Marie McInerney reported on the National 2nd Annual NDIS & Mental Health Conference, hosted by Mental Health Victoria and Community Mental Health Australia held in Melbourne from 31 October – 1 November 2018, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia. http://croakey.org

Declaration: Marie McInerney has provided communications consultancy to Mental Health Victoria this year.
Contents

Preview: Conference spotlights NDIS impacts on people needing mental healthcare and support ........................................................................................................... 3

Strong calls for action to address flaws with NDIS for people with mental health issues ............................................................................................................ 7

Identifying the barriers and benefits around consumers taking charge of mental health research ............................................................................................................. 19

Learn from inclusive cultures, address the social determinants of health, and understand the wider environment ............................................................... 27

Outlining plans to improve the NDIS for people with serious mental health issues ................................................................................................................. 33

Disappointment over politicians’ failure to engage with tough questions about NDIS and mental health .................................................................................. 39

A final wrap of the issues, interviews and tweets from #NDISMentalHealth ... 47
Preview: Conference spotlights NDIS impacts on people needing mental healthcare and support

Whether the National Disability Insurance Scheme (NDIS) is meeting the needs of people with mental health issues will be the focus of a national conference in Melbourne this week, hosted by Mental Health Victoria and Community Mental Health Australia.

Key themes highlighted in the conference program include:

- What does a mental health system look like if it is working well?
- What is being done now that represents best-practice, and how do exemplary mental health services reflect this in their service design and integration?
- Where are we currently at in building a properly functioning mental health system in Australia?
- And how do we define and close the gaps in mental health care, services and supports?

In this preview article below, journalist Marie McInerney reports on the personal experience of Melbourne research assistant Dave Peters, describing how the transition to the NDIS stripped away supports that have been critical to his recovery over the past decade.
Marie McInerney writes:

Melbourne researcher Dave Peters had a breakdown more than ten years ago, when he was 28, and ultimately ended up with a diagnosis of bipolar after attempting suicide.

He recalls it took a couple of years of weekly psychiatric therapy before the psychiatrist mentioned “almost in passing” that Peters might find it useful to get in touch with an organisation called Neami.

It led him to some key support with a specialist mental health case worker and access to a range of social activities through the Support for Day to Day Living in the Community program. Having the whole support package overlaid with the principles of recovery oriented mental health practice “really changed my life for the better,” he said.

Peters said his engagement with Neami, a leading Victorian mental health community support service (MHCSS) provider, transformed his understanding and experience of a mental health diagnosis.

He learnt that “you don’t have to be free of symptoms to pursue life again, that recovery doesn’t necessarily mean being symptom free”.

This was a critical shift for Peters, who at the time had become “really isolated, cut off from pretty much everyone in my life, scared to leave the house”.

“Neami was there for me at a time in my life when I had nothing else,” he told Croakey.

“It gave me a way to reframe and rethink about my life in ways that (otherwise) I don’t think I would have made the kind of changes in my life that I have since.”

Since then, he has been able to rebuild a life with strong purpose and participation.

As well as being Consumer Co-Chair of the Research and Evaluation Committee at Neami National and a research assistant at the Brotherhood of St Laurence, Peters is a regular guest speaker at three Melbourne universities.

He will present at the NDIS & Mental Health Conference on the need for NDIS access to physical health services for people with mental health issues, given the high prevalence of coexisting physical and mental health conditions.

But his own journey hit a huge barrier earlier this year when a difficult transition to the NDIS stripped him for months of the supports that have aided his recovery over the past decade.

“It was devastating,” he said.

Victorian circumstances

Some of Peters’ story is particular to arrangements for the NDIS rollout in Victoria, where the former Coalition State Government opted to pay for its share of the NDIS by defunding the state’s pioneering MHCSS sector.

Neami National told Croakey that it provides NDIS service delivery through a wholly owned subsidiary Me Well.
“However, earlier this year, with a deeper understanding of the service design of NDIS mental health core supports, we believed that Me Well wasn’t able to offer a genuine continuity of support to consumers receiving core supports without the financial subsidies of Neami National,” a spokeswoman said.

“The financial challenges of the NDIS environment in combination with a commitment to our vision and mission drove the decision for us to withdraw from providing NDIS core supports.”

Neami said the wellbeing and continuity of support for consumers was always its first priority and it worked closely with consumers and families to manage their transition to another provider.

However, Peters said that the way supports were listed on his NDIS plan – where the funding was tied specifically to the discontinued program – meant that he could not access NDIS core supports from Neami or seek support from elsewhere.

And it has taken seven months to get the NDIS to review these elements of his plan, he said.

Peters has not been alone in experiencing a difficult transition.

Wider gaps in support

According to a recent report from Mental Health Victoria, the peak body for the community mental health sector, only a very small proportion of the estimated 150,000 Victorians experiencing severe mental illness each year will be eligible for the NDIS, leaving terrible gaps in support.

“The gaps will be found most severely in community mental health services which are critical to psychosocial support and recovery – helping to keep people’s relationships intact, maintain safe housing, manage physical health, and help them to stay at work or connected to the community,” it said.

Community Mental Health Australia executive director Amanda Bresnan said Peters’ experience in transitioning to the NDIS is not confined to Victoria, but echoes the experiences of people with mental health issues across Australia.

Like him, they are also struggling with long delays in reviews of their NDIS plans and the need to also access support for chronic physical health issues that are closely associated with mental illness.

“Dave is a really compelling example of what is happening across the country,” she told Croakey ahead of the conference.

“There is a particular situation in Victoria with community (mental health) funding, but his experiences of delays in the review process and the challenge he’s faced as someone with a mental health related chronic physical health issue are equally relevant nationally,” she said.

Growing concerns about the failure of the NDIS to meet the needs of people with severe and persistent mental health issues turned to some relief earlier this month when the Federal Government announced a new ‘psychosocial disability stream’ for the NDIS to provide a “better pathway and support” to about 64,000 Australians expected to be eligible.

Bresnan said this was welcome and that mental health groups recognise that the NDIS is a huge new scheme and will have necessarily have failures and glitches as it is rolled out.
But she said that it’s yet to be proven that recognition of the issue at senior levels in the NDIS will trickle down to services on the ground.

In the meantime, the teething problems, failures and gaps come at an enormous cost to those who need specialist support.

“They say it takes time to get things right, but in the meantime people are being really damaged,” Bresnan said.

Piling stress upon stress

Peters said the toll on his wellbeing of losing critical services as part of his transition to the NDIS has been huge, but so too has the actual process of applying for support under the NDIS, which was not initially envisaged as being for people with mental health issues.

Peters said:

“It was hard enough saying goodbye to a service that supported me through some of the biggest changes and challenges in my life, but then going through the stress of the bureaucracy and the process of the (NDIS) planning meeting added to (the distress).

Services like Neami (work) through the recovery model, where all the focus is on what are the good things in your life, what are your strengths.

With the NDIS, you have to tell them how crap your life is. It’s very much about highlighting your deficits and what you don’t have and how bad your life is and could be.”

Soon after he lost the service support, Peters went to a national conference of suicide survivors. It was a great event, but in retrospect he thinks it was “probably not a wise choice of mine to attend at a time when I was already feeling pretty vulnerable and stretched”.

“I was in a pretty bad place after that,” he said.

This month Peters finally had a review meeting with his NDIS planners and, while resolution is still some way off, he is “cautiously optimistic” it will lead to agreement to fund better support services. Whether or where those services still exist in Victoria, he’s not yet sure.

But even if it does work out well, he worries about the toll that gets exacted along the way, and what happens for people with significant mental health issues who are not able to advocate for themselves in the way he can.

Over recent years, Peters was involved in research conducted at the Melbourne Social Equity Institute into the trial of the NDIS in the Barwon region, in regional Victoria, which found that while some people were better off under the NDIS, the pace of its rollout was leaving some people behind.

He said one of the main takeaways was that “to be able to access the NDIS, you had to be very knowledgeable to navigate the system and people with a well informed advocate had far better outcomes than those without”.

As a result he went out of his way to educate himself about the system, personally and professionally. “But,” he adds, “even with that I feel out of control and pretty powerless really.”

• Croakey asked the National Disability Insurance Agency to respond to the concerns raised in this article.
Strong calls for action to address flaws with NDIS for people with mental health issues

Former New South Wales Liberal leader and chair of Lifeline John Brogden has called for “loud voices and loud action” on flaws and gaps in the rollout of the National Disability Insurance Scheme (NDIS) that are risking harm to people with serious mental health issues.

Brogden, who survived a 2005 suicide attempt, also repeated his recent call for a national suicide reduction target and called on mental health advocates and the media to focus more on stories of recovery and hope.

Brogden was one of a number of strong consumer voices speaking in Melbourne at the National 2nd Annual NDIS & Mental Health Conference, hosted by Mental Health Victoria and Community Mental Health Australia.

Key policy and decision makers, including former Prime Minister Julia Gillard and National Mental Health Commission chair Allan Fels AO, also urged stronger consumer participation in governance, policy, service delivery and the workforce, in relation to the NDIS and more broadly.

The conference comes amid recent developments in mental health, including the Morrison Government’s announcement of a Productivity Commission inquiry, and an election pledge by Victorian Premier Daniel Andrews to hold a Royal Commission into mental health if his government is re-elected.
Marie McInerney writes:

Since surviving a suicide attempt in 2005, former NSW Opposition Leader John Brogden has been a strong advocate for mental health and has been confident in his recovery since that very public experience.

However, he told the national NDIS and mental health conference in Melbourne that he had been blindsided by another mental health breakdown two years ago.

“I had taken on too much and found myself back in that black hole again,” he said. “I had never anticipated it would come back.”

He was returned to the flawed mental health system, describing how an “unskilled” doctor patted him on the shoulder and told him it would be all right.

More worryingly, he was finally discharged last year from his local hospital and is yet to receive a follow up call, despite evidence showing that the greatest predictor of suicide is an earlier attempt.

“I don’t blame the staff, but the system’s wrong,” he said.

Brogden said he is lucky enough to have a wife and family, means and support to have been able to recover without that follow-up support. “I grieve for those who aren’t in my situation who are waiting for their phone call.”

Brogden has called for a 25 per cent suicide reduction target over the next five years in response to the latest ABS figures revealing suicide deaths had risen by nine percent in just a year, to try to galvanise not just politicians but the public.

He told the conference he is “agog” over the rising suicide numbers and lack of outcry, asking them to imagine the outrage if eight people died by drowning in pools and beaches every day in Australia as they do by suicide.

“We’ve never spent more money or talked more about suicide more than we do now, mental health has never had more funding or awareness, yet the suicide rate has never been higher.”
Part of the challenge, he believes, is that “we hear about the darkness of mental illness, but we don’t hear about the light, in terms of the capacity of many people to recover and live a fulfilling life with mental illness.”

“It’s a message that many mental health consumers and services have been trying to send about the NDIS. They worry that its focus on permanent disability and an eligibility process that emphasises deficits rather than strengths contravenes the recovery model that is so vital to mental health support.

Brogden said the NDIS for people with mental health issues was “better than nothing – but very uncooked”. Only around 65,000 Australians are expected to be eligible for mental health support from the NDIS, just a fraction of those estimated to need it.

In an interview with Croakey, he said:

“It’s a start but it’s not anywhere near good enough. My message to this audience is don’t be happy with the story or the spin or the offer that ‘we’ll get there’.

A lot of public pressure needs to be applied, loud voices and loud action.”

Former Prime Minister Julia Gillard, whose Labor Government introduced the NDIS more than five years ago, defended the inclusion of people with serious mental health issues, or psychosocial disability, in the Scheme.

“Some say including psychosocial disability was a mistake,” she told the conference. “I don’t believe it was. If it wasn’t included, people would be advocating for it to be now.”

Now chair of beyondblue, Gillard said she understood that it must be frustrating for families and people with mental health issues to experience initial problems with the Scheme, but she said “great reform does take time to grow deep roots”.

“Making (the NDIS) happen was and is big and nation changing, but let’s be clear what it is or is not. It was never intended to replace the mental health system.”

She urged mental health consumers and advocates to make sure their voices were strong and united, to bring about the change needed.

“I know from my own time in politics that decision makers get let off the hook when advocates compete and criticise each other rather than adhere.”

Professor Patrick McGorry, Executive Director of Orygen, welcomed the pledge by Victorian Labour Premier Daniel Andrews to hold a Royal Commission into mental health if his government is re-elected on November 24.

McGorry said he believed Labor was committing to a Royal Commission, not as an exercise to “kick the can down the road” but in the spirit of its 2014 pledge for a Royal Commission into family violence which became “a vehicle for major reform and very substantial investment”.

He urged the State Opposition to make the same pledge, though its mental health spokeswoman declined to do so when asked in a later panel session.
Where is the focus on human rights?

Consumer leader Janet Meagher AM, who was diagnosed with schizophrenia 50 years ago, was a National Mental Health Commissioner and is a current member of the Independent Advisory Council of the National Disability Insurance Agency, said people with lived experience don’t need a Royal Commission into mental health.

“We need a Royal Commission into the human rights of people with mental illness, led by a person with lived experience,” she said.

Brogden acknowledged concerns from others in the sector that the Royal Commission could just be a “gab fest”, but said they should use it as “another opportunity to highlight” flaws and solutions.

But he urged that it not be headed automatically by a judge, saying it needed to have “someone who is acutely aware of mental illness” at its helm.

McGorry also urged efforts to make the NDIS work for mental health, which is the biggest cause of disability in Australia by far but was “an afterthought” for the development of the NDIS and was likely only to be accessible for ten percent of people with significant mental health issues.

“That is a massive equity problem, apart from the design issues,” he said.

McGorry, Gillard, and National Mental Health Commission chair Allan Fels each urged a greater role for the consumer voice.

Gillard said people living with mental health and their families “have had enough of not being heard and of vested interests” and that a newly published book about peer work by Janet Meagher, “gives us the very simple and powerful reminder that to get service and support right, we must be led by people with lived experience”.

Fels said consumer representation needs to go beyond policy and service delivery, to have “a much bigger role in governance”.

“It’s a bit supply side driven,” he said.

He also hoped the upcoming Productivity Commission inquiry, which he had originally proposed two years ago, would “dig as far as possible” into mental health and disadvantage.

Watch the interview with John Brogden
**From Twitter**

**Professor Pat McGorry**

Georgia Katsikis @KatsGeorgia · 8h

NDIS and Mental Health 2nd Annual Conference #NDISMentalHealth

---

Croakey team @CroakeyNews · 8h

“While we’ve had major growth in awareness of mental health in Australia, we have not had the mass voice of Australians with lived experience. That voice needs to be heard in a representative way.” @PatMcGorry #NDISMentalHealth

---

Dave Peters @Dpeters1977 · 8h

The consumer voice needs to be heard, and at the moment it isn’t being heard in a meaningful way. @PatMcGorry #ndismentalhealth

---

Croakey team @CroakeyNews · 8h

A ‘new kind of animal’ being urged in mental health care by @PatMcGorry: “there has to be something in the stepped care model between GPs and EDs - not enough now, not done in integrated way, colocation not the same as integration.” #NDISMentalHealth

---

Croakey team @CroakeyNews · 8h

Pat McGorry says another problem with NDIS is that it’s founded on neoliberal principles of choice. That sounds good in principle but in practice not #NDISMentalHealth

---

Croakey team @CroakeyNews · 8h

Mental health causes 28 pc of disability in Aust but was an afterthought for development of NDIS - only 10 pc of people with significant issues will be eligible. “That is a massive equity problem, apart from the design issues”. McGorry #NDISMentalHealth
You can track Croakey's coverage of the conference here.

Strong calls for action to address flaws with NDIS for people with mental health issues

@CroakeyNews

Pat McGorry welcomes Labor #Vicsotes pledge for Royal Commission into mental health. Says not about kicking the can down the road, but to tackle problems head on like landmark RC into family violence did. Urges bipartisan commitment #NDISMentalHealth

@Dpeters1977

Involving consumers and families in service design is essential. @PatMcGorry #codesign #ndismentalhealth

debble fearon liked

@CroakeyNews

‘Not surprising we lose six people a day to suicide when three out of four people turned away from mental health services.’ Pat McGorry #NDISMentalHealth

@RosenbergSeb

Prof Pat McGorry at #NDISmentalhealth. Need for big changes in mental health across Australia!

@CroakeyNews

“We keep having tantalising feeling we are on the verge of something major happening in mental health. Increasingly this becoming a paradox, still not seeking the investment we need in modern, integrated care.” Pat McGorry #NDISMentalHealth

John Brogden

@CroakeyNews

‘We’ve never had more opportunities in Australia, we’ve never been richer but we’ve never had more debt, and never had more suicide. How do we balance this?’ John Brogden #NDISMentalHealth

@CroakeyNews

John Brogden talking about his very public mental health crisis 13 years ago and having to deal, unexpectedly, with its return last year - and how he is still waiting for a follow up phone call from his hospital #NDISMentalHealth

@CroakeyNews

“The NDIS, as important as it is, as short on delivering for Australians with mental health as it is, is better than nothing, but fragmentation of services remains a concern.” John Brogden #NDISMentalHealth
You can track Croakey’s coverage of the conference here.

Strong calls for action to address flaws with NDIS for people with mental health issues

#NDISMentalHealth

Julia Gillard

Can’t wait to hear @JuliaGillard! I so want to be able to thank her personally for all her amazing work in getting #NDIS Act passed into legislation.

#ndismentalhealth

Big crowd building at #NDISMentalHealth for @JuliaGillard - set to be introduced by @normanswan
Strong calls for action to address flaws with NDIS for people with mental health issues

#NDISMentalHealth
You can track Croakey’s coverage of the conference here.

Strong calls for action to address flaws with NDIS for people with mental health issues

Simon Stafrace @SimonStafrace · 5h
@JuliaGillard at #NDISMentalHealth Re - #ndismentalhealth “Great reform takes time to take root... look at #Medicare. We are up to the task to resolve the problems of the #NDIS & psychosocial disabilities @MentalHealthVic @RANZCP

Pauline liked
Mental Health Victoria @MentalHealthVic · 5h
@JuliaGillard says the NDIS was never intended to replace the mental health system. We need to take the time and collaborate to help make things better. We must believe we are up to the task of making the NDIS better. Think outside the box #NDISMentalHealth Conference @CMHA2016

debby fearon liked
Croakey team @CroakeyNews · 5h
If psychosocial disability wasn’t part of NDIS, people would be advocating for it, says @JuliaGillard. She acknowledges “frustration” but says “great reform does take time to grow deep roots”, urges amplified voices. #NDISMentalHealth

Julia Gillard @JuliaGillard · 3h
Great to speak at the #NDISMentalHealth conference today. It’s up to all of us, working together, to help all Australians achieve their best possible mental health. @MentalHealthVic

Maryanne Tadic @maryannetadic · 5h
Always inspiring to hear @JuliaGillard speak, especially today around the key issues and ongoing journey we have in gaining better outcomes for Mental Health #NDISMentalHealth #MentalHealth
Panel discussion
With Professor Allan Fels AO, Dr Norman Swan and Janet Meagher AM

Strong calls for action to address flaws with NDIS for people with mental health issues

You can track Croakey’s coverage of the conference here.

Aisling Blackmore @ACBlackmore · 4h
Janet Meagher suggests that a royal commission should look into the human rights of people with mental health conditions... and be chaired by a person with lived experience. To applause from #NDISMentalHealth

Lauren Cook @LaurenCook_12 · 4h
‘Mental health has not been made a priority by government... They will if they believe they can get an economic benefit from it’ - Allan Fels AO
#NDISMentalHealth

Croakey team @CroakeyNews · 4h
“A lot of organisations are stakeholders in maintaining the status quo, not makers of reform.” Consumer leader Janet Meagher #NDISMentalHealth

Croakey team @CroakeyNews · 4h
Alan Fels says Labor promised Royal Commission into mental health in Victoria, needs to look at the whole lived experience, incl socio economic factors, housing, what people do with lives (including jobs), social connectedness. #NDISMentalHealth

Croakey team @CroakeyNews · 4h
Alan Fels re NDIS: “I’m worried about the limited coverage (few are eligible), about the assessment process, about the link between the health system and the NDIS and finally the NDIS does not do enough in my view about accommodation.” #NDISMentalHealth

Croakey team @CroakeyNews · 4h
Alan Fels says is big connection between poverty and mental health but something that tends to be systematically neglected #NDISMentalHealth
Strong calls for action to address flaws with NDIS for people with mental health issues

#NDISMentalHealth

---

You can track Croakey’s coverage of the conference here.

---

**Croakey team @CroakeyNews** · 4h

Audience member/consumer: Two things totally absent from public conversations of mental health: 1. the primary causes of mental illness - plenty of research to show trauma, partic complex childhood trauma, and poverty are huge contributors. 2. Consumers. #NDISMentalHealth

---

**Aisling Blackmore @ACBlackmore** · 3h

“In the decision making and governance, consumers are not represented.” - Alan Fels suggesting this needs to change at #ndismentalhealth

---

**Croakey team @CroakeyNews** · 3h

Audience member: “We need peer workers in every single stage, from legislative to services, nothing about us without us. It’s coproduction all the way or it doesn’t work.” #NDISMentalHealth

---

**Croakey team @CroakeyNews** · 4h

Janet Meagher: “The way to address workforce issues is to have well trained professional peer workers, paid to offer the supports that are non clinical, mutual, supportive and enable people to move to place where they want to be. Peer work has only just begun.” #NDISMentalHealth

---

**Croakey team @CroakeyNews** · 4h

“That shouldn’t have happened”. Big applause for Alan Fels comment re decommissioning of community mental health services in Victoria to fund its share of NDIS. #ndismentalhealth #victories

---

**Pauline liked**

**Croakey team @CroakeyNews** · 4h

Janet Meagher: “I could walk out the door and in a kilometre could find 15-20 people who should be on a NDIS plan. But who’s doing that in your community? We’re all responsible.” #NDISMentalHealth

---

**Rachel Green @thinkaslisten** · 4h

Early in my career I was privileged to get an education from Janet Meagher at the National Mental Health Commission. Fantastic to see her here telling it like it is. A true heavyweight champion of human rights. #NDISMentalHealth
Strong calls for action to address flaws with NDIS for people with mental health issues

Warm thanks…
… to all who have contributed through tweeting and sharing the #NDISMentalHealth news. The hashtag trended nationally and in Melbourne.
Identifying the barriers and benefits around consumers taking charge of mental health research

Marie McInerney writes:

The promise of consumer-focused research and practice to shift outcomes in mental health is still out of reach because those who continue to hold the power in research do not regard consumers as “credible knowers”, a mental health conference has been told.

UK academic Professor Diana Rose said mental health service users – along with people of colour, Indigenous people and other marginalised groups who are subject to research – are still too often seen as “biased” compared with the mainstream scientist who is regarded as the “universal knower”.

“[User-led research] is politically grounded, I make no apology for that whatsoever, because I think the idea that mainstream research is value free and neutral is not true,” Rose told the National NDIS and Mental Health conference in Melbourne. “Research is not the only way of creating knowledge.”
Diagnosed with bipolar, Rose is the world’s first and only Professor of User-Led Research, and co-director of the Institute of Psychiatry, Psychology & Neuroscience’s (IoPPN) Service User Research Enterprise (SURE) at King’s College in London.

In her keynote address at the conference, Rose said she is very sceptical about research co-production, where service users work with mainstream research – and are therefore one of many voices – compared to user-led research where they are the main voices.

She explained in this 2015 article in The Lancet that it is “not easy, even for conventional researchers who promote user involvement, to work with those who take a strong view that research involving service users should be user-controlled”.

Challenging power dynamics

Rose told the conference:

“You might not think research involves a power dynamic but it does, especially in mental health.

Most researchers are also clinicians and the people they’re doing the research on are patients. That clinician/patient dynamic is replicated in the research setting.

If the methodology is fixed, you can have very little influence. If you can’t change the way the information is collected, you can’t change the way it’s analysed.

All you can do is tinker around the edges.”

Rose’s presentation, like many others at the conference, sparked strong reactions among the audience of around 700 clinicians, policy makers, services, researchers and consumers.

Conference MC, Dr Norman Swan, presenter of ABC Radio National’s The Health Report, questioned Rose closely about her approach, particularly her scepticism about co-design and co-production.

In return he was subject to criticism from delegates on the floor and via Twitter for “grilling” Rose and forcing her to “explain the epistemological crisis in positivist research”. See some of the tweets below.

“User-led research promotes a different way of listening to those in distress and so figuring what it means,” Rose told Swan.

“Mainstream research often doesn’t listen at all. [It’s more about] RCTs [randomised controlled trials], clinician driven outcome measures, big data.

“I don’t mean you shouldn’t have this, but you shouldn’t just have this.”

Melbourne consumer academic Vrinda Edan, chair of the Victorian Mental Illness Awareness Council (VMIAC), said the UK is significantly ahead of Australia in granting academic recognition to user-led research, which has been pioneered by Rose.

Because consumer research remained an emerging field in Australia, few consumer researchers have yet been able to establish a track record to attract funding for user-led research under the fairly rigid expectations for eligibility, she said.

“There’s still a very strong sense in Australia that consumer involvement is as participants [not leaders],” she said.
Twitter feedback

Professor Rose in discussion with Dr Norman Swan

Simon Stafrace @SimonStafrace · Oct 31
@DianaRose160 @normanswan grappling with nature of evidence, & value of RCTs vs experience/user-led, values-based qualitative research in grappling with wicked problems of #mentalhealth. This is where gap between research & implementation lies. @MentalHealthVic #NDISMentalHealth

Melissa Petrakis @MelPetrakis · Nov 1
#NDISMentalHealth It made me sad - felt like there is a longer way to go for coproduction to happen naturally than I thought...

liz dearl @lizdearl
As a keynote speaker Prof Diana Rose shouldn’t be having to explain the epistemological crisis in positivist research to Norman swan #NDISmentalhealth

Dave Peters @Dpeters1977 · Oct 31
@normanswan claiming consumers in Oz ‘fully trained up’ to sit at table & make a difference, have a voice beyond tokenistic involvement, getting scoffs of disagreement from audience & Prof Rose exclaiming that she is fully trained up & still isn’t listened to! #ndismentalhealth

Life-changing shift

Rose told the conference she had been a mental health service user all her life, and did her final examinations for her first degree in a psychiatric hospital.

She held an academic position from 1972-1986 in social science and anthropology, but ended up trying to hide her need to access supports “for fear of stigma”.

After a time, “it became very apparent at work that things were not right with me and I couldn’t cope and neither could the institution,” she said.

She was medically retired on the grounds of mental ill-health and her next ten years were “pretty grim”, living on welfare benefits.
However, her life changed when she became involved in what is termed the user/survivor movement in the United Kingdom, which opened up a rights lens for her.

In the 1990s, she said her two identities as service user and researcher came together in the beginnings of user-focused research.

“My marginalised and denigrated identity became an asset,” she said. “I’m not service user and researcher, I use my service use to inform the research I do.”

The first research she was involved in came during deinstitutionalisation in the UK, where mainstream research was, she said, concerned with enumerating the possible negative consequences of releasing people from asylums into the community.

“So they were counting the amount of violence, murder, homelessness and imprisonment [likely to emerge],” she said.

By contrast, her user led project interviewed consumers about their experiences of the asylums compared to their subsequent experiences in hospitals or community health centres.

“We asked people about their experiences in the context of fundamental policy change such as you’re going through now [with the rollout of the NDIS], people who generally at that time were thought could not speak for themselves,” she said.

“We could listen to them differently because we had been in the same position.”

That first work wasn’t very rigorously methodological, she conceded, but it “made a splash”, and led the way to subsequent research that has been published in the BMJ and led to outcome measures recommended by the National Institute for Clinical Health and Excellence, which guides health provision in the UK.

“We wanted to demonstrate that user involvement in research could be rigorous and meticulous, but different,” Rose said.

As her slide (below) shows, user researchers have worked since to show their work can add to the evidence base, add another piece of the jigsaw, make the research more relevant.

Yet, she said there remains a continuing tension between consumer participation and user-led research: “is it a continuum with user-led research at one end or is it a break?”

“We weren’t just changing the method but trying … to legitimate a different form of knowledge, the knowledge of service users,” she said.
“This is about power, power held by individuals who are high up in hierarchy of research but also the epistemic system they inhabit that makes the methods they use seem obvious and right,” she said, referring to Australian academic Miranda Fricker who coined the phrase “epistemic injustice”.

Rose also prompted questioning from Swan by challenging mainstream research thinking about the practice of scaling up research, saying she was “done with universality”.

Isn’t it a question about what works, he asked.

“If you’re going to work with communities, you have to understand the communities so you can do the research that’s going to help,” she responded.

“If you’re going to have an intervention that works, it’s got to be one people want – both clinicians…and the people the intervention is for”.

---

**Conclusion 1**

- User-led research promotes a different way of **listening** to those in distress and so figuring its meanings
- It is becoming established and it is a break epistemologically and in terms of method
- Mainstream research often doesn’t listen at all – RCTs, clinician driven outcome measures, big data, ‘people’ are represented as aggregate numbers
- Psychiatry as a practice has to step aside to allow more appropriate supports to develop
- Psychiatrists should become public health doctors

**Conclusion 2**

- Health is not just a medical matter
- For some mental health is not a medical matter at all
- So medicine should not be the ties that bind the different parts of the mental health system
- We have our own research now and it is both informed by and offers ‘alternative’ practices
- Psychiatry less embedded in Global South and much user / survivor activity around CRPD – a very different concept of psychosocial disability
- To be bemoaned or celebrated?
- The crucible of new ways of responding to distress may be in the Global South – peer support, healing spaces, community inclusion

Follow on Twitter: @DianaRose160

Further reading

- Fear of the Brown Envelope: Exploring Welfare Reform with Long-Term Sickness Benefits Recipients
- A conversation with Diana Rose
Watch this interview with Professor Diana Rose
(It had more than 2,000 views on Periscope within three days of being published there).

From Twitter

Judith Drake @Judith_Drake2 · 15h
Interview w the amazing @DianaRose160 at #NDISMentalHealth Conf. Love description of how she became world’s 1st Professor of User-led Research: “it was all backwards & forwards & loops & turns.” Also power dynamics inherent in mainstream research. @flick_grey @MickyB26 @lizdearn

Melissa Petrakis @MelPetrakis · Nov 1
@DianaRose160 - according to Google Scholar - has been cited 9,964 times. Just saying, e.g. Rose, D. (2015). The contemporary state of service-user-led research. The Lancet Psychiatry, 2(11), 959-960. thelancet.com/journals/lanps...

Penny Webb @penelopewebb
Who is this lady? Fabulous! “Who said paid work is an indicator of recovery from mental health challenges... women have been contributing to society for centuries outside of paid employment.” @DianaRose160

Croakey team @CroakeyNews · Oct 31
Prof Rose: “Let’s not have totally negative view of people with mental illness, some of these experiences are to be cherished.” Her message to those who haven’t experienced it: “Sometimes it’s terrible but sometimes it lets me do things that you can’t” #NDISMentalHealth

Sarah Sutton Retweeted
Croakey team @CroakeyNews · Oct 31
Audience member: “The reason why people are unhappy with the NDIS is not just that they aren’t on it. This very medical model of psychosocial disability is very problematic.” #NDISMentalHealth
You can track Croakey's coverage of the conference here.

Identifying the barriers and benefits around consumers taking charge of mental health research

*NDISMentalHealth*
You can track Croakey’s coverage of the conference here.

Identifying the barriers and benefits around consumers taking charge of mental health research

Limitations 2 – the focus

- The focus is the individual
- “Clinicisation” – Jones and Brown (2013)
- Even ‘recovery’
  - Started out a collective and user-led idea
  - Became psychologised – blame – “personal recovery”
- So what? Isn’t it the individual who counts?
- Social determinants of health we know but poorly understood
- Should shift focus to ‘communities’ both profound disadvantage and ‘resilience’
- Individual empowerment will not change things – people need to come together, reflect, codify and push for change
- Structural barriers to this which NDIS seems to intensify

Prof Rose on the difficulties being recognised as legitimate academic due to being a service user #ndismentalhealth

Everybody now wants stories but only certain stories will do

- Celebrity stories – how I was saved by psychiatry
- Individual stories of success
- Actually here we have heard many stories of pain
- Was asked to write my ‘story of resilience’
  - I’m not – but reversal of previous assumptions
  - Can’t be credible academic if you are a service user
  - Now you are a credible academic you must be resilient / recovered
  - The people who are marginalised and on the benefit circus that characterises austerity in the UK
  - Social justice, peer support and a wicked sense of humour
- My story politely declined

“Consumers, families and carers are the only constant across the mental health system”. The need for user-led research an important theme at the 2nd Annual NDIS and Mental Health Conference #NDISMentalHealth

Revolution at #ndismentalhealth A member intervened and asked that @DianaRose180 be allowed to finish her presentation. Much applause from the room. Seems there was a miscommunication on the program end. She’s continuing now.
Learn from inclusive cultures, address the social determinants of health, and understand the wider environment

Scott Avery presenting on inclusive approaches to disability. Photo by Marie McInerney

Marie McInerney writes:

In his keynote address to the National NDIS and Mental Health conference, Scott Avery shows a slide of a wheelchair discarded in Alice Springs.

In the city, a wheelchair may be a perfect person-centred response to disability, says Avery, an Aboriginal (Woromi) man who is the Research and Policy Director at the First Peoples Disability Network Australia.

It's light and easy to pack away in a car and navigate on footpaths.

But it proved unsuitable in a remote outback environment with no footpaths “and where the heat can sometimes melt away the tyres”, he said.
Avery gave another example of how disability support has to take into account the “hostile environment” in which many Aboriginal and Torres Strait Islander people with disability live, this time for someone seeking mental health support.

In the course of a recent research project that brought together the statistics and stories of Aboriginal and Torres Strait Islander people with disability, Avery spoke to a man who regularly attended sessions with his psychiatrist in his regional community but then had to endure regular racial taunts from people driving by when he walked home.

“I wonder why I bother going,” the man told Avery. “It just undoes everything [positive gained from the session].”

**Wider environment matters**

It’s an important warning for health professionals, services and the NDIS to be acutely alert to the experience and impact of trauma, discrimination, able-ism and racism, Avery told the conference.

“If you are exclusively focused on person-centred clinical models, and you are not considerate of the environment you’re in – the history of social exclusion, intergenerational trauma, inequality... If you only ever think about mental health as a clinical issue, without having a good solid platform of healing, of truth telling, of respect, of cultural recognition... the wheels of that medical system will melt off.”

Avery recently published *Culture is inclusion: a narrative of Aboriginal and Torres Strait Islander people with disability*, a report (available for order) that combines statistical data with the personal testimonies of 47 Aboriginal and Torres Strait Islander people with disability.

“Tell us your story – that was our research question,” he said.

As he also wrote recently at *The Conversation*, the work has shown that the NDIS “isn’t accommodating the unique needs of Aboriginal and Torres Strait Islander people with disability”, and particularly around the intersection of physical, mental and social needs.

That was underlined soon after the report was released with the news that the National Disability Insurance Agency (which administers the NDIS) asked for an Aboriginal child with cerebral palsy to be placed into care because it would no longer pay his accommodation costs in Tennant Creek, he said.

**Remote areas miss out**

There is also the big issue of “thin markets” in remote areas, where there are no or so few services that people can’t exercise the choice and control promised by the NDIS.

Avery found that, in one Aboriginal community, NDIS support packages – in some cases at around $50,000 per person per year – were not translating into actual expenditure as there weren’t any disability services in the community that participants could purchase.
His concerns were echoed at the conference by the NT Mental Health Coalition and Queensland Alliance for Mental Health, which said that although there is “remote weighting” in the NDIS pricing structure, it doesn’t take into account “the tyranny of distance, a thin market and the challenges of good governance and competition in rural and remote regions.

The need for the NDIS to take into account the social determinants of health was also a big theme at the conference and in Avery’s research. As he wrote:

“Members from another Aboriginal community pointed out that some families needed food and blankets because they were homeless and hungry. But while the NDIS is legislated to provide “reasonable and necessary” supports, food and blankets don’t meet the requirements of the definition.”

Avery quoted an Elder from the community as saying:

“Swags and blankets are something that our families ask for all the time, help with making sure that they’ve got somewhere warm and safe to sleep, and that’s a real practical thing…

And now the NDIS is saying ‘No, we don’t buy swags and blankets for people. That’s not reasonable and necessary’. But if you’ve got nowhere to sleep, of course blankets and swags are necessary.”

Avery wrote: “These cases highlight an unfolding design fault of the NDIS: if a person with a disability doesn’t have survival basics, the scheme falls short in its capacity to ensure the choice, control and independence it was set up to achieve for people with disability.”

Culture of inclusion is moderating force

Avery’s research shows that Aboriginal and Torres Strait Islander people with disability experience a unique form of ‘intersectional discrimination’ and social inequality – “a double disadvantage”.

Indigenous people who live with disability experience far greater inequality when it comes to social, health and well-being, compared to other population groups, including Indigenous people without disability, and people with disability who are not Indigenous, he said.

That “intersectional inequality” in turn has a detrimental impact upon the social health and wellbeing of Aboriginal and Torres Strait Islander people with disability.

The sole exception is in the social participation that Aboriginal and Torres Strait Islander people with disability have within their own communities, where participation rates in cultural and community activities are on par with other Aboriginal and Torres Strait Islander people.

“A culture of inclusion is a moderating force on the social health and wellbeing and has a mitigating impact on intersectional inequality,” the report says.

Avery told the conference this was because Indigenous cultures are “innately inclusive”.

He talked about his own experience, as a “profoundly deaf” person.

Members of his community might call his deafness “dead ear” in Language, but it’s not pejorative – more to communicate “you might just have to throw things if you want my attention,” he laughed.

Where the trouble begins is with the NDIS and Western culture: “(they’re) actually telling us to disable ourselves,” he said.
Showing a slide outlining the life trajectory of an Aboriginal or Torres Strait Islander person with disability, he challenged people at the conference to think about their own pathway, the support and encouragement involved in getting them to where they are today.

“The opposite is happening here in this slide,” he said, “Every chance for personal development is actually suppressed and suffocated.”

That sounds depressing, he said, but it underscores that the trajectory is not inherent in the person, “it’s the forces that position them into vulnerability, (which) actually means we can do something about it, we can actually alter this life trajectory if we are serious about altering the pivot points away from imprisonment and into a life of fulfillment”.

“What is disabling for our mob – it’s not the broken eyes, the broken ears, or the broken limbs, it’s the broken spirit,” he said.

**INTERSECTIONALITY ACROSS THE LIFE TRAJECTORY OF AN ABORIGINAL OR TORRES STRAIT ISLANDER PERSON WITH DISABILITY**

<table>
<thead>
<tr>
<th>LIFE-STAGE ASPECT</th>
<th>Post Natal</th>
<th>Early childhood</th>
<th>School age</th>
<th>Young people</th>
<th>Adulthood</th>
<th>Older years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>Low awareness of disability, lack of awareness</td>
<td>Low awareness of disability, lack of awareness</td>
<td>Low awareness of disability, lack of awareness</td>
<td>Low awareness of disability, lack of awareness</td>
<td>Low awareness of disability, lack of awareness</td>
<td>Low awareness of disability, lack of awareness</td>
</tr>
<tr>
<td>Disability</td>
<td>Low levels of stimulation and lack of support for development</td>
<td>Difficulties with communication and social interaction</td>
<td>Challenges in education and employment</td>
<td>Reduced opportunities for independent living</td>
<td>Increased barriers to accessing health and social services</td>
<td>Reduced life expectancy, limited ability to participate in activities</td>
</tr>
</tbody>
</table>

“The opposite is happening here in this slide,” he said. “Every chance for personal development is actually suppressed and suffocated.”

That sounds depressing, he said, but it underscores that the trajectory is not inherent in the person, “it’s the forces that position them into vulnerability, (which) actually means we can do something about it, we can actually alter this life trajectory if we are serious about altering the pivot points away from imprisonment and into a life of fulfillment”.

“What is disabling for our mob – it’s not the broken eyes, the broken ears, or the broken limbs, it’s the broken spirit,” he said.

**APPREHENDED DISCRIMINATION: A PATHWAY FROM FEAR OF DISCRIMINATION TO AVOIDANCE**

**FEAR OF DISCRIMINATION**

Understanding of discrimination is relative. Cognition of discrimination is influenced by:
- Personal values and norms
- Experiences of discrimination and Victimization
- Social networks and support systems

**APPREHENSION OF DISCRIMINATION**

When objects have a natural motive, enhanced personal awareness of discrimination, which raises their rational response to perceived discordant social norm, they are more likely to be perceived as harmful to the individual, but becoming sensitive about the values.

**AVOIDANCE OF DISCRIMINATION**

The anticipated personal experience of discrimination has made a point where the object has formed, their rational response is to avoid discrimination, resulting in avoidance of discrimination, effectively self-invalidating their social participation.

Slides by Scott Avery. Published with permission.
Watch this interview with Scott Avery

Comprehensive primary healthcare
Meanwhile, NT Mental Health Coalition Executive Officer Vanessa Harris says the NDIS could look to the work of the Miwatj Health Aboriginal Corporation, which is wrapping the NDIS into its existing comprehensive primary care model.

She said many Aboriginal people in the Northern Territory struggle to prove their eligibility for the NDIS, if they are even aware that it is available to them.

She said the Federal Government talks about GPs as the “front door” to the NDIS, but that many are overwhelmed by the NDIS (a concern shared in another conference session by Australian Medical Association president Dr Tony Bartone), or inaccessible.

For example, in places like Katherine, not one GP bulk bills, which means many people who may be eligible for the NDIS can’t afford to go to a doctor or don’t have a “long paper trail of unwellness” to prove their eligibility.

Asked what to do about difficulties attracting and retaining staff in remote communities, Hughes said:

“I’m from out of the community controlled sector – we feel you grow their own, so they’re not going to move very far, they’re well connected.”

She outlined the Miwatj model, where a mental health team is made up of Elders, with independent psychiatrists brought in to provide training and support.

“We don’t want FIFO (fly in fly out) workers,” she said.
Watch this interview with Vanessa Harris

Read more about the issues facing remote areas of the NT and Queensland in this joint submission to the ongoing Senate inquiry into the provision of mental health care in rural and regional areas.

The conference also heard about the Peer Work Project run from Alice Springs by the Mental Health Association of Central Australia (MHACA), supported through an NT Department of Business NDIS Innovation Grant.

MHACA CEO Merrilee Cox said the severe disadvantage experienced by many Aboriginal people living in remote areas meant they may struggle to articulate their needs “within the context of the NDIS”, where often what they see as their needs or goals are “a blanket, somewhere to sleep or the desire to go back to country”.

There was, she said, significant evidence that peer workers could assist Aboriginal people to prepare for the NDIS planning process, but many organisations had retrenched their peer workers since the NDIS began to roll out, and the NDIS pricing structure worked against trying to rebuild that workforce.

The MHACA project aimed to build that capacity but issues that emerged along the way highlighted many of the barriers in remote areas, including where two mainstream partner organisations have been unable to participate so far due to staff turnover and that there is nowhere in the NT to do peer work training so some funds had to be used to buy it in.

Cox called for a broader focus from the NDIS on peer support, saying the peer workers in the trial have broadened what MHACA can offer “and brought a sense of warmth and inclusiveness to the services”.

Learn from inclusive cultures, address the social determinants of health, and understand the wider environment
Outlining plans to improve the NDIS for people with serious mental health issues

Marie McInerney writes:

The National Disability Insurance Agency (NDIA) is promising to take on a more assertive outreach role, including with homeless people, as it looks to address ways in which the National Disability Insurance Scheme (NDIS) has “missed the mark” in its support for people with serious mental health issues.

In an interview at the National NDIS and Mental Health conference in Melbourne last week, Dr Gerry Naughtin, Strategic Advisor on Mental Health and Psychosocial Disability at the NDIA, said the NDIS was shifting from its early approach that “we'll set up our system and you'll need to come to us”.

He told Croakey:

“**What we’re understanding is that, for many people with psychosocial disability, often relating to a large government bureaucracy is at times traumatising and threatening.**

**So one of the issues we need to look at more closely is how do we outreach much more.**”

Naughtin said the NDIA was “unapologetic” that its priority over the next 18 months was to make sure it reached the goal of signing up 64,000 people to psychosocial support (it currently has 35,000).
“We will not reach the 64,000 goal unless we reach out more to those who will be eligible but are unlikely to apply,” he said.

He highlighted recent outreach work done by the NDIA in Western Australia and South Australia, which resulted in three-quarters of people eligible for the NDIS who were living in psychiatric hostels signing up for the scheme.

**New psychosocial stream introduced**

A former CEO of Mind Australia, Naughtin was appointed to his NDIS role late last year, following **growing concern** that the scheme was failing people with severe mental health problems (or **psychosocial disability**) and putting many vulnerable people at risk of harm.

Early this year, Mental Health Australia was commissioned by the NDIA to conduct consultation workshops in Melbourne, Sydney, Perth and Townsville to look at how to address those concerns.

Mental Health Australia reported that because mental health was not in the early designs for the NDIS, many of the scheme’s fundamental design features were developed without reference to the needs of people with serious mental health issues. As a result, their experience of the NDIS has “frequently been a negative one, resulting in additional and unnecessary trauma and distress”.

Mental Health Australia then produced the NDIS Psychosocial Pathway Project **report**, which identified a series of ‘pain points’ under the NDIS for people with serious mental health issues and made a range of recommendations.

The report found that psychosocial disability differs from most other forms of disability, especially because it directly affects and is affected by the individual's NDIS service experience.

As well, the psychosocial disability journey begins well before ‘Phase 1’ of the NDIA’s current pathway, meaning that assertive outreach, personalised NDIS engagement support, and resources for the community are required.

The report also found that the psychosocial skills, knowledge and experience of frontline staff are crucial, and that access, planning and review processes need to be consistent, fair and transparent.

In response, the Federal Government last month **announced** a new ‘psychosocial disability stream’ in response to the Mental Health Australia recommendations.

Specialised planners and Local Area Coordinators will be employed to ensure participants have access to psychosocial expertise, and workforce capability will be developed through training and the establishment of teams that include mental health expertise to support people to engage with the NDIS.

The steam will also aim to strengthen the connection between existing mental health services and NDIA staff and partners, focus on recovery-based planning and episodic needs, and help people who are hard to reach to engage with the NDIA.
The package has been broadly welcomed by the mental health sector, and was hailed at the conference by Mental Health Australia CEO Frank Quinlan as a major achievement in advocacy.

But some delegates warned that the devil would be in the detail and the funding. “The money hasn’t even gone out the door yet,” one said.

National Mental Health Commissioner Lucy Brogden welcomed the reform package but warned that “the key to ensuring the participant experience is improved will be how soon changes can be made”.

“Missing the mark”

At the conference Assistant Minister for Disability Services Sarah Henderson talked about the new stream, saying it acknowledged “a number of design problems” in the NDIS for participants with psychosocial disability.

She said:

“We heard loud and clear from participants, advocates, and providers, many like yourselves in this room, like yourselves that the NDIS was missing the mark for people with psychosocial disability, and that we could do much better."

“We consulted extensively across the country, where we heard about the experiences people with psychosocial disability have had with the NDIS – the good, the mediocre, and the frustrating.

This gave us critical information about what we were getting right and what we needed to improve.”

Outlining the features of the new stream, Henderson said the NDIA will be working more collaboratively with mainstream services like mental health, health and GPs, housing, justice, transport and social services.

“This means that the NDIA’s planners and Local Area Coordinators will be working more closely with staff in hospitals, community clinics, non-government mental health organisations, housing providers, disability employment service providers and a broad range of social support service providers,” she said.

She said the NDIA is also working with Mental Health Australia and Primary Health Networks to build a national system of navigation, linkages, and referral, to make sure people are connected with the right community supports and services. Read her speech here.

Next reforms for families, carers, pricing

Naughtin told Croakey that one of the “strong lessons” from Mental Health Australia consultations was that NDIS staff working to help people develop their NDIS plan “did not have sufficient knowledge of psychosocial disability”.

In response, the new pathway has significant new money for more staff and more training, with the Local Area Coordinators charged with outreach work, he said.

There were also strong calls to end the “experiment” of telephone interviewing and return to face-to-face meetings with NDIS planners, and not only for people with psychosocial needs, and for better information about the Scheme itself.
Naughtin said that over the next six months, the NDIA will look at other issues identified by Mental Health Australia, including being “more family and carer responsive” and responding to concerns that specialist mental health services have been priced out of the NDIS market.

Following its independent pricing review, the NDIA will address concerns that some providers, which previously received block funding rather than fee-for-service, were struggling to adjust their business models to operate under the NDIS, he said. See this report to the NDIA.

Naughtin said the NDIA wanted to look at whether “some specialist requirements” are required in the funding mix, though he said there may already be flexibility that organisations were not tapped into. He also suggested that need for such services might no longer be there in the same way.

“We’re not wanting to dumb down services, but it is also saying what is it that participants are looking for, not just what providers have historically provided,” he said.
Watch this interview with Dr Gerry Naughtin

Success stories

Asked about NDIS psychosocial success stories, Naughtin nominated work being done in Western Australia and South Australia to bring the NDIS to people living in private psychiatric hostels.

The Perth project (see this 2017 report on its early work) featured in one of the presentations at the conference. See more in these videos produced for the NDIS: here and here.

In one video, a psychiatric hostel manager says many residents were suspicious about the NDIS and government services, until they were given direct support and benefited from the services in their plans.

The project was trialled in five psychiatric hostels in the Perth Hills region, whose residents have ongoing, severe and persistent mental health issues, are often isolated from community, family and friends, and have very little choice and control in their lives.

The 12 month trial brought 110 people into the NDIS from an estimated 135 considered to be eligible.

The Mental Health Commission in WA has now partnered with NDIA and other organisations in a similar project to assist residents living in psychiatric hostels located in the Central North Metro and South East areas of Perth, which will come into the NDIS from July 2019.

Kerry Stopher, NDIA Director Community and Mainstream Engagement, told Croakey that more than 90 per cent of the residents from the initial project were still actively engaged with the NDIS.

With support, they were involved in a range of activities, from reconnecting with family, going to the library, learning IT skills or music, learning to take public transport to activities, taking up further courses or seeking voluntary or paid employment, she said.

Stopher said she expects most eligible people in the new catchment area will join the NDIS and develop a plan, as the project is fostering greater understanding of the scheme.
“We found in the first project that some people who did not initially want to join the NDIS, changed their mind when they saw the supports and independence that other people were achieving through the NDIS,” she said.
Disappointment over politicians’ failure to engage with tough questions about NDIS and mental health

Marie McInerney writes:

“If I can leave you with one message today, it is that we are listening – and we will continue to listen because it is absolutely vital we ensure the NDIS [National Disability Insurance Scheme] delivers strong outcomes for people with psychosocial disability.”

They were the closing words of the keynote speech from Assistant Minister for Social Services, Housing and Disability Services Sarah Henderson at the National NDIS and Mental Health conference in Melbourne earlier this month.

They came right before she said she wouldn’t be taking any questions as she took her leave from the two-day conference hosted by Mental Health Victoria and Community Mental Health Australia.

It’s never good when politicians won’t take questions from an audience that rarely gets a chance to speak directly with decision makers.

But it is particularly disappointing when there is clear evidence that the NDIS is failing some key groups – in her speech Henderson admitted it has “missed the mark” on psychosocial disability – and when this event provided an opportunity for the Minister to hear from those with on-the-ground insights, including consumers, clinicians and service providers.
Responding to the concerns being raised in this article, Henderson told Croakey on Monday:

“I am ordinarily very happy to take questions, as I did at another NDIS forum recently, but there was no Q and A session arranged because I was due to speak at another event on disability employment immediately following my address.”

**No questions**

But the conference’s headline act – former Prime Minister Julia Gillard, whose Labor Government introduced the NDIS five years ago – also took no questions.

It prompted MC Dr Norman Swan, host of Radio National’s The Health Report, to ask whether conferences should refuse to provide a platform to politicians if they aren’t prepared to be pressed about their policies.

Professor Pat McGorry, Executive Director of the Orygen youth mental health service, had earlier set the scene for Gillard’s speech.

He said that mental health had to be included in the NDIS because it is “the biggest cause of disability in Australia by far”, responsible for 28 per cent of disability.

But, he said, psychosocial disability support was developed in the NDIS as an “afterthought” and, according to eligibility criteria, would be available only to an estimated 10 per cent – 64,000 people – of those with significant mental health issues.

“That is a massive equity problem, apart from the design issues,” he said.

Gillard addressed the issue, but only briefly, saying that she did not believe it had been a mistake to include psychosocial disability in the NDIS and that “great reform does take time to grow deep roots”. Otherwise she stuck to a script of extolling the work of beyondblue.

Like others who spoke to Croakey, Simon Tatz, former policy advisor for Mental Health Victoria, said Gillard could have brought a unique perspective to the conference.

“She really was the champion of the NDIS and is now the chair of a leading mental health NGO,” he said.

“I wanted to hear her personally say where she thinks it has gone (for people with mental health issues): has it gone as planned, if not why not, and what would she do to make it work the way she initially envisaged.”

**The need for a unified voice?**

Conferences usually aim to end on a positive, inspiring note, leaving delegates filled with resolve and a pathway for change.

This one raised many questions that could have been put more directly to politicians and policy makers, including:

- What will the Federal Government and the NDIA do about the tens of thousands of people who are expected not to be eligible for the NDIS, amid fears that they will develop psychosocial disability because of a lack of focus on prevention and community support?

- What’s needed from the Primary Health Networks (PHNs) and do they have the capacity to implement psychosocial supports?
• What’s to be done about state and territory governments that continue to address mental health as a silo and cost-shifting opportunity?

• Why are states like Victoria actually losing community mental health specialists at a time when demand is increasing?

• How will governments and mental health service providers build a strong peer workforce, and ensure consumer and carer representation across the board, including legislative drafting, governance and fund-holding, and at the heart of the NDIA?

• What is the plan on the social determinants of health that play such a crucial role in mental health, particularly housing and employment (and will the upcoming Productivity Commission inquiry into mental health dig deep on those issues as National Mental Health Commission chair Allan Fels urged)?

• What is working well under the NDIS and why is funding halted for programs that have proven to be effective, like the Mental Health Nurse Incentive Program that supported GPs? (See interview below with Kim Ryan, CEO Australian College of Mental Health Nurses)

And the big question

*Where does the NDIS sit in the context of the whole mental health and broader health system in Australia?*

Instead of providing inspiration and/or a pathway, the final panel session on ‘What have we learnt over the last two days and what do we do now to make those changes happen?’ seemed to prompt a sense of frustration among some delegates and panellists.

As one delegate tweeted:

*The final session has left me feeling a bit disillusioned.. How can we create a #mentalhealth system responsive to the needs of individuals experiencing mental illhealth to have a contributing life?.. what does it take? We need to move right now to ACTIONS! #NDISMentalHealth*

For some, that frustration reflected wider issues, including the failure of a mental health system to meet the needs of consumers, carers and the workforce, and the exhaustion felt by many after decades of not having their needs addressed.

To others it underscored the continuing tension in the sector between those service providers and clinicians who remain resistant to questioning and consumers who have experienced harm and are, as one delegate said, “more invested in change”.

---

Disappointment over politicians’ failure to engage with tough questions about NDIS and mental health

#NDISMentalHealth

Croakey

“Conference News Service”
Others wondered about the call by MC Norman Swan for the sector to have a unified voice and clear agreed goals and targets.

Was it about promoting the voices or consumers and carers over biomedical voices, or vice versa? If you’re talking outcomes and targets, who is doing the asking and the framing? And how to you measure things like wellbeing, asked one delegate, a psychiatrist with two brothers who are diagnosed with schizophrenia.

Isn’t there, asked others, a need for diverse voices, as in any system?

The conference made clear there are many areas of common ground in mental health, particularly around the social determinants of health, including the impact of trauma and the importance of housing and employment.

**Political plays**

In a panel discussion on the first day of the conference, Victorian Minister for Housing, Ageing & Disability and Mental Health Martin Foley was in full election mode ahead of the November 24 state poll.

He spoke strongly about federal funding shortfalls but was less forthcoming about the role of State Governments — including his own — in contributing to NDIS pain.

The former Victorian Coalition government elected to fund its share of the NDIS by defunding community mental health services, and the current Labor Government has not fully addressed the gaps, which has meant a much more painful transition for Victorians.

Foley told the conference the promise of the NDIS had been to “fund the consumer, give the power to the consumer and the system will change”. But he said that model had been “slowly throttled…by deliberate underfunding” by the Commonwealth.

Many agree, but presentations and discussions at the conference made it clear that a bigger question on the NDIS is to what extent it can, and must, be the trigger for broader reform, in mental health, health and social policy.
For example, Dr Sebastian Rosenberg, from the Centre for Mental Health Research at the ANU, called for more discussion about the NDIS decision to persist with a fee-for-service model.

He said: “…we know in medicine that fee for service does not yield the best outcomes and does not yield multidisciplinary care. Why on earth would the NDIS choose this method of funding at the same time the health system is desperately trying to find alternatives? And team-based approaches are exactly the type of care needed for most NDIS clients with psychosocial needs”.

**A broken system**

Kerry Hawkins, president and a carer representative, on the Western Australian Association for Mental Health (WAAMH) and a National Mental Health Commissioner, said the NDIS “has landed in a messy space”.

She said it needs a strong strategic framework that really draws out who is doing what and why, and how it works with the PHNs and the states and territories “so that we can start to say this is where the gaps are”.

“I would have thought the NDIS was leading some of that work…but at the moment, a lot of the players like the NDIA and PHNs are saying ‘we’re a small part of the picture, so don’t expect us to solve all of the problems’.

“There’s no real leadership yet, no one has done that master architecture piece of work.”

Hawkins said consumer and carer participation is also a very live question for the NDIA and NDIS, and not only for mental health services, to address “the many structural design flaws because of the late inclusion of psychosocial disability”.

“It is still very much a bureaucracy that is consulting with people, running workshops, but not empowering consumers, carers and family,” she said.

“How they engage with the sector, how they drive reform, and how they authorise people with lived experience to have their voices heard is not yet clear,” she said.

Hawkins said her take to date on the NDIS is that it is “a symptom of a very broken and damaging system.”
Disappointment over politicians’ failure to engage with tough questions about NDIS and mental health

#NDISMentalHealth

Tweet reports

Norman Swan @normanswan - Oct 31
Why do current politicians and former ones (in this case @SHendersonMP and @JulieGillard at a community mental health conference) turn up, give a speech and not take questions. What are they scared of?

Lucinda Brogden @BrogdenLucy
Repeating to @normanswan
One former politician spoke and took questions.

Croakey team @CroakeyNews - Oct 31
“We are listening and we will continue to listen because it is absolutely vital to ensure NDIS delivers strong outcomes for people with psychosocial disability,” @SHendersonMP – then says she won’t be taking any Qs here at #NDISmentalhealth

Simon Stafrice @SimonStafrice - 3h
Difficult to hear the continued despair of lived experience after 20 years of engagement in #mentalhealth sector. Help inadequate to need.... anger, disappointment & frustration profound. Engagement must give way to #participation #NDISMentalHealth @MentalHealthVic @CroakeyNews

Croakey team @CroakeyNews - 28m
Audience member/consumer to @MartinFoleyMP that she has witnessed his great skill in political harcball with Fed Gov on mental health, disability: “I'm asking you to please stop. That's vulnerable people's lives at stake.” #NDISMentalHealth

Dave Peters @Dpeters1977
Extremely disheartening to hear @MartinFoleyMP playing word games re the destruction of Community Mental Health services in VIC. Brave & eloquent consumer said ‘These are vulnerable people whose lives you're playing with, and I'm asking you to please stop’ #NDISMentalHealth
You can track Croakey’s coverage of the conference here.

Disappointment over politicians’ failure to engage with tough questions about NDIS and mental health

#NDISMentalHealth

Croakey team @CroakeyNews - 38m
“There’s a difference between being there and being listened to”: @SenatorStiwer re consumer input to NDIS, mental health issues
#NDISMentalHealth

Croakey team @CroakeyNews - 39m
“Fund the consumer, give the power to the consumer and the system will change - that was the promise of the NDIS. It has been slowly throttled by deliberate (Commonwealth) underfunding, laden with lead in saddle bag.” @MartinFoleyMP #NDISMentalHealth

Lauren Cook @LaurenCook - 12m
‘Give the power to the consumer, and the system will change. That was the promise of the NDIS... And that model has slowly been throttled’ - Martin Foley MP, Victorian Minister for Mental Health #NDISMentalHealth

Mary Woodward @_marywoodward - 47m
A panel of politicians discussing changes needed in the #mentalhealth system at state and commonwealth levels, including the need for bipartisan work and the suggestion of a Royal Commission into the current system. #NDISMentalHealth

Andrew Day @andrewdayHRH - 50m
Emma Kealy refuses to back Mental Health Royal Commission. #springat #NDISMentalHealth

Simon Stafrace @SimonStafrace - 50m
@JulieCollinsMP We need to collect better data & evidence. We need to know: is the money we spend, the best spend? @MentalHealthVic #NDISMentalHealth

Croakey team @CroakeyNews - 50m
Questioning proposed Royal Commission into mental health, @EmmaKealyMP says RC into Family Violence produced a lot of recommendations but “no cohesive working together to develop a strong system to stop women being assaulted”. #Vicvotes #ndismentalhealth cc @dvic

Croakey team @CroakeyNews - 53m
Why do we need Royal Commission into mental health? @MartinFoleyMP says need “root and branch assessment of the entire system.” From prevention to acute and forensic. #vicvotes #ndismentalhealth

Croakey team @CroakeyNews - 58m
Much applause for @SenatorStiwer’s deep concern that states have been ‘able to get away with handing over funding to the NDIS and saying that’s our mental health contribution’. #NDISMentalHealth
You can track Croakey's coverage of the conference here.

Disappointment over politicians' failure to engage with tough questions about NDIS and mental health

Dave Peters @Dpeters1777 · 59m
We need real reform to address the Mental Health needs of every Australian. Unfortunately most Governments have been reluctant to invest in reform if it will not resolve during their term. #ndismentalhealth

Croskey team @CroakeyNews · Oct 31
👉 To the question why aren't people storming the barricades, Kerry Hawkins: "A lot of people are extraordinarily exhausted, impoverished, believing they're not worth it. If you don't believe you're worth it, you're not going to advocate for yourself." #NDISMentalHealth

Simon Stafrace @SimonStafrace · Oct 31
@normanswan pushing #NDISMentalHealth panel to describe outcomes/targets for #mentalhealth system. Complexity theory requires high level aims/objectives. @kerryhawkins says these must be coproduced. Which comes first—the purpose, the target or the coproduction? @MentalHealthVic
A final wrap of the issues, interviews and tweets from #NDISMentalHealth

In our final report from the recent National 2nd Annual NDIS & Mental Health Conference in Melbourne, we wrap some video interviews and tweet-reports.

Watch a playlist of #NDISMentalHealth video interviews here (which had a total of 3,985 views on the Periscope app as of 21 November 2018).

Rural and remote, integration and NDIS gaps

In this vox pop, Jacklyn Whybrow, CEO of the Queensland Alliance for Mental Health, talks about challenges in the delivery of mental health services in rural and remote Queensland under the NDIS, including whether service providers can afford to offer services under current pricing models and how stigma can prevent people in small communities from seeking help.

Other delegates also talk about the difference between collaboration and integration, and concerns about people falling through the gaps in the NDIS.
Aboriginal and LGBTIQ+ peer workers for the NDIS

Connie Digolis, CEO of the Mental Health Council of Tasmania, talks about a conference session she facilitated that highlighted the impact of peer workers in two projects:

- a Mental Health Association of Central Australia initiative to support remote Aboriginal people accessing the NDIS and
- Wellways Australia’s ‘Out Together’, developing an LGBTIQ+ workforce within the NDIS.

Digolis said she was struck by the “authenticity” of both, and the value they were bringing to the organisations, the services, the clients and to the peer workers themselves – and sought at the session to highlight their work to the NDIS and the National Disability Insurance Agency representative in the room.

The presentations, she said, “completely negated” arguments about “tokenism” of peer workers. “It’s important for the NDIA to see the value the (peer) workforce can bring to the Scheme and to the people they are trying to bring into the Scheme.”

Episodic mental illness and the NDIS

Elizabeth Hudson, Judith Drake and Ebony Rose Lyons talk about their mains takeways from the conference, and their joint presentation on: Gateways and Gatekeepers: a co-design and evidence-based investigation of the experiences of people with episodic mental illness during the transition to the NDIS.
You can track Croakey's coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

#NDISMentalHealth

---

**From Twitter**

Lauren Cook @LaurenCook_12 · 6h

‘Services need to enhance, not damage, value not disregard... We need to listen to the person, as they are the expert of their own lives’ - Jenny Bretnell, Victoria Mental Illness Awareness Council, on mental health and the NDIS

#NDISMentalHealth

Pauline liked

Croakey team @CroakeyNews · 6h

'The NDIS doesn't get it'. Much agreement at how initial NDIS funding for mental health supports is significant but then considerably cut back as consumers 'stabilise'. ‘They don’t recognise the episodic nature of mental illness.”

#NDISMentalHealth

Mental Health Victoria @MentalHealthVic · 6h

How would you like to be treated if you needed help? Ensuring every system/service enhances, values, and individualises each case. We need to better listen to people to find out how. Insights from Jenny Bretnell from @VMIAC #NDISmentalhealth

Dave Peters @Dpeters1977 · 6h

#NDIS eligibility requirements stating functional impairment must be every day, which is totally contrary to the episodic nature of psychosocial disability, showing a real lack of understanding and insight. Jenny @VMIAC

#ndismentalhealth

Dave Peters @Dpeters1977 · 6h

Jenny from @VMIAC is doing an amazing job of describing trauma and the onset of mental illness, along with the impact it had on every single aspect of your life.

#ndismentalhealth

---

You are broken and no longer useful to society
You can track Croakey's coverage of the conference here.

Queensland Alliance @qldalliance · 6h
QAMH Director – Engagements and Partnerships Jacklyn Whybrow is co-presenting with Vanessa Harris from @nimhc on the challenges in delivering services in rural and remote locations at #NDISMentalHealth.
@MentalHealthVic

Queensland Alliance @qldalliance · 6h
The #NDISMentalHealth Conference 2018 has started! QAMH CEO, Kris Trott is moderating the service delivery session. @MentalHealthVic

Rachel Green @thinkasklisten · 6h
Lisa Brophy from MelbourneUni “consumers sometimes say that to cope with bureaucracy they try to work out what the case manager wants them to say, just so they can be left alone” #NDISMentalhealth
You can track Croakey’s coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

#NDISMentalHealth

Croakey
“Conference News Service”
You can track Croakey's coverage of the conference here.
You can track Croakey's coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth
You can track Croakey's coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

#NDISMentalHealth

---

Lauren Cook @LaurenCook12 · 6h
'Services need to enhance, not damage, value not disregard... We need to listen to the person, as they are the expert of their own lives' - Jenny Bretnell, Victoria Mental Illness Awareness Council, on mental health and the NDIS

#NDISMentalHealth

Pauline liked

Croakey team @CroakeyNews · 6h
'The NDIS don't get it'. Much agreement at how initial NDIS funding for mental health supports is significant but then considerably cut back as consumers "stabilised". "They don't recognise the episodic nature of mental illness."

#NDISMentalHealth

Mental Health Victoria @MentalHealthVic · 6h
How would you like to be treated if you needed help? Ensuring every system/service enhances, values, and individualises each case. We need to better listen to people to find out how. Insights from Jenny Bretnell from @VMIAC #NDISMentalHealth

neil.Llane @neilLane · Oct 31
Rosemary Barker OPA talking about the issues that residents of SRS's face #ndismentalhealth #mentalhealth #hard2reach?

CV Advocacy Issues in SRS

- 1,712 issues in Residential Services over 4 years
- 200 issues in each area

liz.dearn @lizdearn · Oct 31
Rosemary Barker from the Public Advocate ‘often no one to advocate for people living in private congregate care facilities’ @FutureSocialAU #ndismentalhealth
You can track Croakey's coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

Gary Bourke reminds everyone that there is no funded respite for Carers any more! He illustrated how ARAFMi Queensland successfully transitioned consumers but not without the partnership of Carers. His staff sit with the vicarious trauma of the Carers everyday!

“need funding back to put mental health nurses back into general practice” Prof Kim Ryan @ACMHN #NDISMentalHealth

“We keep talking about the system. What is this system, we have silos. Need to ask: What do we want our consumers and families to have in 25 years and how do we work to that?” Kim Ryan @ACMHN #NDISMentalHealth
A final wrap of the issues, interviews and tweets from #NDISMentalHealth
You can track Croakey’s coverage of the conference here.

Dave Peters @Dpeters1977 · Oct 31
@BroginLucy wrapping up - closing remarks ‘We’re watching!’
#ndismentalhealth

Conclusion – we are watching

The NDIS must be funded to replace community mental health services, not to shrivel away.
The NDIS must be designed to replace, not just support non-clinical services.
A key issue for the future is how the NDIS interacts with other systems to provide coordinated support for people with a mental illness.
Continuity of Support and National Psychosocial Supports measures.

Croakey team @CroakeyNews · Oct 31
PHNs have significant role to play implementing national psychosocial supports - are questions around their capacity to do so: Lucy Brogden
#NDISMentalHealth

Dorothy Belperio @dorothybelperio · Oct 31
Finally hearing about the importance of a community mental health sector - NGO providers - from Dr Sebastian Rosenberg #NDISMentalHealth

Croakey team @CroakeyNews · Oct 31
‘We are outcome blind because we haven’t set any targets for change, suicide, hospital avoidance etc’. But also beware of targets says @RosenbergSeb. In earlier plan, target for peer workers was 1pc. Who sets them?
#NDISMentalHealth

CMHA @CMHA2016 · Oct 31
@RosenbergSeb - the real issue is establishing a strong community mental health system & actually knowing what your focus is #NDISMentalHealth

Lauren Cook @LaurenCook_12 · Oct 31
Dr Sebastian Rosenberg, ANU Centre for Mental Health Research, notes that the Productivity Commission Inquiry and the Vic Royal Commission into mental health will have to rely on prevalence data from 2007 #NDISMentalHealth @RosenbergSeb

What we know about mental health

- 38% of people in care in 1997, 35% in 2007 – why don’t people come? 46% now ...
- 1 in 5 adults per year. 75% of all mental illness <25yrs
- Treatment rates for young men (16-24 yrs) are just 13% (2007)
- $9bn in 2015-16, $5.4bn of mental health spending is States and Territories, $3.1bn is Feds – MBS and PBS
- No 3rd ABS Survey of MH and W – paucity of data – what will RC and PC rely on?
You can track Croakey’s coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

Croakey team @CroakeyNews · Oct 31
There is one constant need for mental health reform: get the consumers and carers at the table, first, and then we’ll say where next. “We’re the experts.” Lin English says consumer consultation still largely tokenistic #NDISMentalHealth

Hilary Cadman liked

Croakey team @CroakeyNews · Oct 31
“If we don’t work in our communities, we’re not paying attention to where people spend the main parts of their lives. In the old system, community mental health did. Who’s going to build that community capacity now?” Liz Crowther #NDISMentalHealth

Simon Stafrace @SimonStafrace · Oct 31
Kerrie Hawkins’ fantastic presentation on possibilities of NDIA. Current system flawed because the “problem” it is designed to fix is not co-produced. Time to invest in co-production infrastructure before anything else #ndismentalhealth @NMHC @MentalHealth_AU @MentalHealthVic

liz dearn @lizdearn · Oct 31
Presenting on preliminary findings from PhD at the NDIS national conference with OPA, NDIA, EACH and Salvocare @FutureSocialAU #ndismentalhealth

Being @BeingMHW · Nov 1
Great discussion on mental health reform at the #NDISMentalHealth Conference facilitated by one of our Talkin’ Together peer educators, Debbie Hamilton – “The NDIS assessment process seems much like the sorting hat from Harry Potter – you don’t really get a say” #livedexperience
You can track Croakey's coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

Croakey team @CroakeyNews · Oct 31
Got to celebrate/learn the lessons of the little victories, says @FrankGQuinlan “We just convinced the NDIS to change its psychosocial pathway because there were so many voices making consistent demands over time. Don’t want us to think it too hard/impossible.” #NDISMentalHealth

Dave Peters @Dpeters1777 · Oct 31
@FrankGQuinlan - we haven't seen appropriate investment into consumer/carer peak representation, which is needed! Also, we're a disparate group who often 'other' each other. #ndismentalhealth

Aisling Blackmore @ACBlackmore · Oct 31
“I’m hoping that from today that we can make attributions:
- this is what NDIA do
- this is what state government do
- this is what others do
And turn our attention to building systematic change in community.” - Liz Crowther #ndismentalhealth

Croakey team @CroakeyNews · Oct 31
#NDISMentalHealth @FrankGQuinlan: says not so much antagonism now with NDIA addressing key problems for psychosocial disability, now perhaps time to bring in the states and the broader system (housing, justice etc) to the whole reform process.
You can track Croakey's coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

Croakey team @CroakeyNews - Nov 1
6 different PMs and Health Ministers in the six years that @FrankQuinlan1 been in his job. Difficult to get traction #NDISMentalHealth

Croakey team @CroakeyNews - Oct 31
“When we go out, we should routinely ask service users to rate the services they receive, also measure social inclusion, physical health etc. Set of potential indicators that could provide much more robust framework for calling people to account.’ @FrankGQuinlan #ndismentalhealth

Croakey team @CroakeyNews - Oct 31
Does mental health need more targets? Is an outcome measure the big disruptor? Hot panel topic here. Audience member says different than with cardiac numbers to think about her family - how measure the wellbeing of her brothers who have schizophrenia? #NDISMentalHealth

Dave Peters @Depters1777 - Oct 31
@normanswan to panel - we have 700-ish people in the room, and I'm not sure we've heard a unified voice expressing anything but frustration. Hear hear! #ndismentalhealth

Croakey team @CroakeyNews - Oct 31
#NDISMentalHealth now being wrapped up by @damianferrie & Angus Clelland from @MentalHealthVic
Snaps and selfies

Frank Quinlan • @FrankQuinlan • Oct 31
Great to spend time at the @CMHA2016 #NDISMentalHealth seeking better solutions for #psychosocial #disability The faces you see will transform #mentalhealth

Queensland Alliance • @qldalliance • 2h
QAMH Director – Engagement and Partnerships - Jacklyn Whybrow caught up with @Qld_MHC – Ivan Frkovic & Josephine Peat from Queensland Mental Health Commission and @Peach_Tree CEO Vivianne Kissane at the #NDISMentalHealth Conference today.
@MentalHealthVic

Lowitja Institute • @LowitjaInstitut • 1h
Our team member Tahlia Eastman caught up with @ScottTheHolWrld @FPDNAus at #NDISMentalHealth. For info on our work with Scott visit lowitja.org.au/scott-avery

You can track Croakey’s coverage of the conference here.
You can track Croakey's coverage of the conference here.

A final wrap of the issues, interviews and tweets from #NDISMentalHealth

#NDISMentalHealth

#NDISMentalHealth
Twitter analytics
During the period of Croakey Conference News Service coverage, there were:

- 606 participants using the hashtag on Twitter
- 3006 tweets
- almost 15.5 million Twitter impressions.

The #NDISMentalHealth Influencers

<table>
<thead>
<tr>
<th>Top 10 by Mentions</th>
<th>Top 10 by Tweets</th>
<th>Top 10 by SymplurRank</th>
</tr>
</thead>
<tbody>
<tr>
<td>@CroakeyNews 735</td>
<td>@Opeters1977 499</td>
<td>@MentalHealthVic 150</td>
</tr>
<tr>
<td>@MentalHealthVic 375</td>
<td>@Croakeyblog 412</td>
<td>@CMHA2016 167</td>
</tr>
<tr>
<td>@JuliaGillard 260</td>
<td>@CroakeyNews 231</td>
<td>@CMHA2016 101</td>
</tr>
<tr>
<td>@Opeters1977 211</td>
<td>@Croakyblog 91</td>
<td>@MentalHealthVic 93</td>
</tr>
<tr>
<td>@marilemcinerney 192</td>
<td>@mariemcinerney 59</td>
<td>@CMHA2016 59</td>
</tr>
<tr>
<td>@ACBlackmore 157</td>
<td>@LaurenCook_12 75</td>
<td>@ACBlackmore 57</td>
</tr>
<tr>
<td>@CMHA2016 156</td>
<td>@LaurenCook_12 41</td>
<td>@marilemcinerney 59</td>
</tr>
<tr>
<td>@LaurenCook_12 141</td>
<td>@kathiellick 102</td>
<td>@davcalmercoach 34</td>
</tr>
<tr>
<td>@LaurenCook_12 170</td>
<td>@LaurenCook_12 12</td>
<td>@WePublicHealth 54</td>
</tr>
<tr>
<td>@DianaRose180 117</td>
<td>@Croakeyblog 91</td>
<td>@LaurenCook_12 12</td>
</tr>
</tbody>
</table>

The Numbers

- 15.447M impressions
- 3,006 participants
- 606 tweets
- 5 retweets per tweet
- 5 favourite tweets

Twitter data from the #NDISMentalHealth Hashtag from Sun, October 20th, 2019, 11:00AM to Wed, November 21st, 2019, 11:00AM (Australia/Tasmania).

Read the Twitter transcript here.
You can track Croakey's coverage of the conference here.

Croakey Conference News Service

- Reporting by Marie McInerney
- Editing by Melissa Sweet
- Layout and design by Mitchell Ward