



Australian Government

Department of Health

PHN PSYCHOSOCIAL SUPPORT GUIDANCE

PSYCHOSOCIAL SUPPORT FOR PEOPLE WITH SEVERE MENTAL ILLNESS

This PHN Psychosocial Support program incorporates guidance for two funding streams:

1. the National Psychosocial Support (NPS) measure that was announced in 2017-18 and commenced on 1 January 2019; and
2. the extended transitional arrangements for Commonwealth community mental health clients of Partners in Recovery (PIR), Support for Day to Day Living in the Community (D2DL) and Personal Helper and Mentors (PHaMs) programs that was announced on 21 March 2019. Specific additional guidance for the extended transitional arrangements is provided as an addendum to this document.

In the 2017-18 Budget the Government committed \$80 million over four years for the National Psychosocial Support (NPS) measure. The purpose of the NPS measure is to provide psychosocial support services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not more appropriately supported through the National Disability Insurance Scheme (NDIS). The NPS measure is being implemented through purpose specific funding to Primary Health Networks (PHNs) to commission these new services. As part of the measure, the Commonwealth has bilateral agreements in place with each jurisdiction regarding their continuing or enhanced investment in psychosocial services. The PHN commissioned services will need to be implemented in a flexible way to complement the State and Territory funded psychosocial support.

In addition, on 21 March 2019, the Australian Government announced purpose specific funding of \$121.29 million over 12 months for extended transitional arrangements to provider additional time for Commonwealth community mental health clients to transition to the National Disability Insurance Scheme (NDIS) or Continuity of Support (CoS).

Further information on supports delivered under the separate Continuity of Support measure can be found in the *PHN Continuity of Support Guidance*.

While both measures sit within this guidance document, clients supported as part of the extended transitional support funding are a separate cohort from the NPS measure and will receive time limited supports for up to 12 months under this specific funding.

Further information on this transitional support funding arrangement is available at the Addendum to this guidance.

In the Planning and Establishment phase, PHNs are to:

- Consider the priorities and approach in the NPS measure Bilateral Agreement Implementation Plan for their State/Territory;
- Liaise with Local Health Networks (LHNs) regarding a planned regional approach to implementing the psychosocial support measure in the region, to ensure complementarity and flexible, efficient service delivery;
- Liaise with mental health consumers in relation to a planned regional approach to implementing the psychosocial support measure in the region;
- Undertake establishment activities in relation to the measure to enable service delivery to commence by early 2019.

In the Implementation Phase, PHNs are expected to:

- Introduce new psychosocial support services targeted to assist people with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as Partners in Recovery (PIR), Day to Day Living (D2DL) or the Personal Helpers and Mentors (PHaMs).
- Maintain funding and reporting arrangements for this activity.

What is psychosocial support?

As agreed by all jurisdictions, and for the purpose of this initiative, psychosocial support is defined as “supports and services that are purchased to work in partnership with individuals who are not more appropriately funded through the NDIS and are significantly affected by severe mental illness, which has an impact on their associated psychosocial functional capacity. These services, in partnership with families and carers (as appropriate), provide a range of non-clinical community based support to these individuals to achieve their recovery goals.”¹

What is the intent of the initiative?

While the introduction of the NDIS will provide comprehensive and individualised support for people with severe and disabling mental illness, there is a cohort of people with severe mental illness for whom the NDIS was not designed but who will benefit from receiving a level of specialised but less intense psychosocial support linked to their needs and goals. A number of these individuals may receive their clinical care through primary care. Others are supported through the State/Territory specialist mental health system, particularly if they have ongoing needs for more intense clinical support or acute care.

The NPS measure is designed to help address this gap in a flexible and carefully planned way, which complements continuing and new State and Territory investment in psychosocial support and does not duplicate support available from existing programs, including those transitioning to the NDIS. The measure supports

¹¹ National Psychosocial Support Working Group, 2017.

implementation of Action 6 in the Fifth National Mental Health Plan, through which Governments agreed to planning for the community mental health support needs of people who do not qualify to receive supports under the NDIS.²

Who is it for?

Services provided under the initiative by PHNs should only be made available to those people with severe mental illness who:

- have an associated level of reduced psychosocial functional capacity;
- are not assisted by the NDIS, and;
- are not clients of existing community mental health programs including PIR, D2DL and PHaMs programs, for whom the extended transitional funding arrangements will support.

In effect, this initiative targets the cohort just below those who qualify for the NDIS, as the below diagram illustrates. These individuals may not be eligible for the NDIS because of the episodic nature of their illness, or because their illness, whilst severe, is not associated with a significant psychosocial disability at a level that would qualify for NDIS entry.

Not everyone with severe mental illness will require specialised psychosocial support. The needs of some people with severe mental illness can be met through clinical services in the primary care setting. Their broader support needs can be met through mainstream community support programs, or through normal family or social connections. This initiative is for the group for whom clinical care is not enough to help them build capacity for daily living and who would benefit from specialised psychosocial support at particular points in time.

Figure 1 – Different types of government funded non-clinical community-based support for people with severe mental illness.

Source of non-clinical community-based support	For Whom	Service Description
NDIS – Psychosocial disability services and programs transitioning to the NDIS	For people with severe mental illness which is associated with a significant and enduring functional psychosocial disability	Potentially ongoing psychosocial disability services and care coordination delivered as part of an individualised care package
National Psychosocial Support measure; - Commonwealth PHN funding - State/Territory investment in services for individuals not eligible for NDIS.	For people who are not more appropriately supported through the NDIS or Continuity of Support arrangements but are significantly affected by severe mental illness, which has an impact on their psychosocial functional capacity.	Less intense psychosocial support services to build psychosocial functional capacity to address individual needs and complement clinical mental health and physical health services.
National Psychosocial Support Measure – Extended	For clients of PIR, D2DL and PHaMS who are yet to test	Clients will continue to receive appropriate levels of

² COAG Health Council, The Fifth National Mental Health and Suicide Prevention Plan, 2017, p.28.

Source of non-clinical community-based support	For Whom	Service Description
transitional arrangements for Commonwealth Community Mental Health Clients from 1 July 2019 to 30 June 2020.	eligibility for the NDIS or who have not yet transitioned to the NDIS by 1 July 2019.	support while they are supported to test eligibility for the NDIS or transition to ongoing supports.
Continuity of Support	For clients of PIR, D2DL and PHaMS who are found ineligible for supports under the NDIS	Existing Commonwealth clients who have tested and been deemed ineligible for the NDIS will continue to be supported to meet a similar outcome.
Mainstream community support programs, and/or informal family and social support and connections	For people who are not more appropriately funded through the NDIS who are affected by severe mental illness, but who do not have significantly reduced psychosocial functional capacity.	Non specialised services available if required could include mainstream vocational, social support or family support services. Informal social support and connections could come from family or friends.

What sort of services could be provided and by whom?

The type of psychosocial service commissioned by PHNs, and the cohort on which the PHN needs to focus, will be informed by the relevant State/Territory NPS measure bilateral agreement. Further, PHNs will need to consider the services that are currently provided locally by LHNs, ensure that the PHN commissioned services complement or enhance these existing services, and consider how these services can best meet the need of their region.

Broadly, psychosocial support services could include a range of non-clinical supports which might be provided at an individual or a group level. They could be provided through centre-based services or augmentation of team arrangements.

Reviews of the effectiveness of psychosocial support services have highlighted strong evidence for the value of those services which focus on capacity building, particularly from an early intervention perspective³⁴. These services build ability and skills to assist people to manage their mental illness, improve their relationships with family and others, and increase social and economic participation.

Key areas of activity could focus on building capacity and stability in one or more of the following areas:

- social skills and friendships, family connections;
- managing daily living needs;
- financial management and budgeting; finding and maintaining a home;
- vocational skills and goals, including volunteering; educational and training goals;
- maintaining physical wellbeing, including exercise;

³ Hayes L, Brophy L, Harvey C, Herrman H, Killackey E, Tellez J Effective evidence based psychosocial interventions suitable for early intervention in the NDIS: promoting psychosocial functioning and recovery, Centre for Mental Health, Melbourne, 2016.

⁴ National Mental Health Commission, Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services, Sydney 2014.

- managing drug and alcohol addictions, including tobacco;
- building broader life skills including confidence and resilience.

The services could be provided by a range of workers including peer support workers with lived experience of mental illness. Non-government organisations (NGOs) with expertise in delivering services to people with mental illness, including NGOs commissioned by PHNs to deliver mental health services, could be well placed to provide these services.

The cohort being targeted through this initiative would generally require less intensive and possibly shorter term psychosocial support than the service offer provided through programs transitioning to the NDIS. The focus should be on building capacity and connectedness at times this is most needed, rather than providing ongoing support. Ideally services should be embedded within or linked to clinical services to support an integrated team approach to meeting the needs of people with severe mental illness, and form part of a multi-agency care plan.

There are no age restrictions on this initiative. Services should have a strong recovery focus, be trauma-informed, and be delivered in accordance with the National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013.

What is out of scope?

Services out of scope of the initiative include the following:

- Services provided to individuals who are eligible for the NDIS;
- Clinical services;
- Services which duplicate the activities of LHN funded psychosocial support services.

Care Coordination

The NPS bilateral agreement defines care coordination as:

Connection of a person's care activities to enable the appropriate delivery of psychosocial support services (e.g. through communication and transfer of relevant information to ensure safe care transitions; processes to support team-based approaches, such as care plans, case conferences, assignment of a care coordinator role; and facilitated access to other health and social support services).

While use of a care coordinator may be appropriate for some individuals to support access to services, it should only be part of the service model for NPS clients.

PHNs commission health and mental health services with a person-centred, stepped care approach and this coordinated approach will be extended to include non-clinical psychosocial supports.

How is the new initiative different to other Commonwealth funded Community Mental Health Programs - PIR, D2DL or PHAMS?

This program is not intended to replicate existing Commonwealth Community Mental Health programs which are transitioning to the NDIS. PIR, PHaMs and D2DL have a broader eligibility criteria than the NDIS access requirements. While

the majority of clients are expected to transition to the NDIS, some clients from these programs will not be eligible for the NDIS.

Clients of the above programs should continue to be encouraged to apply to the NDIS. However the new NPS Measure is not intended to target those clients of the programs who have been found ineligible for the NDIS. These individuals should be supported to transition to supports under the CoS measure. Communication with regional NGOs providing PIR, D2DL and PHAMs will be important to ensure clear understandings about how the new services will complement the services they have provided over the NDIS transition period.

Continuity of Support

In the 2018-19 Federal Budget it was announced that Commonwealth mental health clients from the PHaMS, PIR and D2DL programs, who are found ineligible for the NDIS will continue to receive similar levels of support through psychosocial supports services commissioned by PHNs from 1 July 2019.

For the Commonwealth, this means that where existing Commonwealth program funding is rolling into the NDIS (i.e. PIR, PHaMs and D2DL), program clients who are not deemed eligible for the NDIS will continue to receive supports. During the NDIS transition period this will be achieved through existing program structures and services. Longer term arrangements beyond transition will be made in the light of experience in the trial and transition phases. States and Territories also have separate Continuity of Support arrangements and these clients would also receive supports separate to the NPS measure.

Under the new funding arrangements, PHNs, in consultation with providers, consumers and carers, will commission and coordinate services based on local needs, taking into account what services and supports are already available.

The department will be working to ensure that funding is available to PHNs delivering CoS at full scheme of the NDIS.

Further information on the CoS measure is available in the *PHN Continuity of Support Guidance*.

What arrangements for funding, reporting and data will be involved?

Funding for this measure will need to be maintained as a quarantined funding source, with a separate budget for reporting purposes. It can not be used as part of the Flexible Mental Health Funding Pool, nor can it be used in conjunction with funds held by PHNs for PIR and D2DL. This is in part because of the need to monitor and report on expenditure on the measure as part of the bilateral agreements with States and Territories. Funding schedule arrangements for the new measure are still being developed, as part of which a work-plan is likely to be requested to outline intentions for the first year's implementation of the service.

The Department intends to minimize the impact of the new measure on data collection and reporting by PHNs whilst supporting availability of measure specific information needed for monitoring and review. Consideration will be given to adjusting the Primary Mental Health Care Minimum Data Set (PMHC-MDS) to support specific data collection requirements, which will be set forth in the

funding Schedule. Similarly, further advice will be provided regarding evaluation requirements for the measure associated with the bilateral agreements.

Does it change the parameters for what can and can't be funded under the Primary Mental Health Care Flexible Funding Pool?

Previous guidance to PHNs on use of the Primary Mental Health Care Flexible Funding Pool has indicated that psychosocial support services are out of scope for the Pool, other than particular types of vocational support for young people or suicide prevention social support services. That advice remains, in order to differentiate the intent and focus of the Primary Mental Health Care Flexible Funding Pool from other funding for PHNs.

However, it will be important that PHNs seek opportunities for integrated service delivery, and link psychosocial support to activities commissioned to target the clinical needs of people with severe mental illness. The contractual requirements of PHNs in relation to the Primary Mental Health Care Flexible Funding Pool and other mental health funding remain unchanged.

How should PHNs ensure their funding is complementary to the matched funding provided through State and Territory bilateral agreements?

The Department is negotiating bilateral agreements with each State and Territory which include an implementation plan outlining continuing or new State investment in relation to their matched funding for psychosocial support. A copy of the bilateral agreement Implementation Plan for the relevant jurisdiction will be made available to PHNs, and may be included with the Psychosocial Support Schedule to the PHN header agreement.

These Implementation Plans are expected to vary from State to State. In some cases the Implementation Plan will simply articulate the type of psychosocial support in which the State/Territory intends to continue or enhance investment. In others there may be an expectation that PHNs will commission particular types of services or particular organisations to promote a joined up approach to psychosocial support.

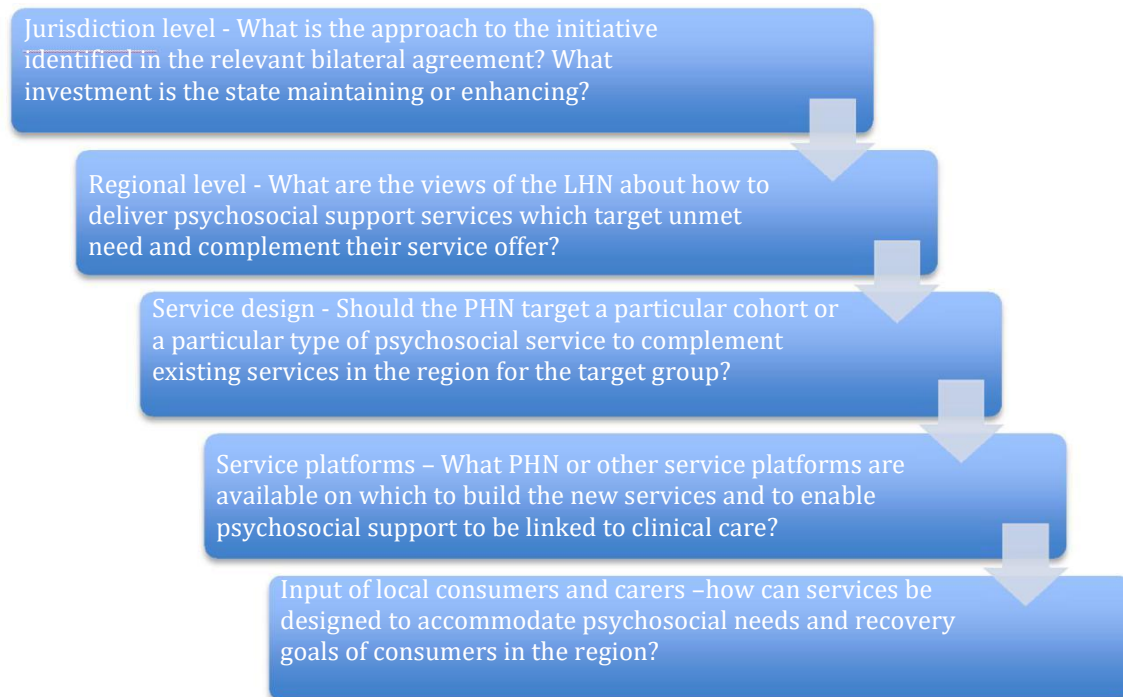
At a regional level, the role of PHNs in commissioning services could be differentiated from LHN provided psychosocial services by the cohort targeted or by the type of service delivered. Communication and shared planning with LHNs will be vital regarding proposed implementation arrangements within the context of these Implementation Plans to facilitate complementarity and planning of activity and to avoid duplication. Subject to the particular bilateral agreement, in some States or Territories it may be appropriate to co-design or co-commission services.

Alternatively, the respective roles could be defined by the type of service provided. For example, PHNs could focus on expanding peer support arrangements to help promote family and social connections, whilst LHNs may continue their investment or strengthen their investment in specialized employment services or support linked to housing. In some circumstances it could mean that there are particular shared priorities or service gaps identified locally for shared efforts. In some States psychosocial support is funded centrally by state-funded NGOs, and LHNs are not directly involved in commissioning, although they would be aware of the services.

A key vehicle for progressing these discussions may be the development of regional mental health and suicide prevention plans with LHNs, subject to the timing of

development of these plans. It is recommended that the approach to provide complementary psychosocial support under the NPS measure is documented in these regional plans.

Figure 2 - State, regional and local considerations in planning for the new services



How should PHNs implement this measure?

Establishment funding will be provided to PHNs. In this phase, PHNs should consider how to commission services which are cost effective and support integrated clinical and psychosocial service delivery. To target the services, it will be important to identify appropriate assessment and referral pathways. It will also be vital to give a clear and consistent message that people who are likely to be eligible for the NDIS should be encouraged to apply. The NDIS will be the best way that their needs can be met over the long term.

Consultation, communication and planning should inform establishment arrangements. In addition to planning and potentially co-designing the new services with LHNs, engaging with consumers and carers in the region will be important to identify unmet needs in relation to psychosocial capacity building. Engaging with other commissioned services, NGOs providing other community support services and with NDIS Local Area Coordinators will also be important to help shape the service to meet local needs and referral pathways and to help target the service to the group for whom it is intended. Consultation processes relating to development of regional mental health and suicide prevention plans may be a way of achieving this input, subject to the timing of this consultation.

Summary - What is expected of PHNs in implementing the measure?

PHNs need to reflect the priorities and approach being taken to the NPS measure by the jurisdiction through the bilateral agreement, and liaise with LHNs to establish the best way to complement state funded psychosocial support in the region with the available resources.

PHNs should consult with consumers and carers, and other key stakeholders to help shape the new services to local needs for people with severe illness who are not eligible for the NDIS.

PHNs should continue to encourage people who are likely to be eligible for the NDIS to apply, including clients of PIR, D2DL and PHaMS services.

PHNs should establish arrangements for monitoring funding and activity under the initiative which are separate to those for the Primary Mental Health Care Flexible Funding Pool or for PIR fundholding.

PHNs should consider opportunities to link the new funding to clinical services and care coordination commissioned by the PHN for people with severe mental illness to support integrated care as part of a multiagency care plan.

PHNs may need to invest in establishment costs such as putting in place arrangements for referral to the new service, recruitment, consultation arrangements, and communications about the new services, or start up funding for commissioned agencies to undertake activity in this area.

PHNs should consider embedding arrangements for planned implementation of the measure with LHNs into the regional mental health and suicide prevention plan.

PHNs should undertake establishment/commissioning with a view to commence service delivery no later than January 2019.

EXTENDED TRANSITIONAL ARRANGEMENTS FOR COMMONWEALTH COMMUNITY MENTAL HEALTH CLIENTS

The Australian Government announced purpose specific funding of \$121.29 million over 12 months from 1 July 2019 to support the transition of Commonwealth community mental health clients to the National Disability Insurance Scheme (NDIS) or Continuity of Support (CoS).

Why is extra funding being added to the NPS measure?

The Government acknowledges that additional time is required to support some Commonwealth community mental health program clients currently receiving support through Partners in Recovery (PIR), Day to Day Living (D2DL) and Personal Helpers and Mentors (PHaMs) programs to transition to the NDIS or CoS.

PIR, D2DL and PHaMS programs cease on 30 June 2019. To ensure that clients of these programs continue to be supported, this funding is being provided to PHNs to be implemented under the NPS measure. PHNs will fund, engage and commission supports for remaining clients of these programs from 1 July 2019 to 30 June 2020.

What is the intent of this funding?

The focus of this funding is to ensure Commonwealth community mental health clients from PIR, D2DL and PHaMs receive appropriate levels of support as they test eligibility for supports under the NDIS and transition to ongoing arrangements either through the NDIS or CoS. Testing eligibility for supports under the NDIS will be the best way for people to access ongoing support to meet their needs.

Who is the service for?

All clients accessing support from PIR, D2DL and PHaMs as at 30 June 2019 who are yet to test eligibility or transition to supports under the NDIS (ie. waiting to receive an access decision or plan from the NDIS or waiting for support to begin) will be eligible to receive appropriate levels of support through the NPS extended transitional funding arrangements.

How long will clients be supported?

Eligible clients will be able to access these supports for up to 12 months from 1 July 2019 as they are assisted to test their eligibility for the NDIS or transition to appropriate ongoing supports under CoS.

Does this impact the State and Territory bilateral agreements?

This funding is in addition to the \$80 million provided by the Commonwealth and matched by States and Territories over four years. Services commissioned under the Bilateral Agreements are not impacted by the extended transitional funding arrangements. Services delivered under this funding arrangement do not come under State and Territory bilateral agreements and are not restricted by implementation plans outlined in these agreements.

How should services be funded/commissioned?

Separate funding will be provided to PHNs to support the funding or commissioning of services under these funding arrangements. PHNs should take into consideration existing services and develop services to meet the needs of communities and individuals, specifically Commonwealth community mental health clients to ensure continued services whilst they transition to the NDIS or CoS.

Given the transitional nature of these services, and the timeframes involved, PHNs are encouraged to build on existing service infrastructure. This can involve funding or commissioning services from former PIR, D2DL or PHaMs service providers.

It may be appropriate for PHNs to invest in costs such as putting in place arrangements for referrals to the new service, consultation arrangements, workforce support and communications about the new services.

What kind of services should be commissioned?

Funded services will provide eligible clients with appropriate levels of support for up to 12 months while clients' transition to the NDIS or CoS. Services may include individual as well as group-based activities. The provision of support facilitation to participants may be negotiated with each individual based on their needs. Support facilitation should be embedded within clinical services to support a team-based multiagency approach.

Clients should be supported to test eligibility for the NDIS and transition to supports under CoS or the NDIS once they have received an ineligible access decision or an approved NDIS support plan. Participants should be supported to re-test their eligibility if they are unhappy with their access decision or their support needs have changed.

What arrangements for funding, reporting and data will be involved?

While all clients receiving services under the NPS will be supported to achieve similar outcomes, clients supported under the extended transitional arrangements are for Commonwealth community mental health clients who will receive time-limited support as they test eligibility for supports under the NDIS and transition to appropriate ongoing supports through the NDIS or CoS. Testing and transition rates for this cohort will be monitored separately using TRIS

Separate funding schedules will be developed for the extended transitional funding arrangements.

Summary- What is expected of PHNs in implementing this program?

PHNs need to reflect the priorities and approach being taken to the NPS extended transitional funding arrangements.

PHNs should take into consideration existing services and develop services to meet the needs of communities and individuals, specifically Commonwealth community mental health clients to ensure continued services whilst they transition to the NDIS or CoS.

People should be supported to test eligibility for supports under the NDIS, or to re-test eligibility if they are unhappy with their access decision or their support needs have changed.

PHNs should establish arrangements for monitoring funding and activity under the initiative.

PHNs should consider opportunities to link supports to clinical services and care coordination commissioned by the PHN for people with severe mental illness to support integrated care as part of a multiagency care plan.

PHNs should undertake establishment/funding/commissioning with a view to commence service delivery no later than 1 July 2019. This can involve building on existing service infrastructure.