

Optimising Psychosocial Supports

PROJECT REPORT

**Mental Health
Australia**



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AN INITIATIVE OF:

Aftercare, Flourish Australia, Mental Illness Fellowship of Australia, Mind Australia, Neami National, New Horizons, Star Health and Wellways



WITH FINANCIAL ASSISTANCE FROM THE:

National Mental Health Commission



Australian Government
National Mental Health Commission

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PROJECT REPORT

The *Optimising Psychosocial Support Project* brings together – for the first time – the service level data from Government funded programs to present a picture of how people with psychosocial disability were supported in ‘pre-NDIS’ programs.

Background

The National Disability Insurance Scheme (NDIS) is a new and welcome system of support for mental health in Australia. Review and refinement of the NDIS to better address the needs of people with psychosocial disability is an important activity that the National Disability Insurance Agency (NDIA) is undertaking.

Prior to the introduction of the NDIS, the delivery of psychosocial support services to people with psychosocial disability was shaped by Commonwealth and State/Territory government policies and funding arrangements. In 2006, all Australian governments substantially increased their community based mental health programs to support the psychosocial needs of people with severe mental illness.¹

By combining the service level data with the service experience from those programs, the *Optimising Psychosocial Support Project* (the project) provides a rich and valuable evidence base to augment and support the NDIA’s work to deliver the most appropriate support for people living with psychosocial disability who are eligible for the NDIS.

The project is an initiative of eight organisations that provided psychosocial services and support coordination under the range of government programs that were in place before and since 2006.

Aftercare, Flourish Australia, Mental Illness Fellowship of Australia, Mind Australia, Neami National, New Horizons, Star Health and Wellways funded the project and provided significant in-kind input in the form of service level data, expertise in service delivery, and governance of the project. The National Mental Health Commission also provided some financial support. Consumers and carers provided expert advice and were involved in the governance of the project. Three clinical and disability experts provided advice and a broader perspective to the deliberations (see Attachments B, C and D for information about the governance arrangements).

Results

The results of the project are:

- Proposals to amend aspects of the NDIS Price Guide to recognise the distinctive characteristics of psychosocial support services
- A preferred approach to assessing the needs of people with psychosocial disability when planning support packages
- An approach to constructing typical support packages to support need associated with varying levels and duration of psychosocial disability.

1 Council of Australian Governments. *National Action Plan on Mental Health 2006-2011*. 14 July 2006

Key points

- The project presents evidence in respect of people who are likely to meet the eligibility criteria in the *National Disability Insurance Scheme Act 2013* (the NDIS Act).
- Even though the principles of *functional limitation and permanence of disability*² are not typically applied in the mental health sector outside the NDIS context, the project offers evidence that can assist the NDIA in managing the conceptual integration of those principles in the NDIS response to psychosocial disability.
- The scheme architects recognised that good practice would evolve. In deciding whether supports will be effective and beneficial for a participant the CEO of the NDIA is required to consider available evidence, including consensus of expert opinion, and to take account of that evidence³.
- The NDIA has recognised there are improvements that can be made to the NDIS approach to psychosocial disability⁴.
- The project provides the NDIA with a readymade source of evidence that brings together reference literature, lived experience, expert opinion and analysis of data from government funded psychosocial support programs with a similar cohort and intent to the NDIS.
- The project outputs have been designed to match current NDIA practices:
 1. the list of support services has been constructed using the NDIA Price Guide CSV file
 2. the 'typical support packages' have been created to align with what we believe the NDIA is utilising.
- The assessment process for planning support packages requires a specific approach underpinned by a different assessment tool to that used for determining eligibility for the scheme.
- A recovery oriented approach will be achieved with phased packages of support that provide up-front investment to establish a foundation of support, followed by investment at a later time to encourage social and economic participation.

The methodology

To devise an optimal support profile for people with psychosocial disability to maximise the benefits of NDIS investment for them and the broader community, the project used:

- A review of the available academic literature on psychosocial support
- Collection, collation and aggregation of service level data
- Expert opinion – lived experience, academic and service delivery and
- The documented architecture of the NDIS – to ensure the results of the project are relevant to the NDIS.

The service level data was aggregated and analysed to look for patterns in different groups of individuals who had received services at different levels of monthly support. This method identified a range of socio-demographic variables such as age, gender, principal diagnostic category and employment status that were predictive of tiers of support need.

2 Eligibility requirements set out in section 24 of the *National Disability Insurance Scheme Act 2013*

3 Rules 3.2 and 3.3 of the *National Disability Insurance Scheme (Supports for Participants) Rules 2013*

4 National Disability Insurance Agency. *From the CEO 11 October Update*. <https://www.ndis.gov.au/news/from-ceo/oct11.html>

The project presents evidence in respect of people who are likely to meet the eligibility criteria in section 24 of the NDIS Act, even though *permanent* (or likely to be permanent) *impairment* that results in substantially reduced *functional capacity* are principles traditionally not applied in the mental health sector. It did so by:

- Using data about services provided under psychosocial programs similar in their intent to the NDIS
- Creating tiers of support to align with what we believe the NDIA has created.

The National Mental Health Services Planning Framework (NMHSPF) was used to validate the method, and to create thresholds for different categories of support need.

Data collection and analysis

Service level data for services provided in 'pre-NDIS' programs was collected from the eight project partners for aggregation into de-identified client activity.

Approximately 50,000 data records covering the last seven years were provided for the project with internal data fields populated to varying degrees. Differences in coding practices and in the prioritisation of data entry meant many records were excluded from the final analyses.

A subset of data was constructed from records of activity utilisation and support hours from Commonwealth and State and Territory programs whose intent and participants are likely to have some overlap with NDIS participants. Records were excluded as follows:

- without an entry or exit date
- where services were provided for less than three months
- where a psychosocial related disability was not a primary diagnosis or secondary diagnosis
- the average hours of support per month were less than zero – to exclude records that were 'assessment only' records that were still considered active in the agencies database, although no follow up support had yet been provided.

Following the exclusion exercise, 12,920 records remained in the data set from the following program types:

Program	No. of records
Personal Helpers and Mentors	2,031
Partners In Recovery	227
Day to Day Living	1,075
Rehab and Recovery Services	635
Individual Client Support Packages (CLS, ICSP, IPRSS)	5,389
Housing Support Programs (HASI, HASP, Doorways, HBOS)	3,563
Total	12,920

This data set allowed comparison of demographic characteristics, assessment tool scores, diagnostic categories and support activities against the parameters that the NDIA works within.

While outcome data was not available from all project partners, a substantial data set was created of initial 'outcome type' measures even though many did not have follow ups that could be compared. This provided useful assessment data on met and unmet needs, and on presenting circumstances.

The data set was available to support or challenge positions taken by the Project Expert Group (see Attachment C). Analysis of the aggregated data was used to present propositions to the Project Expert Group and resolve any dissent within the Group.

Support purpose types

The psychosocial support sector has a heavy orientation towards a recovery framework in its approach to psychosocial disability. This framework focusses on a positive orientation towards a recovery from illness and re-engagement with society. It was therefore difficult to compare the NDIS concepts of 'core' and 'capacity building' support purpose types with the way services are delivered to people with psychosocial disability in a contemporary, community based setting.

It is accepted that the support purpose types apply to the whole NDIS and that it might be difficult to partition changes just for one cohort of participants. Therefore, an alternative interpretation of support purpose types for individuals streamed into the psychosocial disability pathway is offered, while still keeping as close as possible to the overall architecture of the NDIS Price Guide architecture.

An emphasis was placed on performance outcome 1 and its key performance indicators in the *COAG Intergovernmental Agreement (IGA) Annex on the Integrated NDIS Performance Reporting Framework*: Outcome 1 – People with disability achieve their goals for independence, social and economic participation.

Expert and lived experience (see Attachments C and D) opinion gathered through this project indicates that:

- Outcome 1 and its performance indicators are best achieved by activities that are listed under the 'capacity building' supports in the NDIS Price Guide and CVS files.
- The delineation between '*assisting* social and community participation' as a core activity and '*increasing* social and community participation' as a capacity building activity is relatively arbitrary, and does not support the NDIA's current practice that sees 'core' activity the predominantly funded activity for people with psychosocial disability.
- A recovery oriented approach for participants in the psychosocial disability service stream should have two phases:
 1. Stabilizing and establishment – where foundational activities support the person to establish solidity of support
 2. Building and improving – where the person is supported to achieve their goals for independence and social and economic participation.

An improved NDIS approach to people in the psychosocial disability pathway would apply an alternative interpretation of the support purpose types thus:

'Foundational' as an alternative interpretation of 'core'

'Capital and Innovation' as an alternative interpretation of 'capital'

'Participation and Independence' as an alternative interpretation of 'capacity building'.

Psychosocial services

One objective of the project was to create a list of optimal psychosocial support services. The NDIS Price Guide (being the group of documents⁵ that set out the range of activities that can be purchased with NDIS funding) was used as the foundation for this work. The project provides the NDIA with a suite of new items for and amendments to existing items in the Price Guide that portray the unique characteristics of psychosocial support.

Method to identify optimal supports

The revision of the list of support items to be applied to people with psychosocial disability was undertaken using these steps:

- a comprehensive literature review
- development of propositions for change by the project team for consideration by the Project Expert Group
- an iterative process of debate, discussion and review by the Project Expert Group and a determination of the merit of individual propositions, identification of additional evidence required or development of alternative propositions
- review of draft propositions by Lived Experience Expert Group with advice back to the Project Expert Group
- Revision of list of propositions and associated descriptions based on Lived Experience advice.

Changes to the NDIS price guide

The list was constructed using the same format as the NDIA CSV file for ease of reference for the NDIA, however this format is not suitable for reproduction in a report of this type. Consequently, the amended and new items are listed in the table at Attachment A (and therefore do not represent a complete list of optimal psychosocial support services).

Attachment A proposes 30 new items for the NDIS Price Guide and amendments to 28 existing items. Each new item and amendment to an existing item is supported by academic literature, and has an emphasis on assisting prospective participants as well as participants to:

- engage with the scheme and navigate the planning and review processes
- optimise the utility of NDIS benefits by including specific items for support coordination in plans
- have access to assistive technologies and other innovative modifications
- improve the dynamic of family support models.

In many cases, the changes to descriptions of existing items are not substantial but reflect language more aligned to the mental health sector's orientation. Applying this language to NDIS Price Guide support items will assist NDIA planners to compile plans that better meet the needs of people with psychosocial disability. In turn, participants with psychosocial disability will receive services that aid their recovery, and consequently reduce their long term reliance on the NDIS.

Those propositions rejected by the group fell largely into two categories: activity items that were effectively addressed by existing or alternative items, and activity items whose inclusion would have been at odds with the NDIS Act and the NDIS 'Supports for Participants' Rules 2013.

The project did not consider the prices on offer by the NDIA for each support item.

5 *NDIS Price Guides and related resources and Support catalogues – CSV files* accessed from <https://www.ndis.gov.au/providers/pricing-and-payment.html#csv>

Typical support packages

The mental health sector is aware that the NDIA has created exemplar support packages, known as 'typical support packages', which are used to assist in matching supports to participants' needs and also to assist in managing scheme costs. While the NDIA has not released information about the design or the method of calculating the contents of 'typical support packages' for people with psychosocial disability, it is understood there are four tiers of packages that have been constructed from the NDIS experience to date.

A key output of this project was to construct a range of 'typical support packages' using the service level data for psychosocial support services provided to people under 'pre-NDIS' Commonwealth and State/Territory government programs. This new evidence can be compared to, and used to inform and refine, the NDIA 'typical support packages'.

The project 'typical support packages' were compiled by:

- looking for patterns in the service level data set for different groups of individuals who had received services at different levels of monthly support
- clustering support activities that have occurred in other psychosocial support programs with a similar intent and participant profile as the NDIS
- using expert opinion to validate the results.

Creating tiers of support

The records were categorised into the following tiers on the basis of the average hours of support per month using the cut-offs identified from the NMHSPF:

Tier	Hours per month	No. of records
1	0 to 4	6,776 (52.4%)
2	4.0001 to 10	3,544 (27.4%)
3	10.0001 to 50	2,315 (17.9%)
4 (3+)	50.0001 to 418.3	285 (2.2%)

This distribution is reasonably consistent with the NMHSPF predicted distribution although tier 4 would be expected to be approximately 5% rather than 2.2% and tier 1 would be correspondingly slightly smaller.

The mean number of hours per month for the whole data set was 7.98 hours of support per month. The bottom 25% of clients received around 1 hour of support per month or less. The top 25% received 8 hours or more. It is expected that the four tiers are unlikely to map directly to the four tiers used by the NDIA, given the number of hours in tiers 1 and 2. However, it is expected that tier 3 and tier 4 will reflect NDIS support needs.

It is important to note that the support provided to people in the project data set reflects the funded program parameters that the individual was entered into, rather than their actual support needs.

Creating typical support packages

A logical link was identified to phased packages that reflect the benefit of a strong up-front investment to establish a foundation of support, followed by a rebalanced set of investments at a later time to encourage social and economic participation. This model works on that two phased approach.

	Tier 1	Tier 2	Tier 3	Tier 4
Hours per month	25	50	80	120
Phase 1 Stabilising and establishment	35% foundational support items 65% participation & independence items	35% foundational support items 65% participation & independence items	50% foundational support items 50% participation & independence items	60% foundational support items 40% participation & independence items
Phase 2 Building and improving	30-35% foundational support items 65-70% participation & independence items	30-35% foundational support items 65-70% participation & independence items	40% foundational support items 60% participation & independence items	50% foundational support items 50% participation & independence items

For Tiers 3 and 4, expert opinion was that for some participants Phase 2 could commence up to 8 years and 10 years, respectively, after Phase 1.

Consideration was also given to allocations of specific delivery modalities in typical support packages that could be relevant to a given participant. Without quantifying the appropriate amount in each package the expert group recommended that the structure of a Typical Support Package allow for a minimum proportion of supports to be provided through a specific modality. Three specific modalities are considered appropriate for this approach:

1. A minimum proportion of monthly hours used on peer support
2. A minimum proportion of monthly hours used on culturally specific service providers
3. A minimum proportion of monthly hours used on family recovery support

This is a way of recognising the benefits of these three methods of delivering support to participants.

Assessment tools

An assessment methodology is required to allocate participants to tiers of support based on level of functionality after participants are streamed for disability type and age. Central to the process is the use of validated and reliable assessment tools that bear a credible relationship with the domains being assessed. This is a central consideration for the existing typical support packages, as the method of assessment needs to be valid and, just as importantly, needs to be capable of interpretation by an NDIA assessor who may not have any technical knowledge about psychosocial disability. There is currently not a credible assessment tool for assessing 'severity indicators' or 'functional limitation' for psychosocial disability with the level of predictive accuracy that would be required. Thus there is considerable scope for an alternative model.

The Lived Experience Group (see Attachment C) gave clear views about an appropriate assessment process for planning supports:

- an amalgam of measures that enable assessment of their unmet needs as well as their inclusion and connectedness, social participation, access to health care and the right to be heard is required to underpin the planning process, noting that none of the existing tools covers all these domains
- conversations with participants (and carers and families), conducted by skilful and trained planners should be the main determinant of support need (with the appropriate assessment tool used only as an adjunct to planning conversations).

These views are backed by Part 4 of the *National Disability Insurance Scheme (Supports for Participants) Rules 2013* which specify the requirements for 'needs assessment', specifically:

- activity limitations related to a participant's disability are a consideration in determining supports
- but appear to be subservient to the participants 'goals and aspirations' as these are clearly and positively linked to the provision of supports at subrule 4.1 (d) subsequent to assessment of the other matters at subrules 4.1 (a), (b) and (c).

Subrule 4.4 states that assessment tools must be specified in operational guidelines, which gives effect to their transparency.

While the project did not set out to consider the issue of assessment of need, it became a prime facie requirement to allocating people to tiers of support. As a result of this consideration, the project identified a need for the NDIA to develop, with consumers and carers and the mental health sector, an appropriate assessment tool and to ensure NDIA planners are competent to privilege conversations with participants in the planning process.

ATTACHMENT A

Proposed item changes to the NDIS price list

Items in **green** are new items not currently available on the NDIS price list. Items in **black** are existing items on the NDIS price list that have amendment made to their item label or to their description. While the items are not numbered, they match the order in the CSV file.

Support Item	Support Item Description	Support Category
Assistance with personal domestic activities	Assist participant to undertake and/or develop skills to maintain a healthy and autonomous home environment	Assistance with daily life
Use of aids to support people make informed decisions	Use of assistive technology tools/aids to support people make informed decisions around planning and plan management.	Assistive Technology
Wearable prompting and monitoring devices	Access to wearable mobile technology for activity monitoring and lifestyle intervention	Assistive Technology
Access to assistive technology for self-management	Access to assistive technology to assist with self-regulation & management. This may include use of mobile technology applications, wearable technology or online programs	Assistive Technology
Assistive Equip-Recreation	Assistive products, such as virtual reality or audio visual gaming to enable skills development and self-management	Assistive Technology
Use of assistive technology to improve occupational performance	Use of assistive technology to improve occupational performance, self-management, meaningful participation in daily life and overall quality of life	Assistive Technology
Cognitive interventions using assistive technology	Cognitive remediation or cognitive compensation facilitated through use of assistive technology	Assistive Technology
Service or assistance animals	The provision of animals to assist with specific tasks related to activities of daily living, including ongoing costs.	Assistive Technology
Support facilitation	Assistance to strengthen participant abilities to match support to individual need and to navigate an integrated continuum of care in a manner that ensures timely, flexible and responsive intervention.	Co-ordination of Supports
Engagement and brokering assistance to facilitate access for potential participants	Advocacy and engagement strategies that enable individuals to make informed choices about participation in the NDIS.	Co-ordination of Supports
Advocacy and engagement to facilitate access for populations with complex needs	Advocacy and engagement strategies targeting under-represented groups including homeless people; people who identify as LGBTIQ; people exiting institutional settings; people who are not engaged with mental health services	Co-ordination of Supports
Culturally competent engagement and advocacy to support access for people from culturally and socially diverse populations	Culturally sensitive and targeted strategies, Information and education to enable culturally and socially diverse populations to participate in the NDIS	Co-ordination of Supports

Support Item	Support Item Description	Support Category
Training in planning and plan management	Appropriately qualified and knowledgeable staff to engage with individuals with psychosocial disability and their family/support network to develop suitable plans. This may include appropriately skilled planners to work with culturally and socially diverse population groups	Co-ordination of Supports
Advocacy and holistic support during planning and ongoing review	Support for participants and their families to ensure informed, timely, holistic and flexible plan development and ongoing review	Co-ordination of Supports
Assistance with engaging services to ensure 'best fit' and informed approach to meeting individual needs	Assistance to build individual capacity to advocate for, and engage with, suitable services to support individual needs and goals	Co-ordination of Supports
Assistance for individuals and their family members to navigate different service systems	Assistance and practical support to build capacity of individuals and their family members to navigate different service systems to receive appropriate and timely support	Co-ordination of Supports
Integrated care coordination and planning	Skilled coordination of supports and access to a continuum of care that meets the range of individual needs, and fluctuating requirement for, support	Co-ordination of Supports
Specialist integrated care coordination	Time limited specialised support coordination to reduce distress, build resilience and ensure immediate access to support for participants and their families in situations where high risks have been identified	Co-ordination of Supports
Strengthening referral pathways and coordination of care	Strengthening referral pathways and coordination of care between the Scheme and potential points of access, including from across a range of systems (i.e. Health, Justice, Human Services) and community programs for individuals and their family support networks	Co-ordination of Supports
Advanced system management	Personalised and guided community liaison to empower individuals to navigate holistic systems of care and facilitate ongoing engagement with support networks	Co-ordination of Supports
Integrated support to maintain tenancy	Provision of integrated support to build individual capacity to maintain stable and secure housing and to live autonomously	Improved Living arrangements
Support people to be self-sufficient within their preferred living arrangements	Holistic support for people to actively choose & maintain their preferred living arrangements, and work towards their recovery goals. This may include building skills to promote independence, maintain tenancy and non-housing related interventions	Improved Living arrangements
Identifying people with lived experience who can coach, motivate & empower individuals to achieve their personal recovery goals	Support to identify and connect with people with lived experience who can coach, motivate and empower individuals to rebuild hope and a positive sense of self and achieve their personal recovery goals	Increased social and community participation

Support Item	Support Item Description	Support Category
Strengths based structured peer support & individual skill development	Assistance from trained peer support workers with the development of strategies to promote self-management, meaningful connection to and engagement in the community through liaison, recovery mentoring, and individual skill development	Increased social and community participation
Practical assistance to support increased participation in daily life	Practical support and assistance to develop Individual social skills and empower meaningful participation in everyday social situations and daily living, including mentoring, peer support and individual skill development	Increased social and community participation
Identifying Indigenous people with lived experience who can coach, motivate & empower individuals to achieve their personal recovery goals	Identifying indigenous people with a lived experience who can coach, motivate and empower individuals to rebuild hope and a positive sense of self and achieve their personal recovery goals. This could include volunteer mutual peer support, peer advocates, recovery mentors, peer companions or peer coaches	Increased social and community participation
Skills development in a group	Group training and skills development for the participant to increase their independence in daily personal and interpersonal activities	Increased social and community participation
Facilitate connection to mainstream community activities with shared interests	Integrated approaches to support participant identity formation through meaningful engagement in mainstream community activities with shared interests	Increased social and community participation
Community participation activities	Support for people to engage in mainstream community and leisure activities that reflect their personal interests and identity	Increased social and community participation
Individual skills development and training	Individual life and social skills development and training to facilitate self-sufficiency and meaningful social, recreational and community participation	Increased social and community participation
Social cognition training	Social cognition and interaction training to support social and community participation	Increased social and community participation
Animal assisted activity	The use of animals in recreational, educational or motivational activities to enhance quality of life, social and community participation	Increased social and community participation
Supported vocational pathways	Supported pathways to empower participants to engage in purposeful vocational activities including volunteering and co-production. This may include access to mentors, coaching, job redesign, placements and skill development	Finding and keeping a job
Employment related assessment and counselling	Specialised workplace assistance to ensure work environments support people with psychosocial disability to participate in and sustain employment	Finding and keeping a job

Support Item	Support Item Description	Support Category
Assistance in individualised and integrated supported employment	Assistance in individualised and integrated supported employment. This includes access to competitive employment based on participant preferences, strengths and work experience and integration between clinical and occupational support	Finding and keeping a job
Individual placement & support	Individual placement and support that enables participants to successfully maintain employment and to assist employers to successfully manage the participant's placement	Finding and keeping a job
Individual social skills development	Behaviour based training to support the development of skills to empower participants to independently & meaningfully engage in everyday social situations and daily living	Improved relationships
Support for collaborative self-care strategies	Support for families, carers and others to develop strategies to build strength and resilience to assist with self-care and to better support individuals with psychosocial disability	Improved relationships
Family psychoeducation	Knowledge and skills based family psychoeducation. This may include group, one-one or peer-based support	Improved relationships
Support for establishing and maintaining intimate relationships	Provide people with skills development, information and training to encourage intimate relationship development and to address relationship difficulties. This may include information and support in sexual health, relationship counselling or engaging in recreational activities that may encourage relationship development	Improved relationships
Developing and maintaining individual wellness and recovery plans	Developing and maintaining personalised wellness and recovery plans to enable achievement of self-determined goals and autonomy. This may incorporate relapse prevention, engagement of family and the use of wellness advocates and/or peers to provide additional practical support and liaison during times of need	Improved Health and Wellbeing
Access to education and training programs to develop knowledge and practical skills about recovery, self-care and self-management	Access to holistic courses for individual participants, families and carers, that contain a combination of knowledge and practical skills development about recovery, self-care and self-management. This could be through Recovery Colleges or recovery education programs	Improved Health and Wellbeing
Nutrition and dietary consultation, psychoeducation and ongoing support (individual)	Individual nutrition and dietary advice and psychoeducation for participants to build nutritional knowledge and skills and to improve overall health and wellbeing. This may include initial specialist consultation followed by ongoing support and coaching	Improved Health and Wellbeing

Support Item	Support Item Description	Support Category
Nutrition and dietary consultation, psychoeducation and ongoing support (group)	Group based nutrition and dietary advice and psychoeducation for participants to build nutritional knowledge and skills and to improve overall health and wellbeing	Improved Health and Wellbeing
Tailored individual physical activity program: planning and participation	Individual advice and support to plan and participate in a tailored physical activity program that meets individual needs and preferences. This could be through an exercise physiologist, personal training or wellness coaching	Improved Health and Wellbeing
Tailored group physical activity program	Group support to participate in a tailored physical activity program that meets individual needs and preferences. This could be through an exercise physiologist, personal training or team sport coaching	Improved Health and Wellbeing
Individual participation in wellness programs and lifestyle interventions	Enabling individual participation in holistic community based health promotion, education and wellness services. This may include art or music therapy, meditation, massage, mindfulness and yoga	Improved Health and Wellbeing
Group participation in wellness programs and lifestyle interventions	Enabling group participation in holistic community based health promotion, education and wellness services. This may include art or music therapy, meditation, mindfulness and yoga	Improved Health and Wellbeing
Wellness coaching	Health and wellness coaching to provide advice and guidance to assist participants identify and achieve healthy lifestyle goals. This may include developing strategies and skills around smoking cessation and/or to promote healthy sleep patterns	Improved Health and Wellbeing
Wellness management	Strategies to support participants to discover and/or maintain their strengths and abilities to stay well and pursue personal recovery goals. This may include behavioural strategies; support coordination and liaison with clinical services; peer support; coaching	Improved Health and Wellbeing
Support for family and carers to maintain their health & wellbeing	Support for family and carers to build and maintain their health and wellbeing. This may include respite, group, one-one and family peer support	Improved Health and Wellbeing
Transition through school and to further education	Improving linkages, coordination and support to assist individuals to transition from school to training and/or education and into employment	Improved learning
Support for access to, and participation in, education and training of choice.	Assistance with the process of working towards higher education goals and acquire the skills and tools necessary for achievement in a range of education settings	Improved learning
Supported education opportunities	Placement of a participant into a chosen training or study opportunity with the provision of integrated and ongoing support as needed	Improved learning

Support Item	Support Item Description	Support Category
Skills based education and training	Access to education and training that enables participants to develop the skills required for meaningful and sustainable employment. This may include apprenticeships and work placements	Improved learning
Supported decision making	Support to empower individuals and their carers to build skill in and experience meaningful decision making that will allow them to achieve agency and self-determination. This may include engaging family and support networks; informal and formal peer support or nominated support people	Improved daily living skills
Cognitive remediation using behavioural interventions	Behavioural interventions, delivered by appropriately qualified staff, that aim to teach individuals enhancement of key cognitive skills such as attention, memory, language, and problem solving	Improved daily living skills
Individual skills development and training	Training and skills development to build on individual strengths and personal resources to live independently	Improved daily living skills
Promotion of participation and wellbeing through use of human occupation	Support for participants to meaningfully engage in diverse occupations and everyday experiences occupations that provide space for self-rediscovery, identity formation, and participation in the wider community. This can be delivered both individually & in groups	Improved daily living skills
Skills development and education for families and carers	Education and skills development to strengthen and build capacity of family and carers to support a person living with psychosocial disability	Improved daily living skills
Counselling group	Psychosocial therapy in a group to build on strengths and resources and facilitate achievement of personal recovery goals. This may include engagement of and support for family and carers	Improved daily living skills
Individual counselling	Individual psychosocial therapy to build on strengths and resources and facilitate achievement of personal recovery goals. This may include engagement of and support for family and carers	Improved daily living skills
Collaborative person centred group therapy	Collaborative interdisciplinary, person-centred group session	Improved daily living skills
Individual life coaching	Life coaching to empower individuals to identify and work towards self-determined goals	Improved daily living skills
Group based life coaching	Group based life coaching to empower participants to identify and work towards self-determined goals	Improved daily living skills
Animal assisted therapy	Goal driven intervention directed or delivered by suitably qualified professionals in which a specially trained animal is an integral part of a therapeutic process. Includes ongoing costs	Improved daily living skills

ATTACHMENT B

Governance Arrangements

Project Management Group

Membership

- Elizabeth Crowther, Wellways (Chair)
- Arthur Papakotsias, Neami (Deputy Chair)
- Sarah Pollock, Mind Australia
- Mark Orr, Flourish Australia
- Damian Ferrie, Star Health
- Tony Stevenson, MiFA
- Judi Higgin, New Horizons
- Andrew Young, Aftercare
- Debbie Hamilton, Consumer
- Kerry Hawkins, Carer
- Amanda Bresnan, CMHA

Terms of Reference

Oversee the project and its budget and provide direction on the progress, including:

- agreeing to the scope and methodology of the project
- scheduling of discrete activities and related timelines
- determining adjustments to the scope, methodology and timelines for activities as required
- monitoring the progress of each discrete activity
- endorsing a risk management plan
- considering approaches from organisations expressing interest in becoming additional Project Partners, and the terms of their participation e.g. in-kind contributions such as data provision.
- agreeing to the expert input to discrete project activities
- determining and endorsing the advocacy strategy for using project outputs.

Meeting dates

The Project Management Group met on the following dates.

- 16 January 2018
- 27 February 2018
- 27 March 2018
- 24 April 2018
- 22 May 2018
- 26 June 2018
- 17 July 2018
- 14 August 2018
- 27 August 2018

ATTACHMENT C

Project Expert Group

Membership

Membership comprised representatives of service providers with psychosocial support service delivery expertise, operational management knowledge and data management experience, consumer and carer representatives, an academic expert from the disability sector, and clinical experts in mental health treatment.

- Sarah Pollock, Mind Australia (Chair)
- Laura Collister, Wellways
- Jenny Hall, Neami National
- Aidan Conway, Flourish Australia
- Alan Murnane, Star Health
- Suzy Berry, MiFA (selectability)
- Michael Sheedy, New Horizons
- Kate Snars, Aftercare
- Debbie Hamilton, Consumer
- Kerry Hawkins, Carer
- A/Prof Erin Wilson, Disability & Inclusion, Deakin University
- Bronwyn Lawman, Mind Australia
- A/Prof Simon Stafrace, Director, Alfred Psychiatry
- A/Prof Richard Newton, Clinical Director, Peninsula Mental Health Service

Terms of Reference

- assess available data and establish expert consensus when applying that assessment to the NDIS service delivery environment
- consider and agree on the parameters for the data questions to be resolved
- think creatively about NDIS service delivery in the future
- establish consensus through debate and deliberation on those questions, and/or identify the decision-making parameters for resolving lack of consensus
- provide supporting data or grey literature for their positions where available
- assess supporting data and academic literature provided by the project team.

Meeting dates

- 26 March 2018
- 8 May 2018
- 19 June 2018
- 31 July 2018

ATTACHMENT D

Lived Experience Group

Membership

Members were nominated by the eight partner agencies and selected by the Project Management Group.

- Sarah Pollock, Mind Australia (Chair)
- Anthony Stratford
- Simon Swinson
- Shifra Armitage
- Jocelyn Bland
- Debbie Hamilton
- Kerry Hawkins

Terms of Reference

- Provide a peer review process for the project outputs and test the project's assumptions against their own lived experience
- Provide opinion to the Project Expert Group on the list of service elements, and to the Project Management Group on the final advice of the Project Expert Group.

Meeting dates

- 29 May 2018
- 9 July 2018
- 7 August 2018

David McGrath Consulting

David McGrath Consulting designed the project methodology and undertook the data collection, aggregation and analysis, and presented the material for expert analysis and opinion. Mr McGrath was heavily involved in the development of the National Mental Health Service Planning Framework. He has extensive experience within and outside government mapping, planning and developing service systems, with specific expertise and experience of the mental health system.

Mental Health Australia

Mental Health Australia Mental managed the project on behalf of the Project Partners, in accordance with the direction of the Project Management Group. Mental Health Australia provided secretariat services to the Project Management Group, managed the financial and administrative aspects of the project and provided policy and advocacy advice.

Optimising Psychosocial Supports

PROJECT REPORT

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Mental Health Australia Ltd
ABN 57 600 066 635

