure collaboration that facilitates effective planning and solid outcomes.

## 5. Numbers, numbers, numbers

It was identified at the forums that approximately 600,000 people report a severe mental health issue each year, "approximately one in every five Australians will experience a mental illness." And that "mental illnesses are the third leading cause of disability burden

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in Australia, accounting for an estimated 27% of the total years lost due to disability.”  
See more at: <http://www.mindframe-media.info/for-media/reporting-mental-illness/facts-and-stats#Snapshot>

Presentations considered the huge impact that this has on the community with an estimated 200 billion dollars a year associated. It was articulated that there are 200,000 people with a need in mental health in Australia and fewer than 60,000 are projected to go into the NDIS. The obvious contemplation is the fall out, those who will not receive service. NTMHC has undertaken an initial project in conjunction with the NT Government considering potential eligibility under NDIS. There is a need to build on this work to inform the space and gain a clearer picture of the NT service need.

*The recovery model to mental illness or substance dependence supports the individual's potential for recovery rather than identifying a permanent condition. Wikipedia, the Free Encyclopaedia*

*https://en.wikipedia.org/wiki/Recovery\_approach* “The concept of recovery has been identified within the presentations was the speed with which reforms have been undertaken and the impact this had on adequate planning. This affects the ability to assess activity against the NDIS in the future, if the bottom line is potentially flawed. Further to this the National Mental Health Commission was constrained to fund within the current ‘funding envelope’. Even though it was mentioned that current funding on mental health is recognised as insufficient, being half of what we should be spending (relative to spending in other areas).”

Government recognise the relationship between mental health and the alcohol and other drug sector. This produces potential funding and program opportunities. This further encourages collaboration across the sectors and consideration of broad treatment options. Another space to consider is the ‘Hospital in the Home’ concept. It was mentioned as a small trial at this stage but has the interest of Government. It provides an opportunity to consider new/creative services for people with severe mental illness and deliver services where people are.

*National Mental Health Consumer & Carer Forum Position Statement*  
<https://nmhccf.org.au/> “Psychosocial disability is the term that mental health consumers and carers use to describe the disability experience of people with impairments and participation restrictions related to mental health conditions. These impairments and participation restrictions include the loss of or reduced abilities to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives.”

*Not everyone with a mental illness will be defined as having a psychosocial disability. Psychosocial disability refers to the “social” restrictions that can occur as a result of having a mental illness.*

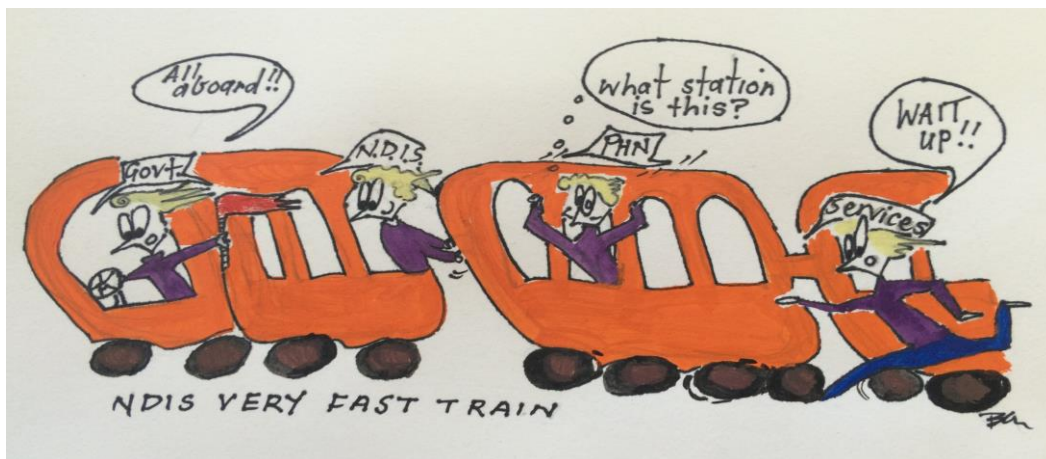
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The need to articulate the consumer experience was raised. Raw numbers are not always affective to convey the situation and make it difficult to capture the prevention perspective. It was raised that there is an opportunity for NTMHC to support members through documenting and communicating case studies of consumer experience.

## 6. Some of the key issues

**Psychosocial disability within a recovery framework:** It was discussed at the forums how it is a challenge to apply the mental health recovery model within the disability sector. Mental illness is often episodic and the mental health sector has an aim of recovery. The disability sector is more geared towards a definition of permanent impairment; this is the context in which the NDIS is applied. The challenge for the NDIS to operate in a model of episodic need was identified as not being insurmountable. However, it will require careful consideration, particularly in the application as it relates to people with psychosocial disability.

**Shift from block to transactional funding:** Forum participants identified that they support the concept behind the NDIS, the principle of individual choice and control. Concern was raised about the application, for example consumers with limited ability to exercise individual choice and control. Further to this is the impact on current services operating in a block grant environment moving to transactional funding. NDIS has applied a static price model with a fixed list of menu items. The prices are set much lower than services have been traditionally funded for. Benchmarking undertaken has identified funding at \$70 to \$80 an hour which will reduce to \$20, \$30 an hour under NDIS.



A number of services will not have the cash reserve to move to more of a business model. Organisations are not necessarily equipped to operate in an environment where payment is made when the service is delivered. Larger organisations will be more capable of carrying losses however small organisations may be forced to 'shut up shop' (which has been the experience elsewhere). The workforce will need to be more flexible and competitive. Concern was raised that this will lead to deskilling, for example more workers at an attendant care as opposed to certificate level. Concern was raised about sustaining continuum of service for consumers and quality of service in the new environment.

**Carer wellbeing service needs:** the *Practical Guide for Working with Carers of People with a Mental Illness* guide was launched at the forums by Helping Minds. The 2.4 million



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caring for those with a mental illness (considered the 'bedrock' of the system) will be eligible for incidental support under NDIS. It was articulated that Carers have a fundamental role in the recovery of people with a mental illness and require more support. The guide was well received by the forum participants who indicated they will be using the practical tools outlined.

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**Peer Support:** The value of coordinated peer support, as it applies to young people and mental health was articulated in the Darwin opening address by Pritika Desai. It was raised that this area still needs careful consideration at a policy level. To avoid peer support becoming an inexpensive service alternative or being poorly executed.

**Aged Care and NDIS integration:** The experience so far, in relation to the interface between all sectors (education, health, welfare and community) has been varied. There are examples of integration working well and not so well. When consumers reach 65 they are given the option to continue with NDIS or move to the Aged Care system. It was mentioned that the experience so far has been that most consumers are continuing to remain with NDIS; who they feel is best meeting their needs. It was reported that people who have received NDIS are predominately positive about the services received. However at this point, the rate of uptake is not what was expected or predicted through the Productivity Commission.

The importance of supporting people who should have access to NDIS was raised. Particular mention was given to those in lower socio-economic groups who may find it difficult to access the system. It was raised that it is important to protect the beneficial elements of services through the reform transition period. The opportunity is present in the PIR (Partners in Recovery) program to 'act as a bridge' through the NDIS transition period.

**Effective consultation:** It was regularly raised throughout the forums that consultation processes have had frustratingly tight timelines. Concern was expressed that ineffective consultation leads to flawed planning and ultimately impacts negatively on services. The importance of peak bodies like NTMHC continuing to advocate for members around successful consultation methods was expressed.

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## 7. Recommendations

1. **NTMHC to provide regular forums**, well-coordinated and resourced to continue the dialogue. The forums will allow a more impartial and collaborative setting, slightly removed from NDIS and government perspectives. NTMHC to schedule the forums at strategic points in the reform discussion;
  - a. through the forums, NTMHC to continue to assess ways to increase remote participation in the conversation i.e. monitoring the effectiveness of social media tools. NTMHC to consider a project through NT PHN digital pathways about how to effectively engage remote Territorians. To consider what tools are currently used by consumers and propose how consumers can effectively communicate on a regular/on-going basis in regard to their mental health needs/issues and input into the reform agenda.
2. **NTMHC to assess the attendance** at the forums on page 5 of this report and consider those organisations that it would be advantageous to approach regarding NTMHC membership (if they aren't already a member). NTMHC to think about organisations that didn't attend whose presence would have been valuable.
3. **NTMHC develop a costed business model** with support from the Department of Business NT Government. To build on current NTMHC submissions/proposals to government and develop a sustainable business model with timed projections. The business plan would outline the NTMHC membership model (also building on work already taken by NTMHC) i.e. members pay scale and membership benefits. The Plan would also outline proposed matched funding (i.e. government) recurrent and project based.
4. **Build on the unique, small, collaborative sector** opportunity in Central Australia identified at the Alice Springs forum. Develop a communication strategy with the existing relationships and consider the participants as members of NTMHC;
  - a. concern was raised that service competition would result with the introduction of the NDIS and that this will negatively impact on the existing collaborative relationships. NTMHC to consider ways to monitor the effects of any increased competition on quality service provision in the sector.
5. **NTMHC to continue work on its membership definition** within the context of community mental health in the Northern Territory. Outline the core principles in the universal definition of community mental health services i.e. prevention, early intervention, recovery, and any considerations unique to the Territory. In the interests of best practise and quality services, NTMHC to continue support members with service accreditation in conjunction with relevant key accreditation and government bodies;
  - a. NTMHC develop a project brief to outline and strengthen the relationship with the mental health acute sector. With the aim of improving aftercare and prevention, early intervention and articulating the service pathways.

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6. **NTMHC to support work with Carers** through establishing a project or working group that supports members with their delivery of the *Practical Guide for Working with Carers of People with a Mental Illness*. NTMHC in consultation with the authors i.e. Helping Minds and members consider resource needs, best practise approaches and lessons learnt from the application of the guide elsewhere. NTMHC together with relevant partners establish a way of monitoring/reporting the outcomes and noting any considerations unique to the Territory environment.
  7. **NTMHC encourage effective government consultation processes.** It was raised at the forums the importance of NTMHC as a peak body continuing to represent members concerns. In particular, frustrations were raised about restrictive timeframes and closed consultation processes leading to ineffective outcomes for the sector.
  8. **NTMHC develop a strategy to capture case studies** through members. The importance of capturing the consumer voice and experience was raised at the forums. It was suggested that NTMHC support a process for documenting the consumer's qualitative experiences of consumers' mental health needs and experience of the reforms;
    - a. NTMHC build on their recent project with the NT Government supporting members to capture quantitative information in relation to consumer's eligibility for NDIS.
  9. **NTMHC investigate funding of psychosocial supports through NT PHN.** Concern was raised about the government direction to PHNs to not fund psychosocial supports (the intention being that the area is captured by NDIS). It was raised that this has implications on the flexibility of the PHN funding pool. Concern was expressed that it could lead to people ineligible for NDIS but still in need of service falling through the gaps.
  10. **NTMHC and member organisational readiness:** NTMHC to outline an approach for working with members on their community mental health services model. Potentially with support from Department of Business NT Government and NTCOSS. To support members' service model whether it includes NDIS or is an alternative financial/business model.