



SUBMISSION TO QUEENSLAND PRODUCTIVITY COMMISSION INQUIRY INTO THE NDIS MARKET IN QUEENSLAND

"Strong, inclusive and resilient mental health communities."

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Queensland Alliance for Mental Health Ltd

SUBMISSION: Queensland Productivity Commission Inquiry into the NDIS market in Queensland

Queensland Alliance for Mental Health (QAMH) is pleased to provide this submission to the Queensland Productivity Commission.

QAMH is the peak body for the community mental health sector in Queensland. We represent more than 100 organizations and stakeholders involved in the delivery of community mental health services across the state. At a national level, we collaborate with Community Mental Health Australia, and we work alongside our members to build capacity, and to advocate on their behalf on issues that impact their operations and people who access their services.

QAMH have compiled feedback from our members taken from fortnightly meetings with members, a survey delivered through QAMH based on the questions within the Queensland Productivity Commission Inquiry into the NDIS market in Queensland Issues Paper. The submission, briefly, covers accessibility challenges in the transition to NDIS for specific groups in Queensland, difficulties associated with measurement of outcomes and achievement of goals under the scheme, the excessive burden of highly complex administrative and operational processes and challenges associated with the NDIS market. Despite these challenges, there remain significant opportunities and many good news stories throughout the NDIS landscape in Queensland. QAMH has provided examples and areas where members have suggested there is a role for the Queensland Government to support improved implementation of the NDIS thereby supporting greater outcomes for NDIS participants.

On behalf of the Queensland community mental health sector, we thank you for the opportunity to respond to this inquiry.

Yours sincerely,



Jennifer Black
Chief Executive Officer

Introduction

As the peak body for the community mental health sector in Queensland, QAMH works closely with our members drawing on their skills and experience delivering frontline mental health care. We collaborate with Community Mental Health Australia and other peak bodies to advocate for issues most important to the community we support. We have a role in capacity building through our strategic projects and work alongside members advocating on issues that impact their day to day work. We provide this response to the Queensland Productivity Commission Inquiry into the NDIS market in Queensland Issues Paper which has been developed with feedback from member organisations. These consultations have highlighted key issues that are pertinent to the sector, however, do not cover the breadth of the challenges and opportunities all member organisations could detail in future inquiries.

Members provided feedback relating to the performance of the NDIS market in Queensland for providers and participants, measuring outcomes the administrative and operational complexity of the NDIS and input on the NDIS market. Our input reflects the position of QAMH as a peak body for the community mental health sector in Queensland and therefore is centered on the perspective of those working in this sector.

This submission will discuss the following areas:

- Difficulties impacting accessibility and participation in the NDIS
 - People in rural, remote and very remote areas of Queensland
 - Lack of access to housing and housing support
 - Aboriginal and Torres Strait Islander communities
 - Culturally and linguistically diverse communities
 - Participant assessment process
- Meeting the needs of participants
- Administrative complexity of NDIS processes
 - Large administrative burdens faced by service providers with limited resources and capacity
- The NDIS market in Queensland
 - The market in Queensland
 - Regional, rural, remote and very remote Queensland
- The role of the Queensland Government.

1. Difficulties impacting accessibility and participation in the NDIS

In looking at accessibility issues faced by participants, we consulted with QAMH member organisations to better understand the experiences of people and the experiences of providers. In these discussions, it became evident that key issues were faced by many individuals from culturally and linguistically diverse backgrounds in accessing translation and interpreting services, a lack of cultural competency within the NDIS system to provide services to Aboriginal and Torres Strait Islander communities and the challenges faced by providers in rural, remote and very remote areas of Queensland in being able to deliver supports.

People in rural, remote and very remote areas of Qld

Current difficulties for providers to operate in rural, remote and very remote areas of Queensland mean that many people living in these areas miss out on critical supports and/or must travel long distance or wait long periods of time before being able to access supports.

Feedback from members further indicated that the NDIS application process was particularly difficult for people in rural, remote and very remote areas, with some resistance from participants in taking up plans as eligibility criteria would not enable participants to access individual packages and with difficulties in navigating complex NDIS processes would not seek to transition¹. Additionally, in a research report by the Royal Flying Doctor Service Australia, entitled *Mental Health in Remote and Rural Communities*, it stated that a lack of coordination and funding in the sector has resulted in rural, remote and very remote patients missing out on crucial services². Access to mental health services is particularly important in rural, remote and very remote areas as rates of suicide are nearly double that of major cities, which has been partly attributed to limited mental health services and funding restrictions³.

The lack of services in certain towns throughout rural, remote and very remote Queensland often means that there is a lack of continuity of care or inability to readily access services. A member outlined the situation in south west Queensland, with the town of St. George where there are no services available and support can only be delivered through fly-in fly-out arrangements from workers based in Toowoomba.

Lack of access to housing and housing support

Members reported that in regional centres such as Cairns, Mackay and Townsville, due to insufficient support provided for participants through NDIS plans or from housing market strain, there remain problems in accessing secure and long-term housing. The picture looks very different across the regional, rural, remote and very remote areas of Queensland and each city faces unique challenges. For example, in Cairns, members report difficulty in finding accommodation with a long wait-list, with people sometimes waiting up to 18 months to two years. By contrast, in Mackay, where the mining industry keeps a steady flow of workers, the

¹ Queensland Mental Health Commission. (2017). Submission to Joint Standing Committee on the National Disability Insurance Scheme, Provision of services under the NDIS for people with a psychosocial disability related to a mental health condition. p4.

² Royal Flying Doctor Service of Australia. (2017). *Mental Health in Remote and Rural Communities*. Research Report.

³ Australian Senate. (2018). *Accessibility and quality of mental health services in rural and remote Australia*. Community Affairs References Committee. Commonwealth of Australia.

commercial housing market has very low vacancy rates combined with a low supply of social housing.

Secure and stable housing is pertinent to fostering better outcomes for NDIS participants. Recent research report by the Australian Housing and Urban Research Institute found that homelessness and living in unaffordable housing is detrimental to mental health and that having a greater amount of choice and control over housing contributes to increased wellbeing and quality of life for people living with mental illness.⁴

A well-developed whole-of-government coordinated response is required to adequately meet the challenges presented by inadequate housing across Queensland. Addressing this problem will be a significant step toward ensuring people can access services and achieve greater outcomes. For example, New South Wales currently have a program in place to provide housing support for people with psychosocial disability. This program is the Housing and Accommodation Support Initiative (HASI) and is funded by the Ministry of Health, which has invested approximately \$48 million in community managed organisations to provide HASI supports across NSW. The program has resulted in improved capacity of participants in maintaining tenancies along with improved mental health outcomes and greater social engagement.⁵

Given the success of this program, the Queensland Government could draw on policies in other jurisdictions and invest in pilot programs throughout Queensland. This is particularly timely and relevant for the Queensland Government with their released of the decade long strategy, the Queensland Housing Strategy 2017-2027 which seeks to ensure every Queenslanders 'has access to safe, secure and affordable home that meets their needs and enables participation in the social and economic life of our prosperous state'.⁶ As part of the Strategy, there is capacity for the Queensland Government to invest in initiatives to support access to stable accommodation for people with psychosocial disabilities. This would help to drive outcomes for NDIS participants and prospective participants along with those experiencing or at risk of long-term homelessness.

Aboriginal and Torres Strait Islander communities

Experiences of NDIS in Queensland continue to be a challenge for Aboriginal and Torres Strait Islander communities. Service delivery for Aboriginal and Torres Strait Islander communities do not align with typically Western derived language and systems. In guidelines developed by the National Health and Medical Research Council (NHMRC), a National Aboriginal Community Controlled Health Organisation (NACCHO) report is referenced which states that:

'Aboriginal health does not mean the physical wellbeing of an individual, but refers to the social, emotional and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-of-life view. Health care services should strive to achieve the state where every individual is able to

⁴ Brackertz, N., Davidson, J., Wilkinson, A. (2019). *Trajectories: the interplay between mental health and housing pathways, a short summary of the evidence.*

⁵ NSW Government. (2019). *Housing and Accommodation Support Initiative (HASI) and Community Living Support (CLS).*

⁶ Queensland Government. (2017). *Queensland Housing Strategy 2017-2027.*

*achieve their full potential as human beings, and must bring about the total wellbeing of their communities.*⁷

Many guidelines have been developed to date and stress very similar concepts⁸, the widely researched concept of social and emotional wellbeing ‘signifies an Aboriginal and Torres Strait Islander concept of wellbeing that differs in important ways to Western concepts of mental health’⁹.

Feedback from providers operating in south-west Queensland indicate the significant difficulties in implementing NDIS structured modes of service delivery (scheduled time-frames, regimented meetings, lack of tailored supports) as a major hindrance in the ability to balance the needs of the community and the needs of the NDIS. Kinship networks and community are integral to healthcare outcomes for Aboriginal and Torres Strait Islander communities, in a way that is not typically understood in Western individualised models of care. The recently launched *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2017 -2023* has developed nine principles which indicate this importance clearly¹⁰. Aboriginal and Torres Strait Islander communities understand that the health of the individual is tied to their connections with kinship and family relations, therefore time restrictions on the delivery of care for individuals only and at set times, does not work to meet the needs of these communities. Thus, the design of NDIS services to only provide individualised care where there is a need rather to provide care for the community places additional pressures on workers in already stretched and under-resourced rural communities.

Culturally and linguistically diverse communities

For people from culturally and linguistically diverse backgrounds, translation and interpreting services are often either inaccessible or highly expensive causing issues for participants in activating and receiving NDIS supports. Many participants from these communities have no way to access the NDIS or to navigate it once put on a plan due to lack of support coordination and a variety of barriers. There is a lack of translation services and/or translated materials or knowledge of how to access these materials. Additionally, there remains a lack of providers with cross-cultural expertise or easy access to translation and interpreting services for all providers.

Along with language barriers due to lack of translation services and material, there are significant education barriers to some culturally and linguistically diverse participants who arrived to Australia from countries in conflict where there have been significant interruptions to their education, as health and schooling infrastructure is often destroyed or access cut off for minority groups often or across the country. Recently arrived humanitarian migrants may not have literacy in the national language of the country they have left

⁷ National Health and Medical Research Council. (n.d). Engaging Aboriginal and Torres Strait Islander people in guideline development.

⁸ Australian Institute of Family Studies. (2011). Working with Indigenous children, families and communities: Lessons from practice. Child, Family Community Australia.

⁹ Dudgeon, P., Milroy, H. and Walker, R. (2014). Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. p. 56.

¹⁰ Australian Government. (2017). National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing.p3.

or have experienced the administrative systems such as those established by the NDIS, making navigation of complex processes and unfamiliar methods very difficult.

A member noted that additional support coordination and therapies would help to overcome this barrier¹¹. It was also explained that CALD participants were often getting NDIS plans but would be left sitting on them for up to 12 months without receiving any supports. This demonstrates the often-reported lack of access and participation in the NDIS by people from CALD backgrounds. The National Ethnic Disability Alliance had estimated that 21 per cent of NDIS participants should come from a CALD background¹², however only 11.3 per cent of participants were from a CALD background according to the NDIS Quarterly Report in March 2020¹³.

Participant assessment process

A further barrier to effective support for participants in the NDIS is the difficulty in providing evidence to support assessments for people with psychosocial disability. Members stated that there is a barrier for people who are not linked to a general practitioner or a psychologist, since specialist medical reports are required. Accessing specialist medical professionals is not only cost-prohibitive for participants but members indicate that people may move around and change health professionals regularly. Further, members advised that some experiences have been where clinicians that are willing to provide a report, they often do not understand the NDIS lexicon, further complicating the assessment process.

2. Meeting the needs of participants

The Inquiry Terms of Reference seeks to understand the effectiveness of the NDIS and gather feedback on the current NDIA outcomes framework and its utility in measuring the productivity impact of Queensland's investment in the NDIS. In consultation with member organisations, QAMH found that that it is currently difficult to fully and adequately provide insights on whether or not outcomes have been achieved for participants on the NDIS as there is no framework available which assesses the experience for participants and achievement of goals, particularly in the geographically diverse region of Queensland. As aforementioned, the picture for people in Far North Queensland is vastly different from those in Central Queensland and again in the south-west. Feedback on the provision of choice and control to Queensland participants through the NDIS will be covered in Section 4.

Members indicated that they have developed their own metrics of success for people who access their supports, which differ from provider to provider. When asked about current measurement frameworks, members expressed uncertainty about how outcomes from the NDIS should be measured. The NDIS currently collects data which are presented in the Participant Outcomes Report¹⁴ and the Quarterly

¹¹Member's Survey. (2020). Survey Monkey.

¹² AMPARO Advocacy Inc. (2016). The NDIS and Culturally and Linguistically Diverse Communities: Aiming high for equitable access in Queensland.

¹³ NDIS. 2020. *COAG Disability Reform Council Quarterly Report March 2020*.

¹⁴ National Disability Insurance Scheme. (2020). Participant Outcomes Report.

Performance Dashboard¹⁵, but this does not provide detailed information or information which providers could use to make assessments on how the NDIS is meeting Queensland participants' needs. Whilst the NDIS Participant Outcomes Report¹⁶ provides an overview of progress for participants, using a lifespan approach covering different domains across four different age cohorts, a more detailed and targeted approach for Queensland participants would need to be developed to better understand the outcomes achieved for Queenslanders and in particular, the experience of participants with an NDIS plan and their perspectives on how the plan has had an impact. Broad frameworks to evaluate progress and impact exist, as has been applied internationally, for example the World Health Organisation's Quality of Life scale.¹⁷ Whilst these types of outcomes frameworks have shown to be applicable in many contexts, QAMH would strongly recommend that any framework that is developed is done so with participants, that is, with indicators and/or outcomes that are meaningful for participants. This process could be facilitated by lived experience representatives or peak bodies. These measurement frameworks must adequately capture perspectives driven by participants rather than replicate top-down frameworks that exclude the perspectives and vision of people and communities. There is opportunity for the Queensland Government, the NDIA and the sector to work together in developing a targeted framework.

A survey undertaken in 2019 by a member organisation sought feedback on the impact of NDIS on participants they had assisted. This survey found that feedback from participants was overwhelmingly positive, as they had experienced an increased capacity to engage in the community again. Additional advice received from members indicated that those with an NDIS plan in place with sufficient and relevant wrap-around supports, including advocacy support, experienced improved levels of community engagement. The challenge remained in the initial phase of getting on to a plan, which is made difficult from the complex processes and lack of advocacy and support for many clients who would benefit from such support. Funding to undertake surveys delivered by organisations or designing methods of collecting more granular data in each specific region or communities of Queensland could help to develop a more detailed picture demonstrating whether the NDIS was meeting the needs of Queensland participants and achieving outcomes.

3. Administrative complexity of NDIS processes

Large administrative burden placed on service providers with limited resources and capacity

Feedback from members about the administrative and operational complexity of the NDIS revealed that there are multiple factors constraining the ability of providers to meet service requirements. Several members stated that the accreditation process is a costly and lengthy process, which has caused difficulty for some community mental health providers. QAMH undertook a survey shared with all members based on the questions included in the Queensland A survey respondent stated that they were strongly considering deregistering from the NDIS due to the amount of time spent on auditing, documentation and reporting

¹⁵ National Disability Insurance Scheme. (2020). Quarterly Performance Dashboard.

¹⁷ World Health Organization. (2020). *Health statistics and information systems: WHOQOL: Measuring Quality of Life*.

processes which limited their time with clients.

This feedback follows a common trend from service disability service providers reporting difficulty with the administrative costs of the NDIS. A survey of 626 service providers from National Disability Services in 2018 reported that many service providers are under stress from NDIS processes and that 73 per cent either disagreed or strongly disagreed that these processes were working well¹⁸. Comments on administrative burden also align with findings of a market survey from National Disability Services which found administrative burden to be the most commented upon aspect of NDIS operation, particularly the disconnect between pricing and service delivery realities¹⁹. Another issue raised during consultation with members was the overhead coverage in the price model, which was outlined as being insufficient. In particular, the current pricing model does not allow for training development needs of the workforce and the quality frameworks needed to provide a high quality of service.

There is an evident need to streamline and simplify existing NDIS processes. These complexities have had impacts on participants and contributed to difficulties for participants in using NDIS services. The experience in areas throughout Queensland has been that the lack of widely available information has left many participants confused and may instead rely on conflicting accounts about the scheme and inconsistent information. The confusion and the complexity of this process has led some to not pursue this support. Members indicated that many prospective participants living in rural areas of Queensland would benefit from ongoing engagement and support to communities in these areas to navigate the scheme. Given that this is a significant change in process for many people, information and advice should be shared in a variety of ways in accessible formats in regional, rural, remote and very remote areas of Queensland. Difficulties in readily accessing digital information continues to be a challenge in these regions of Queensland and there should be greater investment from the NDIS in visiting communities to support the transition.

4. NDIS market conditions

The Inquiry Issues Paper sought insights on market conditions and prospects in Queensland. In consultation with members, it was indicated that there was lack of data available on what the NDIS market in Queensland looked like in order to provide any feedback to the questions, such as what specific factors are affecting the market in Queensland or factors that may shape future demand for disability services in Queensland. Member organisations had critical insights to share on the experience of operating in certain communities within Queensland such as in Cunnamulla, Brisbane, Townsville and Cairns, but felt there was no view on the progress of the NDIS market in Queensland or view on what vision the NDIA had for the future of the market in Queensland. A clearer picture on these would assist providers in contributing analytical insights on what factors may shape future demand for disability services and what some of the challenges are for the NDIS

¹⁸ National Disability Services. (2018). *State of the Disability Sector Report 2018*.

¹⁹ National Disability Services. (2019). *How is the Disability Sector Faring? A report from National Disability Services' Annual Market Survey*.

market in Queensland. It became clear in consultation with members that the market, as in other industries, does not reflect the reality experienced by and therefore dictating the limits and decisions for many providers and participants throughout Queensland.

The market in Queensland

In consultation with members, it became clear that current market structures in Queensland dictate very different experiences for participants across the state. Additionally, this is what most impacts participant choice and control and in turn affects the capacity for the NDIS to meet participant needs. Whilst NDIS objectives remains strongly centered on establishing a ‘fully developed’ market to support the NDIS in every jurisdiction, the reality remains that in many parts of Queensland, this is not achievable. This is not only due to the difficulties associated with thin markets and the experience of regional, rural, remote and very remote areas of Queensland, but there has been feedback provided to various Inquiries regarding the NDIS current pricing^{20 21 22}. An underdeveloped market may additionally act as a barrier to participants’ capacity in regional, rural, remote and very remote regions of Queensland to exercise choice and control. For example, with limited services in the region this may force many to accept packages or supports at a lower cost or what may be readily available when it would not necessarily meet their needs.

The Independent Pricing Review of the NDIA undertaken by McKinsey & Company (2018), identified that ‘the NDIS is too young and the available data too incomplete to make a definitive assessment of whether certain markets are at risk of being thin or undersupplied.’²³ It further suggested that the ‘NDIA should bolster its market evaluation framework to identify thin markets, or when the market has structural features such as geographic isolation which make it difficult for providers to operate in these areas’²⁴. A recommendation provided in this review was for the NDIA to ‘adopt a clear set of metrics to more comprehensively identify and respond to risks of thin markets emerging.’²⁵

Research undertaken by the Queensland Alliance for Mental Health identified a Market Enablement Framework developed by the NDIA in 2018. As indicated in the Framework, it aims to improve its approach to monitoring how the NDIS marketplace is developing²⁶. It was developed to undertake the specific activity of market monitoring, identifying potential issues, deciding whether to intervene and identify what type of intervention may be required. This existing framework could be used to provide more detailed insights into the market in Queensland and to inform more refined policy decisions for investment in the right areas. Additionally, the insights from such an analysis undertaken could assist providers in understanding where the market is currently at in Queensland and contribute to the development of adequate intervention

²⁰ Joint Standing Committee on the National Disability Insurance Scheme. (2018). Market Readiness.

²¹ Joint Standing Committee on the National Disability Insurance Scheme. (2017). Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.

²² National Disability Insurance Scheme. Annual Price Review (2020-21).

²³ McKinsey & Company. (2018). Independent Pricing Review.

²⁴ Ibid, p. 58

²⁵ Ibid, p. 58

²⁶ Ibid, p.4

strategies where required.

Regional, rural, remote and very remote Queensland

The market conditions in Queensland, as mentioned earlier, differ across the entire state. The experience of participants living in regional, rural, remote and very remote areas of Queensland has been researched widely, including in reports developed by the Royal Flying Doctor Service Australia, the Royal Australian College of General Practitioners, Rural and Remote Mental Health and the National Rural Health Alliance Inc. Outlined in a discussion paper by the National Rural Health Alliance notes factors commonly experienced throughout these regions, such as a lack of available services, transport issues, lack of trained staff and shortage of suitable resources.²⁷ There remain limited services producing limited options, this in turn undoubtedly has impacts on participant's ability to exercise choice and control. In many towns throughout Queensland, accessing a service may require travel distance time between 45 minutes and 3 hours. There also remains a lack of services to refer to.

These conditions are not isolated cases in Queensland, they are also felt across the nation. In a report by the ACT Council of Social Services which stated that 'If choice and control continue to be solely assessed and progressed in a market framework, people with disability will have limits on their power'.²⁸ The Melbourne Social Equity Institute also reported that many NDIS participants had not felt that they had an increase of choice and control over their services since transitioning to the NDIS.²⁹ This is further substantiated by input from organisations across Australia, contained in the Joint Standing Committee on the National Disability Insurance Scheme report delivered in 2018. The Committee concluded that based on the evidence received, 'exercising choice and control is far from being realised for many participants...simply having access to a market does not equate to having choice and control. Market access alone is not sufficient to allow participants to make informed choices'³⁰. These findings demonstrate that the market approach in is failing to adequately address need in regions and this is also the case for Queensland participants. The limited number and availability of services in these regions of Queensland will continue to impact on an individual's capacity to exercise choice and control and create unnecessary inequalities for people living in these areas. Inequality of access and inequality of readily available services. The aim of a fully developed market remains to provide choice and to allow 'consumers' to dictate supply, however the reality in Queensland is that a market-based framework is so far failing to adequately address need.

Members outlined the significant lack of available mental health services for people in rural, remote and very remote areas and that existing services are typically expensive to run. This is partly due to the difficulty in recovering travel costs for long trips, with the maximum amount of travel time that can be claimed for traveling to a participant being 30 minutes in regional centres and 60 minutes in rural, remote and very

²⁷ National Rural Health Alliance. (2013). *Discussion Paper on Issues relating to the NDIS in rural and remote areas of Australia*.

²⁸ ACT Council of Social Service Inc. (2017). *Choice and control. Strengthening human rights, power and inclusion for people with disability*

²⁹ Warr, D., Dickinson, H., Olney, S., Hargrave, J., Karanikolas, A., Kasidis, V., Katsikis, G., Ozge, J., Peters, D., Wheeler, J., Wilcox, M. 2017. *Choice, control and the NDIS. Service users' perspectives on having choice and control in the new National Disability Insurance Scheme*. Melbourne Social Equity Institute. The University of Melbourne.

³⁰ Joint Standing Committee on the National Disability Insurance Scheme. (2018). *Market readiness for provision of services under the NDIS*.

remote areas, with the same limits in place for return travel.³¹ Given that some members in rural, remote and very remote areas report often having to travel 2-3 hours to deliver support, these limits put undue financial stress on providers operating in these areas. Further, costs associated with running services in rural, remote and very remote areas are not met with sufficient NDIS funding and additional funding streams are required to remain financially sustainable. For example, many providers in rural areas are required to deliver extensive training to expand their practices to meet the needs of participants in this region. Due to the limited number of providers available in these regions of Queensland, the case load and mix of participants places an additional resource strain on existing providers to ensure they can provide support. This experience has been outlined in a report from Rural and Remote Health³². This often leads to high costs as providers must forfeit earnings during training. This is made more difficult with the long distances traveled by rural providers for training and support. Without additional funding streams, many services cannot set up centres in these regions with the most fiscally prudent option being telehealth or digital services. It is imperative to provide additional funding sources to supplement existing NDIS funding in these areas of Queensland to ensure continued delivery of supports and financial sustainability of providers.

5. The role of the Queensland Government

There is opportunity for the Queensland Government to develop policy initiatives that support market development and to fill the current gaps in the market constraining the way services are delivered. Members indicated that people with severe psychosocial disability, which can sometimes be overlaid with intellectual disability, need long-term, one-to-one support to achieve greater outcomes. Members added this is currently not achievable with current funding limits. Funding for long-term supports is essential to ensuring individuals are receiving appropriate supports, specific to their needs and can achieve long-term outcomes.

This submission has mentioned methods in which the Queensland Government could invest in policies that support outcomes for NDIS participants. Policy initiatives could include:

- Invest in housing support for people to maintain adequate and secure accommodation and tenancies,
- Increasing funding streams for services operating in regional, rural, remote, and very remote areas,
- Establish collaborations with the sector and the NDIA to develop targeted framework to measure outcomes for NDIS participants with psychosocial disability in Queensland,
- Undertake appropriate market analysis to inform long-term policy decisions to support the significant reform associated with NDIS implementation, through the transition period and beyond.

There is opportunity for Queensland Alliance for Mental Health, as peak body for community mental health sector, to work with relevant Queensland Government departments in delivering policy projects and consultations to inform state-wide strategies to support the success of the NDIS in Queensland and ultimately, achieve meaningful outcomes for participants.

³¹ NDIS. (2020). *Price Guide 2020-21*.

³² Dintino, R., Wakely, L., Wolfgang, R., Wakely KM., Little A. (2019). *Powerless facing the wave of change: the lived experience of providing services in rural areas under the National Disability Insurance Scheme*. Rural and Remote Health.

6. Concluding remark

QAMH acknowledge the ambitious and ideological drive behind establishing the NDIS and support the efforts of government, the sector and communities in ensuring access to appropriate supports is equally available for all. This submission has covered a range of matters as raised by members, topics and issues that are most pertinent to members and participants they support. Through member feedback and from our research, it is evident that accessibility for some key cohort groups remains limited, evidenced by the experiences of culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander people and regional, rural, remote and very remote Queenslanders who have faced a variety of barriers to access the scheme.

The administrative complexity, lengthy and often overwhelming processes associated with the NDIS can have an impact on service providers' ability to meet NDIS expectations, placing extra pressure on a stretched and limited workforce. The market conditions in Queensland need to be adequately assessed and described for an appropriate and productive conversation to take place regarding the market in Queensland. The NDIA, as a market steward, have a current framework in which to assess the state of the market which includes analysing whether a market intervention is required. This process would serve to elucidate critical insights to the Queensland Government and the NDIA on measures that may need to be taken to further support the specific complexities associated with the market in Queensland, given its socio-geographic character.

This submission has also included information shared by members on how the Queensland Government might support greater outcomes for NDIS participants and for providers. As mentioned above, there are key areas where the Queensland Government could take lead:

- Invest in housing support for people to maintain adequate and secure accommodation and tenancies,
- Increasing funding streams for services operating in regional, rural, remote and very remote areas,
- Establish collaborations with the sector and the NDIA to develop targeted framework to measure outcomes for NDIS participants with psychosocial disability in Queensland,
- Undertake appropriate market analysis to inform long-term policy decisions to support the significant reform associated with NDIS implementation, through the transition period and beyond.

The experiences of providers and of participants and prospective participants are diverse and we have captured some key issues shared with us and widely documented, however it would be of benefit and QAMH would welcome the opportunity to participate in a more targeted and focused discussion with service providers throughout Queensland on developing collaborative and long-term solutions to some persistent complexities.

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