

Media Release

**New report shows large numbers of people with mental health conditions are not transitioning to the NDIS**

A team from Community Mental Health Australia (CMHA) and the University of Sydney have released the final report that outlines concerning findings that a high proportion of people living with serious mental illness have not applied for the NDIS and of those who have applied, a large proportion have been found ineligible.

CEO of the Mental Health Council of Tasmania and CMHA member, Connie Digolis, said, *'What this data tells us is that there are people who by June of 2020, may not have adequate supports in place. We could see their mental health declining as a result rather than having access to the care they need. This is an unacceptable outcome for some of the most vulnerable in our community.'*

Report author Dr Nicola Hancock from the Faculty of Health Sciences at the University of Sydney said, *'This report demonstrates that only half of the people reported on had submitted an application for NDIS and that a high proportion of people, more than a quarter of people who did submit an application, had been assessed as ineligible for the NDIS.'*

*'...Drilling down into the reasons for people not applying suggests that these are in fact those most in need of a high level of support – whether through the NDIS or another program. For many, it is the severity of their mental illness that is precluding them from engaging in the complex and stressful process required to apply. It seems tragic that the very reason a person needs the NDIS is the thing that puts them at the greatest disadvantage in terms of accessing it.'*

While the Commonwealth Government has established supports for people that won't be transitioning into the NDIS, it is unclear if these alternatives will adequately replace the support they were previously accessing. The report raises serious concerns regarding the amount of funding allocated to this group.

Bill Gye the CEO of CMHA said, *'We have serious concerns about the adequacy of those programs. They do not provide at least the same level of support that the previous programs provided. This matter needs urgent attention.'*

The report suggests that ongoing monitoring of the number and needs of people moving into these programs is essential. It's imperative that the Commonwealth Government ensures that the available supports are adequately meeting the needs of the people in these programs, and that no one is left behind.

\*ENDS

*CMHA is a coalition of the eight Peak community mental health organisations from each State and Territory and was established to provide leadership and direction to promote the importance and benefits of community mental health and recovery services across Australia. The Mental Health Council of Tasmania is a member of the CMHA coalition.*

[Read the full report here](#). Background to the report on following page

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**Please include the following crisis support services for any story regarding mental health or suicide.**

Lifeline: 13 11 14 [www.lifeline.org.au](http://www.lifeline.org.au)

Suicide Call Back Service: 1300 659 467 [www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

beyondblue: 1300 22 4636 [www.beyondblue.org.au](http://www.beyondblue.org.au)

**More information on safely reporting on mental illness or suicide can be found at**

<https://mindframe.org.au/> and <https://www.tascharter.org/>

## Background

In 2016 the combined annual funding for the **three defunded Commonwealth programs** below was approximately **\$250M per annum**. Their funding was tapered down from 2016 to 2019 in the anticipation that the significant majority in their programs would transition to the NDIS. These programs were largely provided through a national network of community-based services. They were:

### **Partners in Recovery (PIR)**

PIR was a national initiative aimed at improving service to people who experience severe and persistent mental illness and who have complex needs. PIR helped by getting multiple sectors, services and supports with which they come into contact (and could benefit from) to work in a more collaborative, coordinated and integrated way.

### **Personal Helpers and Mentors (PHaMs)**

PHaMs provided practical assistance for people aged 16 years and over whose lives are severely affected by mental illness. PHaMs helped people overcome social isolation and increase connections with their community. People were supported through a recovery focused and strengths-based approach that recognises recovery as a personal journey driven by the participant. Potential participants undertake a functionally based assessment with a PHaMs service provider to determine their eligibility for services.

### **Support for Day to Day Living (D2DL)**

The "Support for Day to Day Living in the Community (D2DL): a structured activity program" provided funding to improve the quality of life for individuals with severe and persistent mental illness by offering structured and socially based activities. The initiative recognises that meaningful activity and social connectedness are important factors that can contribute to people's recovery.

**The three new programs in addition to the NDIS**, funded through Primary Health Networks (PHNS) are:

**Transition Extension Program:** The Commonwealth has provided \$121M to extend operation of these programs **but only up to June 2020**. The expectation that by then people will have applied for and transitioned to NDIS or alternative funded options.

**Continuity of Support:** For people who were in the previous programs and who were assessed as ineligible for the NDIS. The funding per annum for this program for people with psychosocial disabilities is approx. \$23M per annum (\$92M over 4 years).

**National Psychosocial Support Measure:** For people who with significant psychosocial disabilities who were not participating in the previous (now defunded) programs. The annual funding for this program is \$20M per annum (\$80M over 4 years).