



**Australian Government**

**Department of Health**

# Commonwealth Psychosocial Support: Program Guidance

*Psychosocial support for people with severe mental illness outside of the National Disability Insurance Scheme*



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## Overview

The Department of Health provides funding to Primary Health Networks (PHNs) to commission psychosocial support services for adults with severe mental illness and associated psychosocial functional impairment who are not accessing services through the *National Disability Insurance Scheme* (NDIS).

### What are psychosocial supports?

**'Psychosocial supports'** are non-clinical community based supports that aim to facilitate recovery in the community for people experiencing mental illness – through a range of services to help people manage daily activities, rebuild and maintain connections, build social skills and participate in education and employment<sup>1</sup>.

### What is recovery?

*The National Framework for Recovery-Oriented Mental Health Services*<sup>2</sup> suggests there is no single description or definition of **'recovery'** – it is different for everyone, with non-clinical personal recovery goals different from clinical or functional recovery.

Some commonly cited characteristics of recovery include it being a unique and personal journey; an ongoing experience and not the same as an end point or cure; a journey rarely taken alone; and non-linear, with it being frequently interspersed with both achievement and setbacks.

## Background

In March 2020, the Department of Health engaged the Nous Group (Nous) to undertake an evaluation of activities under the *National Psychosocial Support Program*. The objectives of the evaluation were to:

- assess how effectively program arrangements support delivery of the intent, objectives and outcomes
- identify barriers and enablers to achieving the intended outcomes; and
- identify opportunities to improve psychosocial support arrangements and align with government reform priorities.

Nous delivered its final report on 14 April 2021, making a total of 18 recommendations against the objectives of the evaluation. Overall, the evaluation found that, of the consumers, carers and family members consulted, the majority were overwhelmingly positive about the supports provided through these programs.

On 16 November 2020, the final report of Productivity Commission inquiry into Mental Health (the PC Report) was publicly released. Recommendation 17 of the PC Report recommends that governments should ensure that all people who have psychosocial needs arising from mental illness, receive adequate psychosocial support. Chapter 17 *Psychosocial support – recovery and living in the community* of the PC Report explores what psychosocial supports are, the delivery of mainstream services, and solutions to improve the delivery of psychosocial supports.

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<sup>1</sup> Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra – Volume 3, Chapter 17

<sup>2</sup> *A National Framework for Recovery-Oriented Mental Health Services: Policy and theory*, Commonwealth of Australia, 2013

In the 2021-22 Budget, the Australian Government announced \$171.3 million over two years to continue Commonwealth psychosocial supports from 1 July 2021 to 30 June 2023<sup>3</sup>. This announcement brings the total Commonwealth investment in Commonwealth psychosocial supports to \$237 million over the period 1 July 2021 to 30 June 2023.

This investment responds, in part, to recommendations made by the Productivity Commission Inquiry into Mental Health (PC Inquiry) and findings from a recent evaluation of the National Psychosocial Support Measure (NPS-M) and the Continuity of Support (CoS) program. Future funding and program arrangements for psychosocial supports beyond 30 June 2023 will be determined in consultation with state and territory governments in the context of the National Mental Health and Suicide Prevention Agreement (National Agreement) negotiations.

Key program changes and improvements include:

- Establishing a single consolidated program, the Commonwealth Psychosocial Support program, from 1 July 2021.
- Providing two years' funding certainty to 30 June 2023. Future funding arrangements beyond this are being negotiated with state and territory governments in the context of the National Agreement.
- Continuation of service improvements made in 2020 including service navigation.
- Providing additional funding to alleviate immediate waiting list demand.
- Providing regional loading to program funding from 1 July 2021 in recognition of the higher costs associated with delivering services in regional and remote areas.
- Introducing a new capacity and strengths-based assessment tool to determine client needs and the allocation of program resources in a consistent and equitable way.

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<sup>3</sup> Budget 2021-22: Health Portfolio Budget Statements, p. 24

# Commonwealth Psychosocial Supports from 1 July 2021

From 1 July 2021, the *Commonwealth Psychosocial Support Program* (the Program) consolidates the following three Commonwealth funding streams for psychosocial support:

- National Psychosocial Support – Transition (NPS-T)
- National Psychosocial Support Measure (NPSM); and
- Continuity of Support (CoS).

The Program will continue support for consumers who were actively accessing services under CoS, NPS-T or NPSM on 30 June 2021 and, where there is capacity through existing services, provide short-term, low intensity support to consumers with severe mental illness who are not currently accessing services under the NDIS or state and territory led programs.

The Program aims to strengthen the capacity of consumers to live independently, safely and productively in their community, form meaningful connections in a supportive environment, and reduce the need for acute care.

Program funding is provided to Primary Health Networks (PHNs) to commission person-centred, recovery-focussed psychosocial support services over two years from 1 July 2021.

In addition to service delivery, PHNs are also funded to support service access through:

- the introduction of a capacity and strengths-based assessment tool for determining suitability, support needs and ensuring services are tailored to individual's needs, with assessments undertaken by service providers with consumers
- service navigation support to provide information, advice and referral assistance to consumers, their families and carers
- discretionary testing of eligibility for the NDIS; and
- regional loading for service providers in recognition of the higher cost of delivering services in regional and remote communities.

## Who is the Program for?

Under the Program, psychosocial supports service providers are commissioned to work in partnership with consumers (alongside their families and carers, as appropriate) to achieve recovery goals.

The Program is designed to support people with severe, often episodic, mental illness who:

- have needs that can be appropriately met through short-term, low intensity support to live independently in the community, as determined through a capacity and strengths-based assessment tool
- are not restricted in their ability to fully, and actively, participate in the community because of their residential setting (e.g. prison or a psychiatric facility)
- are not receiving similar psychosocial supports through a state or territory government program or the NDIS, where there is potential for duplication of service offerings<sup>4</sup>; and
- are aged 16 years and over, noting exceptions can be made for people aged less than 16 years subject to approval by the PHN.

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<sup>4</sup> Note: individuals who have been found eligible for the NDIS but have not activated their plan or where there are no NDIS service providers in the region, should continue to be supported.

Eligible consumers are those affected by mental illness, including mood (affective) disorders (e.g. depression, bipolar disorder), anxiety disorders, personality disorders, psychotic disorders (e.g. schizophrenia, schizotypal and delusional disorders), eating disorders, substance use disorders, and trauma-related disorders.

A clinical diagnosis is not required for consumers to access services, however relevant eligibility criteria is required to be met (e.g. consumers must not be found eligible for the NDIS).

## Key Program outcomes

Planning and commissioning of services should consider the key outcomes of the Program, as defined below:

### Short Term:

- Existing Commonwealth psychosocial support clients have continued access to support
- Streamlined and improved access to (including in regional and remote areas), timeliness and appropriateness of psychosocial services
- Improved overall consumer experience and coordinated access to holistic supports

### Medium Term:

- Improved consumer recovery outcomes
- Increased consumer capacity, confidence, self-reliance/independence and reduced distress
- Improved coordination and integration of psychosocial services within the broader mental, health and community support system
- Reduced demand for more expensive interventions (e.g. crisis services, acute or inpatient facilities) and reduced mental health related hospitalisations

### Longer Term:

- Increased social and economic participation of consumers (including carers/families)
- Improved quality of life, health and wellbeing of consumers (including carers/families)
- More people with severe mental illness able to live independently, productivity and safely in the community; and
- Improved sustainability and equity in the psychosocial support system.

## Service Delivery

### ***What services are in scope?***

Psychosocial supports services cover a range of non-clinical supports that focus on building personal capacity and stability in one or more of the following areas:

- social skills, friendships and family connections
- day-to-day living skills
- financial management and budgeting
- finding and maintaining a home
- vocational skills and goals
- maintaining physical wellbeing, including exercise
- managing substance use issues
- building broader life skills, including confidence and resilience; and
- building capacity to live independently in the community.

## ***What services are out of scope?***

The following services are outside the scope of funding:

- **Provision of Clinical or Specialist Medical Services:** Service providers and PHNs are to encourage consumers to access these services and assist with referral processes.
- **Provision of Personal Care and Domestic Help:** Support workers may assist consumers in learning how to complete household domestic activities, as well as prompt them to undertake tasks and help them find assistance to undertake tasks they cannot manage themselves.
- **Crisis Support:** Services delivered are not to manage or respond to crises. Support workers are not expected to be the contact for mental health emergencies or to manage consumers through such an event. Consumers should be encouraged and assisted to seek clinical mental health support, and supported to develop a crisis plan.
- **Capital Works:** Funds cannot be used for capital works, construction or installing facilities or fixtures.
- **Duplicated services:** Services may not duplicate existing funded activities that are primarily the responsibility of state and territory governments, or are more appropriately funded through other programs, such as NDIS or primary mental health care services.

## ***Service delivery model***

Services can be delivered through a range of formats, including individual support, place-based services (e.g. Clubhouse models), group activities and outreach support. A flexible approach should be taken to tailor supports to the needs of the consumer as they change over time. Supports can also be delivered using technology (e.g. telephone or video-conferencing).

Service delivery should support the facilitation of care coordination and clinical 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).

Some consumers may have co-occurring conditions, such as intellectual or cognitive disability, neuro-developmental disorders (e.g. autism), and/or substance use disorders. Referrals to services that can provide relevant support and assistance should be considered where appropriate.

Support needs may be episodic and may occur across a number of domains, including help with physical and mental health, employment, substance use, social isolation, family violence, access to appropriate housing, and navigating the justice system.

Some consumers may have previously experienced hospital admissions. Active consumers who may have a hospital admission should continue to receive supports on discharge to aid their recovery where they are not supported through a state/territory program.

## ***Duration of support***

Supports should be provided under a recovery-framework and should seek to provide positive consumer outcomes within an agreed period. The capacity and strengths-based assessment tool can be used to define this period.

It is anticipated that most consumers will have an initial support period of between three and six months if they do not have severe and persistent mental illness, with additional support provided if deemed appropriate, and following a support plan review.

## ***Intensity of Support***

Consumers requiring more intensive support services for a period greater than 12 months, should be encouraged to test for NDIS eligibility. This will ensure access to appropriate ongoing support and acknowledges personal circumstances may affect the duration of supports required.

The intensity of support provided to consumers is flexible and should be negotiated with each consumer based on the outcomes of the capacity and strengths-based assessment. Targeted individual support can be provided in times of increased need. This recognises some consumers may need varying levels of support over time, due to the episodic nature of mental illness.

Examples of activities that may be provided under the Program are outlined in the table below:

<b>Service Type</b>	<b>Activity examples</b>
<b>Individual supports</b>	<ul style="list-style-type: none"> <li>• Support to work towards individual recovery goals. For example, confidence to catch public transport, developing a meal plan, and accessing education and training</li> <li>• Making decisions to support with problem solving and skill-building</li> <li>• Assistance to plan, face challenges and develop resilience and management/coping strategies</li> <li>• Providing emotional support and social connection</li> <li>• Providing practical assistance. For example, accessing housing assistance or government support payments</li> <li>• Support to re-connect and improve relationships with family and friends to increase support networks</li> <li>• Assistance with navigating the mental health system and accessing other appropriate services, including transport, advocacy and housing</li> <li>• Support to test NDIS eligibility</li> <li>• Building knowledge and capacity to promote physical and mental health</li> <li>• Participating in the consumer's care team and providing advocacy support, noting the important role carers and family will often play in supporting a consumer</li> <li>• Providing opportunities to practice life skills (e.g. grocery shopping).</li> </ul>
<b>Group supports</b>	<ul style="list-style-type: none"> <li>• Psycho-educational groups covering emotional wellbeing promotion activities, such as mindfulness and self-care</li> <li>• Information sessions aimed at enhancing daily living skills (e.g. budgeting, nutrition)</li> <li>• Visits from other service providers and organisations to provide information on services, eligibility and referral pathways</li> <li>• Visits to continuing education centres to explore study options</li> <li>• Opportunities for social connection and skill building, including participation by families, carers and friends in activities, such as:               <ul style="list-style-type: none"> <li>○ Art/craft activities</li> <li>○ Cooking classes</li> <li>○ Gardening groups</li> <li>○ Drop-in spaces.</li> </ul> </li> <li>• Opportunities to make a contribution and engage in meaningful activities, such as volunteering</li> <li>• Exercise/physical activity groups (e.g. dance, walking, yoga)</li> <li>• Excursions to community events and cultural experiences.</li> </ul>



## Service Navigation

Early and easy access to health services are key factors in promoting positive health outcomes and sustained recovery, particularly for people with severe mental illness who are at higher risk of experiencing chronic disease and other health conditions.

PHNs will be funded for 1.5 service navigation positions in their regions and will be responsible for planning and commissioning supports that include:

- consumers, families and carers having a better understanding of the service options available across a range of service domains
- consumers having increased choice in accessing a broader range of relevant health and support services to achieve recovery goals and manage their conditions on a day to day basis in the community
- support for consumers to access and engage with dedicated and specialised support services to meet their social needs, particularly access to safe and appropriate housing
- General Practitioners (GPs), program managers and service provider staff having a better understanding of services available in their regions to support the social, mental and physical health needs of with severe mental illness and promote effective multi-disciplinary care
- PHNs, Local Hospital Networks and Local Area Coordinators develop a joint understanding of psychosocial consumer referral pathways, available supports, service gaps and emerging issues. Where there is capacity, strategies are implemented to mitigate identified barriers to this objective
- help is provided to consumers, together with their families and carers, to access the supports needed to promote mental and physical health; and
- consumers are assisted with accessing stable, safe and appropriate housing, given the strong link between stable housing and positive mental health outcomes.

Service navigation activities aim to improve integration of local health services, promote multi-disciplinary care, and make the health system more accessible to people with severe mental illness and associated psychosocial disorders.

PHNs should establish coordinated referral processes to support consumer access to psychosocial, clinical and primary health care and implement standardised consumer intake processes across providers where individual consumer mental and physical health needs assessments are reviewed against available services. This ensures all eligible service information is provided to consumers, their families and carers to assist the consumer with health care access. Carers and families of consumers should also be provided with support information, such as a referral to the Carer Gateway at [www.carergateway.gov.au](http://www.carergateway.gov.au).

Where PHNs have already commissioned similar services and models that support the new funding and activities, PHNs may choose to extend or supplement these services rather than establish separate or new programs provided the outcomes outlined in the guidance material can be met.

Where PHNs have implemented the Initial Assessment and Referral guidance, service navigation activities may be integrated into established processes to support the referral of consumers with psychosocial support needs into a stepped care service model.

## Regional loading

Regional weighting to funding levels has been applied in relation to consumers living in outer regional, remote and very remote Australia. This is in recognition of the higher costs of delivering services in these areas, and is intended to improve service availability for people with severe mental illness in those communities.

## NDIS testing support

PHNs will be provided with NDIS testing support funding to test the eligibility of participants who appear to meet NDIS eligibility guidelines. This support assists consumers with collecting the evidence to submit an access request and to 'walk with consumers' while they take part in this process. Funding is provided for up to 30 per cent of consumers to test/retest their eligibility for the NDIS each year. It is at the discretion of the service provider/PHN to determine when this testing support is necessary.

## Capacity and strengths-based assessment tool

Service providers will undertake a capacity and strengths-based assessment of consumers within six months of Program commencement to assess suitability, identify support needs and goals and the period of time they will likely require supports<sup>5</sup>.

PHNs and service providers will work to ensure that intake processes are person-focused, culturally safe, and conducted at a pace that consumers are comfortable with.

Based on the assessment and determination of eligibility, an individualised support plan will be developed together with the consumer, which should outline the following:

- the consumer's strengths and existing supports
- the consumer's recovery goals and support needs
- activities to be undertaken to achieve recovery goals and meet support needs
- services to be referred to, if needed; and
- a care/crisis plan in the event the consumer becomes unwell or crisis occurs, noting a family member or carer may play a critical role in supporting a consumer in such events. This care plan should also include information such as treating GP and/or other services to better facilitate whole of person care.

Support plans should be reviewed regularly as well as following any significant events in the life of the consumer which may affect their support needs.

## Consumer engagement and movement

Where a consumer disengages from the Program or cannot be reached, a genuine attempt should be made to contact the consumer and offer additional or alternative supports.

If the consumer cannot be reached after a period of three months and after at least three contact attempts in this time, the consumer should be formally exited from the Program. If there is permission to contact a family member/carers, then it would be appropriate to contact that family member/carers.

Soft re-entry points should be established to enable streamlined re-entry to supports as required, noting there may be waiting lists. PHNs, or service providers on behalf of PHNs, should maintain waiting lists to be able to report accurate information and advice on local unmet demand to the Department of Health. Soft re-entry allows the Program to support a greater proportion of the community during episodes of increased need.

Consumers who no longer meet the required eligibility criteria (e.g. have been found eligible for the NDIS), should be notified and supported to transition from the Program to other supports as appropriate and available.

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<sup>5</sup> Note: Consultation on a standardised assessment tool is currently underway with PHNs prior to implementation.

## ***Movement between PHN regions***

Where consumers move between regions there should be, where possible, a 'warm handover' between service providers to ensure the consumer, family and carer can fully participate in this process. PHNs will need to be informed by the service providers as this may impact on service capacity.

## **Commissioning**

There are a number of sectors central to the success of providing psychosocial supports. These include primary care (health and mental health), state and territory specialist mental health systems, the mental health and broader non-government sector, alcohol and other drug treatment services, income support services, as well as education, employment and housing supports.

PHNs, in consultation with community mental health service providers, states and territories, clinical services, and carers, should commission and coordinate services based on local needs, and what services and supports are already available.

Ideally, services should be embedded within, or linked to, clinical services to support a multi-disciplinary approach to meeting the needs of people with severe mental illness, and form part of a multi-agency care plan. PHNs should review their regional and suicide prevention plans when undertaking service needs analysis and activities and take into consideration the needs of people with co-occurring health conditions and dual diagnoses, such as intellectual disability, acquired brain injury and autism spectrum disorder.

## **Standards and guiding principles**

Service providers are required to operate in accordance with (and where appropriate, be accredited against) any service, professional, and/or workforce standards that may be relevant to their organisation, including:

- *National Standards for Mental Health Services 2010*
- *National Practice Standards for the Mental Health Workforce 2013*
- *A national framework for recovery-oriented mental health services: Guide for practitioners and providers, the NDIS National Recovery Framework (2021)*, and
- *National Safety and Quality Standards for mental health (2017)*.

The delivery of activities is underpinned by the following guiding principles<sup>6</sup>:

- **Recovery focussed:** Services will operate under a recovery framework by increasing choices and opportunities for consumers to live a meaningful, satisfying and purposeful life.
- **Flexible and available:** Consumers should feel comfortable contacting support workers at times of need and should play an active role in choosing the frequency of contact and setting, pace and delivery of supports.
- **Regular and reliable:** Regular contacts provide opportunities to build routine, continue steady progress towards goals and build confidence. Services are expected to demonstrate reliability by keeping appointments, following through on offers of support, and returning calls within reasonable timeframes.
- **Proactive:** Services should be proactive in initiating contact and advocating on behalf of consumers. Proactive service provision can assist in building trust and rapport and support consumers to feel comfortable with accessing services.
- **Based on genuine understanding:** Services should endeavour to understand the story and experience of each consumer. Training in mental health, as well as a capacity to listen without stigma or stereotyping can help ensure consumers feel heard, seen and understood.

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<sup>6</sup> Evaluation of National Psychosocial Support Programs, *Voices of Lived Experience findings* - University of Sydney, 2020 (unpublished)

- **Respectful, authentic, positive:** Services should be delivered in a manner that supports consumer engagement and promotes hope, and the development of positive, motivated, partnerships.
- **Valuing the lived experience of mental illness:** Recognising the importance of the peer workforce.
- **Person-centred:** Services should address the specific support requirements and goals of the consumer, while building on strengths to empower consumers to take an active role in their recovery journey.
- **Clear and transparent:** Consumers should be provided with information on the program processes and service options. Planning and delivery of programs and services should be conducted in partnership with consumers and their families and/or carers.
- **Cultural safety:** Services should be delivered in ways that are culturally appropriate, safe and relevant for specific groups including First Australians, people from Culturally and Linguistically Diverse communities and people who identify as LGBTIQ+.
- **Strengths-based:** Services should focus on the strengths, abilities and resources of consumers to build resilience and increase capabilities and wellbeing through social and environmental opportunities.
- **Trauma-informed:** Services will be delivered under a trauma-informed framework promoting safety, trust, choice, collaboration, respect and empowerment.
- **Complementary to existing service systems:** Service providers should build and maintain strong linkages and partnerships with local health and social services to streamline referral pathways, facilitate services for consumers, and build complementary support systems.
- **Clinically integrated:** Service providers should ensure consumers have opportunities to improve their mental health outcomes, including access to clinical mental health services. Service providers can assist consumers with accessing these services and engage in a multi-agency care team approach to ensure integrated and holistic service delivery.

## Arrangements for reporting and data

Specific data collection requirements for the Program will be set out in funding schedules. PHNs will provide:

- service and outcome data provided through the Primary Mental Health Care Minimum Data Set (PMHC-MDS)
- 12-month reports via the *Primary Health Networks Program Electronic Reporting System* (PPERs), taking a targeted approach to capturing information pertinent to understanding effectiveness measures and areas of improvement.

PHNs are no longer required to report through the Transition Reporting Information System (TRIS) portal after the last report is submitted, as NPS-T arrangements ceased on 30 June 2021. Information on testing and retesting support and exits to the NDIS will be captured in the 12-month reports provided by PHNs.

The Department of Health will continue to monitor the data collected to measure the effectiveness of the Program.

### **Critical Incident Reporting**

PHNs must ensure that all critical incidence reporting is included. They should inform the Department of Health of critical incidents such as serious complaints, unnatural death of a consumer, staff or carers. PHNs may be asked to provide further information.

PHNs should analyse critical incident information to inform service improvement through the implementation of preventative measures and responses to adverse events.

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All information in this publication is correct as at 12 August 2021

