



**Mental
Health
Council**
OF TASMANIA

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Inquiry into Disability Services in Tasmania

Submission to the Legislative Council
Committee

July 2021

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Supported by the Tasmanian
Government through the
Department of Health

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About Us

The Mental Health Council of Tasmania (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system. Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

Introduction

MHCT welcomes the opportunity to provide a public submission to the Tasmanian Legislative Council's Parliamentary Inquiry into Disability Services in Tasmania. MHCT recognises the importance of ensuring that all Tasmanians with disability have access to quality services that support improving quality of life and full participation in the community. As the peak body representing community mental health, MHCT is particularly focused on ensuring all Tasmanians who experience conditions related to psychosocial disability have access to services to meet their needs.

In considering the terms of reference for the Inquiry, MHCT will address the following:

- Consideration and management of the State based costs of long-term care and support for people who are not eligible for the NDIS;
- The range of support services available to Tasmanians who are not on, or eligible for, the NDIS.
- Funding for organisations that service those not eligible for the NDIS
- Workforce development and training opportunities for the disability support sector, including allied health.

For the purpose of the submission, MHCT will provide information based on people experiencing psychosocial disability who do not meet the eligibility criteria for the NDIS, or who have made the decision to not apply for the NDIS, however do still require some level of longer-term, ongoing supports and services to meet their needs.

Context

Mental illness and the interface with NDIS

People with severe and persistent mental illness who are eligible for the NDIS are identified as experiencing a psychosocial disability. The term psychosocial disability refers to a disability that may arise from a mental health issue. However, it is important to note that not everyone who has a mental health condition will have a psychosocial disability.¹ It is estimated that there are 600,000 Australians living with severe and persistent mental illness of which 290,000 require support periodically due to the episodic nature of their illness. However, it is anticipated that only 64,000 people with severe and persistent mental illness will be eligible to access the NDIS.² This leaves a shortfall of 226,000 people (nationally) with severe and persistent mental illness who are unable to access the NDIS.

Whilst the NDIS may provide some level of psychosocial support for people with the highest levels of severe and persistent mental illness, the NDIS is not designed to replace community mental health services or clinical treatment services provided through the health system.³ Therefore, a seamless interface and understanding between the mental health system and the NDIS is particularly important to support the recovery goals of all Tasmanians experiencing mental ill-health.⁴

Transition to the NDIS

In the planning for the rollout of the NDIS, a number of Commonwealth and State/Territory disability programs were scheduled for cessation, with the assumption that participants of those programs would obtain at least equivalent, and hopefully better support through the NDIS.⁵

With NDIS legislation passed in 2013, the gradual roll out has seen many of these funded supports folded into the NDIS. Of the 17 Australian Government programs that have been folded into the NDIS, three were specifically designed to support people with mental illness:

- Partners in Recovery (PIR)
- Personal Helpers and Mentors (PHaMs)
- Support for Day to Day Living in the Community (D2DL)⁶

These programs provided psychosocial supports and services for people with severe and persistent mental illness. However, the phasing out of these services has highlighted a gap in the number of people successfully transitioning into the NDIS. There are a number of reasons evidenced for this occurring, including; the NDIS eligibility parameters, limited capacity to acquire suitable evidence to prove psychosocial disability, and individual choice of participants to prefer not to apply for the NDIS.⁷ To ensure continuity of support for participants of these programs, on 1 July 2019, the Australian Department of Health launched the National Psychosocial Support Transition (NPS-T program). Under the NPS-T program, clients were assisted to test their eligibility for the NDIS, with data recorded in the Transition Reporting Information System (TRIS) by Primary Health Networks (PHNs) and service providers.

Data recorded by the Tasmanian PHN indicates that, as at 30 June 2020, 223 clients of PIR, PHaMs and D2DL had transitioned to the NDIS, 154 had transitioned to the Continuity of Support Service and 483 people had otherwise chosen to no longer engage or had transitioned to another service or completed activity with the previous programs.

What are Psychosocial Supports and Services?

These service types recognise the impacts of mental ill-health on a person's ability to take part in day-to-day activities and aim to facilitate recovery in the community for people experiencing mental ill-health at all levels of severity. The supports provided to people are aligned to the individual needs and goals of the person. These supports may be provided through individual, group and community programs. Psychosocial services and supports can provide the assistance for people with severe and complex mental illness, including assistance with:

- building skills to manage their mental illnesses
- developing social skills and friendships
- building relationships with family
- building capacity in managing day-to-day activities
- managing money
- finding and looking after a home
- increased educational, vocational and training skills
- advocacy and promotion

State and Federal responsibilities

With the implementation of the NDIS, bilateral agreements were negotiated between the Commonwealth and State Governments. These agreements highlighted the commitment to the principle of no disadvantage for people with disability.⁸ Tasmania's bilateral agreement with the Commonwealth highlights shared responsibilities, specifying that where required, 'governments provide continuity of support for clients of Commonwealth or Tasmanian specialist disability programs who are found to be ineligible for the NDIS, to assist them to achieve similar outcomes.'⁹ This is of significance to the estimated 226,000 people nationally, who have a severe and persistent mental illness but are ineligible for the NDIS. What is not clear in the bilateral agreement is the longer-term responsibility for the provision of continuity of support programs, along with supports for those who are newly diagnosed or are requiring renewed support due to their mental health deteriorating.

The Productivity Commission's Inquiry into Mental Health has identified a number of recommendations in the relation to the continued funding of psychosocial supports and the responsibilities of governments to fund these supports:

Productivity Commission Inquiry into Mental Health - Recommendation 17 - Improve the Availability of Psychosocial Supports

The delivery of psychosocial supports — including a range of services to help people manage daily activities, rebuild and maintain social connections, build social skills and participate in education and employment — has been hampered by inefficient funding arrangements and service gaps. This is affecting the recovery of people with mental illness and their families, who can benefit substantially from improved access to psychosocial supports.

As a priority:

Governments should ensure that all people who have psychosocial needs arising from mental illness receive adequate psychosocial support. To achieve this:

- The shortfall in the provision of psychosocial supports outside the National Disability Insurance Scheme (NDIS) should be estimated at a regional and State and Territory level.
- Over time, State and Territory Governments, with support from the Australian Government, should increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall.

Additional reforms that should be considered:

As contracts come up for renewal, commissioning agencies should extend the length of the funding cycle for psychosocial supports from a one-year term to a minimum of five years. Commissioning agencies should ensure that the outcome for each subsequent funding cycle is known by providers at least six months prior to the end of the previous cycle.

- State and Territory Governments and the National Disability Insurance Agency should streamline access to psychosocial supports both for people eligible for supports through the NDIS and for people who choose not to apply for the NDIS or are not eligible.
- State and Territory Governments should continue working with the National Disability Insurance Agency to clarify the interface between the mainstream mental health system and the NDIS.¹

Impact on consumers and service providers

Of particular concern in the roll out of the NDIS is the impact on people experiencing severe and persistent mental illness. It is understood that the roll out of the NDIS has been an uncertain and disrupting time for people receiving former psychosocial supports and the organisations who were commissioned to provide those supports^{10 11}. Whilst MHCT provides a high-level context to the Inquiry's terms of reference, MHCT would like to extend an invitation to the Committee to meet with MHCT members and consumer representative groups who can provide further context to the lived experience, impacts and service needs of people who have transitioned from psychosocial support services but are ineligible for the NDIS or have chosen not to apply for the NDIS.

MHCT has also developed and supported a number of submissions that provide further context to the experience of people with mental illness and service providers in the roll out of the NDIS:

- [Tracking transitions of people from PIR, PHaMS and D2DL into the NDIS](#)
- [Removing barriers to testing for the NDIS](#)
- [NDIS Thin Markets Project Consultation](#)
- [Joint Standing Committee on NDIS - Independent Assessments Inquiry](#)
- [Joint Standing Committee on NDIS - Provision of services under the NDIS](#)

1. Consideration and management of the State based costs of long-term care and support for people who are not eligible for the NDIS

In considering the state-based costs for long-term support and care of people requiring psychosocial supports, further information should be accessed through the National Mental Health and Service Planning Framework (NMHSPF). The framework has been developed to guide service planning and identify service needs at a population level. National estimates indicate that 690,000 people with mental illness would benefit from some type of psychosocial support. Among the cohort; 290,000 people with severe and persistent mental illness are in most need of these supports, however the NDIS at full roll out will have capacity to support 64,000 people with the highest of psychosocial needs, this leaves a gap of 226,000 people with severe and persistent mental illness requiring psychosocial supports outside of the NDIS.¹²

Supports provided under the NDIS that may be beneficial to the 226,000 people ineligible for the NDIS include:

- supports to assist in service coordination
- assistance with planning and decision making and household tasks
- assistance to build capacity to live independently and achieve their goals, such as building social relationships, as well as financial management and tenancy management skills
- supports to participate in community activities such as recreation, education, training and employment.¹³

Additionally, with the rollout for the NDIS, many people living with severe and persistent mental illness, and complex needs arising from their mental illness, have difficulties in maintaining suitable long-term housing in their community. Whilst those eligible for NDIS should receive support via Supported

Independent Living, residential support and services for those ineligible for the NDIS remains a concern. Anglicare Tasmania have identified that 60% of people currently receiving state-based supported accommodation services from the organisation are not eligible for the NDIS.¹⁴

“There are a number of NDIS supports that people ineligible for the NDIS are missing out on which could assist in helping them to recover in the community. These supports include practical day to day supports. For example, if a person does not have a carer to assist with practical day to day supports, they are limited in their capacity to leave home and also participate meaningfully in the community. Such supports include personal care and appearance along with meal maintenance to assist in cooking or having meals cooked if need be. NDIS can also fund community access supports and funded providers can engage with the NDIS participant to see what areas they may like to further as part of their aspirations and recovery.

Additionally, there are NDIS supports that assist people to maintain their homes and maintain stable accommodation, these supports include access to tenancy support, along with garden maintenance which is often the renter’s responsibility as part of a tenancy agreement.

Another component of the NDIS that is not necessarily accessible for those ineligible for the NDIS is choice and control in the delivery of supports offered to the person. At times an individual may be reluctant to engage with a service, this is usually because they don’t understand what the benefits of the type of support on offer are and how it may be delivered to suit the individual, whereas participants on the NDIS can choose their provider, understand the benefits of the service and cancel supports as required and choose another provider.”

- **Comments from Service Provider**

The Productivity Commission's Inquiry into Mental Health has recognised the importance of ensuring that individuals ineligible for the NDIS have access to psychosocial supports, recommending that work must commence to understand the interface between the mental health system and the NDIS along with the unmet demand for psychosocial supports in each state and territory.

Productivity Commission Inquiry into Mental Health - Action 17.3 – Meet Unmet Demand for Psychosocial Supports

All people who have psychosocial needs arising from mental ill-health should have access to adequate psychosocial support.

Start now:

- Access criteria for psychosocial supports should be adjusted such that potential participants would not be required to have a diagnosis of mental illness before approaching a service. However, an initial functional assessment must be undertaken by the service to determine the individual's psychosocial needs and the level of support required.
 - Where the information provided by the participant and the functional assessment indicate that the need for psychosocial support arises from a mental illness, the provider should work with the participant to facilitate their timely access to a clinical assessment and any necessary clinical intervention.
- The shortfall in the provision of psychosocial supports outside of the National Disability Insurance Scheme should be estimated and published at both State and Territory and regional levels.
- State and Territory Governments should continue working with the National Disability Insurance Agency to clarify the interface between the mainstream mental health system and the National Disability Insurance Scheme.

Start later:

- State and Territory Governments, with support from the Australian Government, should, over time, increase the quantum of funding allocated to psychosocial supports to meet the estimated shortfall.
- The demand for psychosocial support services by people with mental illness in a region should be estimated as a component of integrated regional planning.
- Psychosocial support services should provide data to their regional commissioning body on the number and nature of functional assessments they have undertaken of individuals receiving their support services.

▶ Recommendation 1

Undertake an in-depth gaps analysis of the current level of need and type of psychosocial supports required for people with severe and complex mental illness who are not eligible for the NDIS. The analysis should be informed by the Tasmanian National Mental Health and Service Planning Framework and recommendations integrated into the implementation of [Rethink 2020: a state plan for mental health in Tasmania 2020-2025](#).

2. The range of support services available to Tasmanians who are not on, or eligible for the NDIS

Psychosocial support programs are funded by the Australian Government and commissioned within the state via Primary Health Tasmania. The programs are expected to continue for the next two years whilst a new National Mental Health Agreement is established between Federal and State Governments. Current psychosocial support programs available for people who are not on, or eligible for the NDIS include:

- **The National Psychosocial Support Measure**

The program supports people who have a mental health condition that affects their day-to-day functional capacity, or ability to manage the social and emotional aspects of their lives are not accessing psychosocial supports through the NDIS. The program is open to people who were not previously accessing Partners in Recovery (PiR), Day to Day Living (D2DL), or Personal Helpers and Mentors (PHaMS).

- **The National Psychosocial Support Transition Program**

Provides support for people who were accessing Partners in Recovery (PiR), Day to Day Living (D2DL) or Personal Helpers and Mentors (PHaMS) and are yet to apply for an NDIS package, are waiting for the outcome of their NDIS application, or are ineligible for the NDIS, but have not yet moved to the Continuity of Support program.

- **The Continuity of Support program**

Provides flexible and responsive psychosocial support to people who are not eligible for the NDIS and previously accessed services under Partners in Recovery (PiR), Day to Day Living (D2DL), Personal Helpers and Mentors (PHaMS) or the National Psychosocial Support Transition Program. The program provides one-on-one support at times of increased need.¹⁵

In addition to the above programs, residential services are also an important consideration, with Anglicare Tasmania identifying that there is an uncertain plan going forward for people in supported accommodation who are ineligible for the NDIS¹⁶. Currently, community residential services are provided across Tasmania by several organisations funded by the Tasmanian Department of Health. These residential services aim to provide a safe and secure environment within a community living setting for residents who have a major mental health diagnosis. The programs provide opportunities for individuals to regain social, recreational, and personal life skills and to work towards independent living.¹⁷ In addition, the Tasmanian Government has made several commitments under the Second Affordable Housing Action Plan that aim to identify the housing and support needs for people receiving inpatient mental health care in hospital upon discharge. The Tasmanian Government has additionally trialled the Housing and Accommodation Support (HASI) initiative which aims to provide clinical and psychosocial rehabilitation support to enable stable housing and supported accommodation for people with mental illness. Whilst residential supports and services are provided under the Tasmanian government, it is not yet clear how these services will be provided across the state and/or continue post NDIS roll out.

The NDIS Psychosocial Recovery Coach

Mental health service providers are reporting an increase in the complexity of needs of people accessing their services. This is adding pressure on the mental health system with service providers undertaking extra work to coordinate supports across a broad range of service systems including physical health, housing, employment and financial supports. Whilst current psychosocial programs provide support to people not on, or not eligible for the NDIS, one service offered to NDIS participants under the psychosocial disability stream which could also benefit people with severe and persistent mental illness not on the NDIS is the Psychosocial Recovery Coach. The Psychosocial Recovery Coach provides coordination and support to meet the complexity of needs of NDIS participants.

The NDIS Psychosocial Recovery Coach supports individual NDIS participants in their recovery through collaborating with the broader service system. Psychosocial Recovery Coaches can provide the following assistance:

- Support linkages and continued engagement with the broader service system
- Assist in building the capacity of the person with psychosocial disability to access, engage, maintain engagement with different service systems, particularly health, housing, education, employment, financial supports, family supports and physical health care services.
- Facilitate a coordinated response between services – including facilitating shared planning and case conferencing to ensure a coordinated response between services, e.g. mental health, physical health, justice and housing.
- Support shared planning at key transition points in the recovery journey.

▶ Recommendation 2

The Productivity Commission Inquiry into Mental Health identified that those who remain ineligible for the NDIS should be placed on programs commissioned by States and Territories.¹ As such, MHCT recommends that an essential suite of supports are identified for people with severe and persistent mental illness who are ineligible for the NDIS, or choose not to apply for the NDIS. These supports should be informed by Recommendation 1 of this submission and commissioned by the Tasmanian government to meet the long-term needs of people with severe and persistent mental illness.

3. Funding for organisations that service those not eligible for the NDIS

Commissioning of psychosocial and residential supports and services is critical to improve living conditions for people with psychosocial disabilities.¹⁸ However, the phasing out of psychosocial support services such as the Personal Helpers and Mentors (PHaMS) program, Day to Day living in the Community (D2DL), and Partners in Recovery (PIR), has led to uncertainty for organisations and the clients that they have supported.^{19 20} As addressed, currently clients from these programs have transitioned to intermediary programs funded under the Australian government, however, long-term service planning and funding must be implemented to ensure that programs are in place to support people with severe and persistent mental illness who are not eligible for the NDIS, or choose not to apply for the NDIS.

As highlighted by the Productivity Commission's Inquiry into Mental Health²¹, funding for mental health supports and services has been inconsistent and complex contributing to a fragmented service system that is difficult for consumers to navigate and access supports. Whilst reforms are underway to address these inconsistencies through joint regional planning under Rethink 2020²² and the development of a new national mental health agreement between State and Federal Governments, uncertainty continues in regard to long term support arrangements for people not eligible for the NDIS.

Additionally, funding must be allocated to continue to support people in making an application to the NDIS. In particular, this funding will need to support people who have been recently diagnosed or where an individual's mental health condition has worsened and is impacting on their functional capacity. Currently, as part of the NDIS transition, the Australian Government commissions a program to support individuals in making an application for the NDIS, however, longer-term funding should be in place to support people in making an application to the NDIS.

► **Recommendation 3**

MHCT recommends that the New National Mental Health Agreement highlights the roles and responsibilities of State and Federal Government in ensuring adequate and suitable supports and services to people who require access to psychosocial supports outside the NDIS, this should take into account the intentions of the bilateral agreement between NDIA and the Tasmanian government. In addition, the New National Mental Health Agreement must be coordinated and aligned to National Mental Health Service Mapping Framework and reform work currently underway in Tasmania.

4. Workforce development and training opportunities for the disability support sector, including allied health

Workforce development and training is a key factor to ensure people with severe and persistent mental illness can access high quality supports and services to meet their needs. However, it is understood that the phasing out of psychosocial services has led many skilled and qualified staff into other areas outside of the community mental health sector, which in turn has exacerbated the already sizeable gap in the mental health workforce in Tasmania. The Productivity Commission's Inquiry into Mental Health suggests that mental health professionals who have left the workforce are unlikely to return until employment opportunities in the sector stabilise, leading to lower skill levels across the psychosocial support workforce and lower quality care for consumers.²³

The Tasmanian Health Workforce 2040 strategy has also identified that Tasmania is below the national average in allied health professionals and has identified challenges in attracting a mental health workforce to rural communities.^{24 25} Impacts on a limited rural mental health workforce have been documented in MHCT's Submission to the Legislative Council's Inquiry into Rural Health Services, where these workforce challenges impact on timely access to mental health services for people experiencing mental ill-health in rural and remote communities.²⁶

Whilst work is currently underway to address these challenges at, both a state and national level through the development of a national mental health workforce strategy and via Rethink 2020, much can be done now to support the workforce. This includes the establishment of a Tasmanian peer workforce and initiatives to support mental health training across the NDIS provider workforce along with the health workforce more broadly.²⁷ Peer workers form a valuable part of the psychosocial workforce providing capacity to form a relationship with their clients and provide additional assistance in navigating the mental health system.²⁸ MHCT has developed the [Peer Workforce Development Strategy](#) with the strategy expected to commence implementation in the second half of 2021.

► **Recommendation 4**

Support the development and implementation of a state-based joint mental health workforce strategy via [Rethink 2020: a state plan for mental health in Tasmania 2020-2025](#). The strategy should consider training and development to build a sustainable mental health workforce, including the peer workforce, along with further training in mental health and recovery to support the broader NDIS provider and health sectors. In addition, specialised mental health and recovery training should be offered, as part of upskilling allied health graduates who provide supports to people with psychosocial disability.

Further information

MHCT welcomes further discussion to support reforms related to the mental health and wellbeing of Tasmanians. MHCT invites Government and community stakeholders, MHCT members and other interested parties to contact us to discuss our feedback to this submission.

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