COMMUNITY MENTAL HEALTH AUSTRALIA

Design of Individual Supports for People with Psychosocial Disability Project

Stakeholder Feedback

December 2015

Executive Summary

The Individual Supports Design Project (the Project) is a collaboration involving the National Disability Insurance Agency, Mental Health Australia and Community Mental Health Australia. The Project has been established to document optimal packages of individual supports for people who have a psychosocial disability associated with a mental illness. In order to best equip the Project to produce a report summarising the project outcomes, the following pieces of investigative work were commissioned, namely:

- Development of a report investigating typical support packages (prepared by Synergia Consulting)
- Stakeholder feedback (prepared by Jane Forward Consulting)

Stakeholder feedback provides valuable insight into current performance, as well as future needs and opportunities. This report presents the key findings of feedback from mental health consumers, carers, service providers and other informed stakeholders across Australia.

In September 2015 in Queensland, New South Wales, Australian Capital Territory, Victoria, Tasmania, South Australia and Western Australia, and in November 2015 in the Northern Territory, 173 individuals participated in consultation workshops organised and hosted by the peak bodies in each jurisdiction. Consultation materials were developed using a building block framework for individual psychosocial disability supports contained in the Synergia report (Appendix A), individual case stories (Appendix B), example NDIS individual supports mapped by the NDIA to the building block framework (Appendix C) and learnings from the trialling of preliminary materials conducted in Victoria, the ACT and South Australia in June. The correlated results of these workshops are at Appendix D.

Workshop engagement processes in each location varied dependent on local needs and preferences, but all addressed the following research questions:-

Identify the optimal individual supports.

- Identify the types of optimal supports currently listed under each building block.
- Do they cover the full range, if not identify the additional supports required.

Mapping examples - NDIA supports for people with psychosocial disability

- Identify gaps in the NDIA example supports.
- Suggest clarification of language and definition to the NDIA example supports.

Building Block descriptions

- What, if any opportunities exist to further strengthen the description of the Building Block functions of support?

A strong correlation of response was found throughout the data, with overwhelming feedback that the development of an optimum list of supports can only be achieved once three overarching themes have been addressed, namely:

Theme One: Engagement, preplanning and readiness

It was perceived that the NDIS structure connects with participants under an assumption of 'readiness' or 'preparedness' for planning. Participants expressed that many, if not most, people with psychosocial disability won't be ready to engage in an adequate conversation with a NDIA planner the first, second or third time that they meet. Instead, investment is required to support the person work through a range of issues before they can identify how they might best take advantage of the NDIS and what supports they will need in the long term to help them realise their goals and aspirations. The current 'preplanning workshops' delivered by the NDIA or other initiatives currently offered to educate and support people understand the NDIS, do not target the development of capacity to a point of the participant being recovery-ready. Through 'engagement/preplanning and readiness' investment more efficient and effective plans will be developed, yielding better outcomes.

These supports go beyond information exchange and could include, but are not limited to

Table1: Short term, entry plan support items

Support	Explanation
Access and Engagement	Building rapport and the development of a trusting relationship. Assertive outreach and culturally appropriate engagement mechanisms. Trauma informed engagement process.
Recovery Planning	Development of participant narrative as to what recovery means to them.
Preplanning	Being ready to have a plan conversation *'Supporting someone to work out their 'wants' and 'needs' is an experiential process, not an interview process. It takes time, skilled workers and advocates to ensure the participant's voice is truly being heard.'(Victoria)*
Capacity Building	Supported decision making, self-advocacy and advocacy.
Support Facilitation	Identifying support needs. Assisting with coordinated care and community based recovery. Collaborating with support and service providers. (Partners In Recovery was provided as a good example of how this can occur)
Peer	Strengthening of connection and recovery planning.

Theme Two: Recovery framework

Participants felt that the current workings of the NDIS have yet to be fully governed by principles of wellness, person centred, recovery, family inclusivity, culturally secure and trauma-informed. Application of these principles focuses on the development of strengths and wellness, shifting away from models of impairment and deficit. Participant feedback was that while the Building Block Framework provided a conceptual framework that assisted understanding some specific characteristics for mental health in the NDIS neither it nor the supports identified by the NDIS appear to be fully congruent with these principles. Evolution of the foundational ideology to a recovery framework would see increased flexibility (supporting better planning and responses to the episodic and fluctuating nature of mental illness), increased capacity for review with increased capacity to respond to the episodic presentation of acuity and periods of relative wellness and illness. Once the scheme is delivered through this different lens it becomes apparent that a high level of skill and sophistication is required in the delivery of recovery-oriented psychosocial services, which should supported by the pricing structure.

Theme Three: Co-design, co-evaluation and co-delivery

Participants stated that for true 'choice and control', things need to be done, with people not for them. This can only be achieved through the development of a relationship which takes time and investment; as such the consumer and the staff member must meet often, over a period of time, in a manner which is flexible, may include outreach and is based on a solid understanding of mental health and demonstrated skill in engaging with mental health consumers. Under this methodology relationships are stable and transition with the consumer along their journey and can be evidenced by a strong occurrence of consumer advocacy and investment in the development of stable and supportive relationships based on mutual trust and respect.

Language

In addition to the identification of additional support items, participants reviewed current use of language within the scheme and opportunities for improvement. Stakeholders were unanimous in a belief that there is significant opportunity to improve language, in the use of definitions and descriptions that are familiar to the lived experience of psychosocial disability and that promote recovery and growth.

A consistent theme was that language needed to honour the strengths that individuals, carers and families have and to support models of aspiration, recovery and wellness. Stakeholders identified the following additional supports to the suggested list provided in the Synergia report and to the current NDIS example of draft supports, incorporating descriptions and definitions in language reflective of recovery and growth:

Table 2: List of additional supports and descriptions for inclusion in NDIS example supports

Suggestions for individual psychosocial disability supports contained within the Synergia Report		**DRAFT Examples of the outcomes and supports used in NDIS plans**		**Additional support items identified by consultation participants (stakeholders)**
Building blocks	**Suggested supports for people with psychosocial disability**	**Some examples of outcome domains (linked to reporting) that will be in an NDIS plan**	**Some examples existing NDIS support items that a participant could choose to use**	
				Extra layer of supports to be included - *Short term, entry plan support items* (Refer Table 1, above for detail)
Building Block 1. Person-centred planning and self-direction	Individual engagement and capability development support: A confidence and skills development support that can work in people centred advocacy and support roles in	Support to improve daily living skills support items Support to improve my home arrangements Support to improve	Coordination of supports (including higher intensity rates) Training in planning and plan management Development of skills for community, social and recreational participation	Recovery support coordination (similar to Partners in Recovery (PIR) support worker role). Supported Decision Making and advocacy would be key supports in this area Support to plan for next NDIS plan

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	developing the planning partnership with services Family/carer education and skills development support Aligned/shared psychosocial support planning Self-directed plan initial implementation and execution support Support coordination: that provides continuity and review components and escalation support processes	health and wellbeing Support to plan and choose preferred options	Mentoring and peer support, focussing on individual skill development to improve personal skills Training for carers Training for carers and others in behaviour management strategies Individual social skills development Assistance with decision making, daily planning, budgeting	period Education in planning and plan management Crisis response coordination and support (risk assessment and mitigation strategies) Facilitation of integration, coordination and inclusion; the inclusion of carers, family, and other natural supports Bridging the gap between clinical referral and uptake – transportation, transitional support, system navigation, development of trusting relationship
Building Block 2. Promoting independence and functional gain	Support to find, get and keep a job - Individualised Placement and Support and beyond Support in life-long learning: vocational or other training supports	Support to find, get and keep a job Support to improve my home arrangements Supported independent living	Employment preparation and support in a group Individual employment support Assistance with accommodation and tenancy obligations Transition to school and other	Independent living and planning support e.g. paying rent, bills and food – initial and ongoing as needed to ensure things aren't overlooked during periods of crisis– maintaining a household Pet therapy

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	Housing options support, including investigation of suitable independent housing arrangements desired by the individual and assistance to maintain a tenancy or living arrangement Opportunities for community engagement and social inclusion Peer support (more about this later in this report)	arrangements Support to improve access to social and community activities Support to improve daily living skills	education programs – program design, planning and implementation Assistance in a shared living arrangement Short term accommodation and assistance in centre or group residence Development of skills for community, social and recreational participation Assistance to access community, social and recreational activities Assistance with decision making, daily planning and budgeting Skills development in a group Mentoring and peer support, focussing on individual skills development to improve personal skills Individual assessment and/or therapy	Interpersonal skills development Respite and accommodation Recovery-oriented practice Facilitation of integrated response Support to employers Peer worker/support to assist recovery, hope and positivity Psycho-education and recovery for individuals, carers and supports CBT and other therapies to manage disabling effects of mental illness

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Building Block 3. Developing and maintaining resilience and self-care	Supports to improve health and wellbeing: promoting good physical as well as mental health Supports to improve relationships, including carer training and family intervention services Support for peer support services Support to plan and choose preferred options (particularly where this care is provided by agencies other than the NDIS) Assistive technology such as e-mental health supports, designed to provide private and easy to use self-care support Support to improve daily living skills - tailored to meet fluctuating	Support to improve health and wellbeing Support to plan and choose preferred options Support to improve daily living skills	Exercise physiology in a group Personal training Exercise physiology Training for carers Individual life and personal skills development Mentoring and peer support, focussing on individual skills development to improve personal skills Coordination of supports (including higher intensity) Individual assessment and/or therapy Development of skills for community, social and recreational participation Assistance to access community, social and recreational activities Assistance with accommodation and tenancy obligations	Support for diversity of individual life experience and identity Support to address self- stigma One-on-one support for rural and remote services Cultural responses Resiliency support/training Use of technology – e.g. Apps for training or remote alert Support to carers e.g.: self-care, respite, counselling Capacity building – self care Peer support with self-care, strategies to manage disabling effects of mental illness Psycho-education and support with strategies to manage anxiety and other disabling psychosocial issues including peer-led Recovery training CBT and other therapies to

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	participant requirements Support to improve access to social and community activities: focused on community engagement and social inclusion		Assistance with decision making, daily planning and budgeting Skills development in a group	manage disabling effects of mental illness Strengthen and develop support networks Building strengths to solve own problems Alcohol, tobacco and other drug support and treatment Sexual and physical health advice and prevention Work readiness skills
Building Block 4. Mental health services/net work support	Regular or 'relapse' planning including family, peer support and clinical input as appropriate Flexible step up 'call in' support e.g. through peer workers to help stabilise and utilise individual and social strengths, recognition of increased time demands on this providing daily living	Support to plan and choose preferred options Support to improve daily living skills	Support coordination (including higher intensity) Assistance with decision making, daily planning and budgeting Mentoring and peer support, focussing on individual skills development to improve personal skills Development of skills for community, social and recreational	Proactive and collaborative planning – what to do when participants feel out of control Training to recognise early warnings/trigger signs Extra supports – maintain and sustain critical relationships Continual wellness and recovery plan Regular review planning as

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	support Include additional volume of support in an NDIS plan if respite is needed Support to plan and choose preferred options: focused on helping to stabilise housing and employment and prevent additional stressors and coordination and navigation support to help access clinical or other service supports		participation Short term accommodation and assistance in centre or group residence	scheduled with the NDIA plan Increase supports as needs arise To cope with additional stressors Coordination of supports to access clinical or other services supports Case coordination Planning support for holiday periods Facilitation of integrated care Maintenance of relationships with supports during periods of hospital or residential care Including the role traditional healers Preserving the aboriginal connection to country and elders
Building Block 5. A coordinated response to mental	Inclusion of proactive planning for response to an acute phase of distress (e.g. maybe initiated once building block four has been triggered). A support coordination	Support to plan and choose preferred options	Support coordination (including higher intensity) Assistance with decision making, daily planning and budgeting Mentoring and peer support, focussing on individual skills	Support for integration facilitation/coordination, inclusive of natural supports, service providers, primary and allied health Action planning – how to capitalise on periods of wellness as well as agreed

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illness	response package that can be triggered by an Emergency Department attendance or admission to help cover time in liaison with health services and organise or coordinate changes in individual support services. Similar arrangements may be necessary with Crisis Assessment and Treatment Teams operating as part of the existing mental health system. In-reach support response package that can cover the maintenance of contact, e.g. with social service provided peer support. A flexible 'stand-down' support package that can be used help to maintain		development to improve personal skills Development of skills for community, social and recreational participation Short term accommodation and assistance in centre or group residence	identification of triggers–planning and supports Engagement ('buy in') with remote communities to assist with identifying and understanding the type of support available in communities Engagement, planning, selection and scheduling supports Concept of "hospital in the home" – medications / support Preplanning and trusting relationships Advocacy for individuals/carers/families Carer/family/significant other support Advanced care directives Involvement of supports in clinical decisions/conferences (carer/family/friends) Legal assistance

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	and stabilise essential social support structures that would otherwise jeopardise or delay return to home and prior level of functioning achieved.			Home maintenance/pet care/home safety during periods of sickness Triggers for increasing support coordination need to be articulated in plans Plan must cover acute phases of distress and support to stay at home i.e. • Anticipatory planning – 24/7 • Medication support – 24/7 • Advocacy for appropriate housing allocation • Emergency responses/training – educational emotional CPR for emergency staff, paramedics and nurses • How to connect • How to facilitate a person's needs (empowerment) • Vitality to re-engage with community • Coordinated response to mental illness not a useful descriptor – coordinated response to service

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				system - as in coordinated between various clinicians, service provider, client and support system (family, partner etc.) • Use of technology to coordinate supports/responses

Conclusion

In conclusion, a shared belief was held that while there are specific support items and important language requirements for psychosocial disability in relation to the NDIS, outcome improvements of the NDIS will ultimately be achieved through the development of an insurance scheme system which is flexible, develops meaningful relationships with participants, allows them to return at multiple review points, focuses on strengths not illness and is founded on concepts of person centred, family inclusive, culturally secure and trauma informed support.

Correlated Consultation Responses (NT)

ALICE SPRINGS WORKSHOP

CURRENT SITUATION:

- Too many agencies providing individual services which can be confusing ie, 2 or 3 agencies/organisations catering to the needs of the individual. The services seem to be fragmented.

- The loss of the Commonwealth Rehabilitation Service (CRS) has been difficult as CRS provided a more co-ordinated service. A participant described how an individual's whole of life needs was investigated and assistance was provided.

- There are difficulties in qualifying for services due to age, range/type of disability, or co-morbidities.

- There are currently time delays in accessing services.

INDIVIDUAL PACKAGES:

- The introduction of individual packages will need to allow for sufficient time to build trust and respect. Packages need to have negotiated timeframes built in to give the individual the continuity of care that is needed to get well.

- Signing an individual package could be an issue if the person is suffering psychosocial disability as people may be too unwell and unable to understand what they are signing.

- Individual packages need to incorporate counselling sessions. While the examples under the 'building blocks' do mention 'individual assessment and/or therapy' it is important that counselling by suitably qualified and skilled staff is part of the

packages. Participants also mentioned the need for counselling and support for conditions such as post-natal depression and post-traumatic stress syndrome.

- There was concern expressed that services would be uncoordinated especially with people living with co-morbidities such as chronic disease and alcohol related issues. Co-morbidities need to be recognised as part of individual packages, with the continuation of services that may include specialist workers such as AOD counsellors.

- Participants stated that packages need to be managed by one coordinator who works on behalf of the individual receiving the individual package. This approach would help support the person through the fragmented services such as housing, Centrelink, AOD rehabilitation centres and health clinics.

- Participants also suggested the use of life coaching services and mentoring as part of the road to recovery.

- Participants were interested to know if the following services would be part of individual packages:
    - massage therapy
    - meditation and yoga sessions
    - return to country on an regular basis for Indigenous people and cultural activities which maintains the connections to country
    - peer support and training for peers

- Individual packages need to be firmly focused on wellness, strength, recovery and be family and culturally inclusive and trauma informed.

- Participants raised concern regarding having to work with the NDIA and the possibility of a rigid and bureaucratic system that may not be easily understood.

- The guiding NDIS principles of choice and control will be difficult for some people and a high level of planning and support will be required to help people transition to the idea that they will have control over their individual packages. Would existing service providers eg MHACA staff be funded to support current clients for this planning stage?

- The group discussed the different level/type supports that are needed at different points as people move through periods of wellness and illness. There was a concern expressed regarding adequate funding for these supports. Participants provided the following suggestions:
    - funding a provider to help someone develop an advance directive, in period of relative wellness; and
    - funding a provider to advocate on someone's behalf, with the intensity increased when someone is becoming unwell and when they are acutely unwell.

- There was also discussion about the level of skill required to deliver recovery-oriented psychosocial services, and concerns that the supports outlined would not fund workers at the right level for example, the high skill level and sophistication required to deliver recovery-coordinated psychosocial services is not currently reflected in the pricing catalogue.

- Participants also discussed the stigma that is attached to mental illness and how it holds people back from recovery. The stigma follows you through your life and can be debilitating, as it can hold you back from accessing services such as training, housing, and employment.

Q1. (a) **What are the features of good psychosocial supports?**

- Having good coordination throughout the individual package
- Integration into community life as part of the support
- Having transition services throughout the package is important
- Having long term good advocacy/mentor support.

(b) **What should packages of support under the NDIS look like for people with psychosocial disability?**

- Coordinated by one person
- Person centred services and support
- To have dignity and respect built into the support package
- Ability to cut through the 'red tape' to access services

(c) **What do you think is missing from the services you currently receive**?

- Coordination of services
- Lack of information on who is doing what and who is responsible/funded to deliver services
- Building resilience

- Developing integration of services

Q2. **What do you think is needed to be taken into account for providing psychosocial support in rural and remote areas?**

- Participants discussed the requirement to build local capacity within organisations/agencies to better support individuals. Recruiting, training and retaining good staff is an ongoing issue for rural and remote areas.
- There is a lack of specialist services in rural and remote areas and Alice Springs experiences a lack of services.
- Funding organisations to run participation programs and to develop recovery framework programs such as:
- personal life skills
- building resilience
    - empowering the individual to take control while ensuring the provision of ongoing and appropriate support

Q3. **What do you think is needed to be taken into account for people with psychosocial disability in regard to support - particularly cultural issues?**

- Ongoing training for all staff. Training needs to be targeted and culturally appropriate for the client group.
- Capacity building and the ability to train local people to support people living with psychosocial disability within remote communities.
- Engagement ('buy in') with remote communities to assist with identifying and understanding the type of support available in communities, including the role traditional healers play in the lives of people living in remote communities.
- Preserving the connection to country and elders as a high priority.

TENNANT CREEK WORKSHOP

Question 1:

(a) What features do you think are good psychosocial supports?

The group spoke about informal and paid services.

Informal Services would include – support of families, community based activities and general community support.

Paid Services – included local services such as Aboriginal Medical Services, Aboriginal Services such as housing, aged care, Men's shed and Men's groups and Mental Health Teams either from the NGO sector, like Catholic Care or the NT Department of Health.

A new swimming pool has recently open in Tennant Creek which everyone felt was positive for the town.

b) What should packages of support under the NDIS look like for people with psychosocial disability?

The group discussed good informal and formal networks within packages. To make sure any new staff members understood the informal and formal networks available and how to use and coordinate the packages to suit individual's needs

(c) What do you think is missing from the services you currently get under the NDIS?

There is a lack of flexibility and clarity around line item 20

Question 2:

What do you think is needed to be taken into account for providing psychosocial support in rural and remote areas?

The group spoke about building local capacity and having a good understand of current service providers, and the type of service they provide. There are several service providers in Barkly region, which could or are being utilised;

- Barkly Regional Council
- The HACC program
- Aged Care Services
- Aboriginal services, who are already delivering and developing local workforces

Question 3:

What do you think is needed to be taken into account for people with psychosocial disability in regards to support especially cultural issues?

Training for non-Indigenous staff, training needs to be target and culturally appropriate for the client group.

There needs to be ‘buy in’ from the Communities with people living with psychosocial disability on the type of supports within the community.

Build capacity and train local people and to have a pool of locally trained people from different language groups to work within culturally appropriate relationships.