



Australian Government
Department of Health

PHN Continuity of Support Guidance

PSYCHOSOCIAL SUPPORT FOR PEOPLE WITH SEVERE MENTAL ILLNESS

In the 2018-19 Federal Budget the Australian Government announced \$109.8 million from 1 July 2019 over three years for the Community Mental Health Continuity of Support (CoS) program. This program will provide ongoing support for clients who previously accessed services under Partners in Recover (PIR), Support for Day to Day Living in the Community (D2DL) and Personal Helpers and Mentors (PHaMs) who are ineligible to receive services under the National Disability Insurance Scheme (NDIS). CoS will provide these clients with supports commissioned through Primary Health Networks (PHNs) to achieve similar outcomes to those under the PIR, D2DL and PHaMs programs. This program will provide ongoing funding, ensuring CoS clients have access to long-term, responsive support.

This guidance is to be read in conjunction with *PHN Psychosocial Support Interface Guidance* and *PHN National Psychosocial Guidance*.

In the Planning and Establishment phase, PHNs are to:

- Consider the aims and approach of the CoS program.
- Work with existing services providers of PIR, D2DL and PHaMs to understand existing service delivery arrangements, number of clients eligible for CoS and how best to manage continued service delivery or transition of clients to new services.
- Liaise with consumers, carers, service providers and Local Health Networks in the region to ensure complementarity and flexible service delivery.
- Put in place arrangements for referrals to, and communication about CoS.
- Undertake establishment activities in relation to the measure to enable service delivery to commence by 1 July 2019.

In the Implementation Phase, PHNs are to:

- Fund existing or introduce new psychosocial support services targeted to support clients of the Commonwealth community mental health programs PIR, D2DL and PHaMs who are ineligible for the NDIS.
- Maintain funding and reporting arrangements for this activity.

What is psychosocial support?

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

What is the intent of the initiative?

CoS will ensure clients who previously accessed support under PIR, D2DL and PHaMs programs and have been found ineligible for the NDIS, continue to receive appropriate support using a recovery and strengths-based framework. The four key aims when planning and commissioning services is to:

- Increase personal capacity, confidence and self-reliance
- Increase social participation
- Streamline access to appropriate services
- Provide flexible and responsive support at times of increased need

Who is it for?

CoS will support previous clients of the Commonwealth community mental health programs PIR, D2DL and PHaMs who are *found ineligible* for supports under the NDIS. To be eligible for services under the CoS program, persons must:

- 1) have accessed supports under PIR, D2DL or PHaMs as at 30 June 2019;
- 2) have tested for eligibility under the NDIS and received an ineligible assessment decision or, have been deemed ineligible to apply due to under age or residence requirements;
- 3) reside in the coverage area of the PHN where they are seeking support;
- 4) not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g. prison or a psychiatric facility); and
- 5) not be receiving or entitled to receive similar community supports through state or territory government programs.

Clients may be asked to provide evidence of their participation in PIR, D2DL or PHaMs activities, as well as an ineligible decision from the NDIA, or provide consent for this to be sought from service providers.

Clients may have been found ineligible for the NDIS, but may choose to re-test their eligibility. Clients should be supported to re-test their eligibility for supports under the NDIS and receive support under CoS while they re-test their eligibility.

The cohort of clients that were accessing supports under PIR D2DL and PHaMs and do not meet the eligibility criteria for supports under the NDIS are often affected by mood (affective) disorders, Schizophrenia, schizotypal and delusional disorders. They can have multiple unmet needs such as physical health and social issues, as well as homelessness, employment, suffer from isolation and may have experienced multiple hospital admissions.

The CoS measure will provide support for this cohort of clients with severe mental illness who may have an episodic rather than permanent psychosocial disability who are best supported through the NDIS.

What sort of services could be provided and by whom?

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

- Social skills and connections, including 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
- building broader life skills including confidence and resilience

Funded services will provide group psychosocial support activities for clients who previously accessed support under PIR, D2DL and PHaMs in order to achieve similar outcomes. Additional targeted individual support can be provided to clients at times of increased need, if considered appropriate.

Clients accessing these services may require less intensive and possibly fluctuating and shorter-term psychosocial support than the services provided through PIR, D2DL and PHaMs. For those clients that require the same level of supports received under PIR, D2DL and PHaMs they may seek support to retest their eligibility under the NDIS. The focus should be on helping clients to build capacity and connections at times when this is most needed. Ideally services should be embedded within or linked to clinical services to support a team approach to meeting the needs of people with severe mental illness, and form part of a multiagency care plan.

There are a number of sectors central to the success of CoS, 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, consumers and carers, will commission and coordinate services based on local needs, taking into account what services and supports are already available.

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

Service providers are required to operate in accordance with (and where relevant, be accredited against) any service, professional, and workforce standards that may be relevant to their organisation, such as the National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013.

Guiding principles

The delivery of activities is underpinned by the following guiding principles:

- **Recovery oriented:** Services will operate under a recovery framework by increasing choices and opportunities for clients to live a meaningful, satisfying and purposeful life.
- **Strengths based:** Services will focus on the strengths, abilities and resources of clients to build resilience and increase capabilities and increase wellbeing through social and environmental opportunities.
- **Client led:** Services will address the specific support requirements and goals of an individual, while building on strengths to empower clients to take an active role in their recovery journey.
- **Culturally appropriate:** Services will be delivered in ways that are culturally appropriate, safe and relevant.
- **Trauma informed:** Services will be delivered under a trauma informed framework promoting safety, trust, choice, collaboration, respect and empowerment.
- **Flexible in Delivery:** Services may operate differently from region to region as service providers are encouraged to tailor their service delivery model to best meet the needs of the client cohort in their region.
- **Complementary to existing service systems:** Services will work within the context of locally available services and supports to complement existing support systems.
- **Collaborative:** Service providers will build and maintain strong linkages and partnerships with local clinical and social/human services to streamline referral pathways and facilitate services for clients. In addition, planning and delivery of programs and services should be conducted in partnership with clients and their families and/or carers.
- **Clinically embedded:** Service providers owe duty of care to clients to ensure they receive every available opportunity to improve their mental health outcomes. Service providers are in a good position to encourage and support clients to access clinical services. Service providers can assist clients to access these services and engage in a multi-agency care approach to ensure integrated and holistic service delivery.

Service delivery model

Initial needs assessment

Where a client is new to the service provider, they will be supported to schedule an initial assessment with a support worker which may take place in-centre or by outreach. PHNs and service providers will work to ensure that intake processes are person-focused, non-threatening and conducted at a pace that potential clients are comfortable with.

During the initial assessment meeting, clients will be supported to undergo a needs assessment to assess the level of support required. Those with severe and complex needs may require access to intensive targeted one-on-one support, acknowledging that some clients may require periods of targeted individual support over the span of their illness due to the episodic nature of mental illness.

Based on the needs assessment, an individualised support plan will be developed together with the client which may outline the following:

- the client's strengths and existing supports

- the client'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 (clinical and non-clinical)
- a care/crisis plan in the event that the client becomes unwell or crisis occurs

Support plans should be reviewed regularly and following any significant events in the life of the client which may affect their support needs. Clients should be encouraged to re-apply for supports under the NDIS if there is a significant change to their support needs or they are unhappy with their access decision from the NDIS.

Services delivered

In line with program aims, services delivered will be under two tiers:

- Socially-based, capacity building group activities, and
- Targeted individual support for clients at times of increased need.

Attachment A provides examples of the types of activities PHNs and services that may be delivered to clients within the service delivery framework.

Intensity of support

The intensity of support provided to clients is flexible and to be negotiated with each client based on their needs. Targeted individual support can be provided in times of increased need to recognise the need of some clients for varying levels of support over an extended period of time due to the episodic nature of mental illness.

Duration of support

Once a client has tested eligibility for the NDIS and found ineligible, there is no time limit to how long a client can be supported under CoS. Clients found ineligible for the NDIS should be supported to reapply if they are unhappy with their access decision or their support needs change. Supports delivered under CoS will support people with severe and episodic mental illness whose support needs differ to those who are found eligible for the NDIS. The Government has assured clients will not be disadvantaged by the roll out of the NDIS by committing to providing ongoing flexible and responsive support for as long as is required.

Clients may choose to re-engage with services at any time if they meet eligibility criteria.

What is 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 clients to access these services and assist with referral processes.
- **Purchase of Goods or Services:** Funds may not be used to purchase goods or services for clients, although support workers may assist clients to access resources by helping them budget, seek sources of funding and/or apply for services.
- **Provision of Personal Care and Domestic Help:** Support workers may however assist clients in learning how to complete household domestic activities as well as prompt them to do tasks and help them find assistance to undertake tasks they cannot manage themselves.
- **Transport:** Clients can be provided with transport support to attend group activities, however transport cannot be the focus of individual service delivery.

- **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 clients through such an event. Clients 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.

What arrangements for reporting and data will be involved?

Client outcomes will be assessed by collecting both qualitative and quantitative data on an ongoing basis. Service providers will monitor attendance rates and progress in support plan reviews and gather regular feedback from clients and carers. Feedback questionnaires will be used to collect qualitative feedback from clients, carers and families, and stakeholders at close of service.

Adjustments have been made to the Primary Mental Health Care Minimum Data Set (PMHC-MDS) to support specific data collection requirements for psychosocial supports. Details will be set out in the funding schedule.

How should PHNs implement this measure?

Consultation, communication and planning should inform establishment arrangements. In addition to planning and potentially co-designing the new services with Local Health Networks (LHNs), engaging with service providers, consumers and carers in the region will be important to identify unmet needs in relation to psychosocial capacity building.

Engaging with existing PIR, D2DL and PHaMs service providers in funding or commissioning services under CoS will be important to understand existing service delivery to clients, the number of clients eligible for CoS and how best to manage continued service delivery or transition of clients to new services..

Engaging with other commissioned services, NGOs providing other community support services and with NDIS Local Area Coordinators will also be important to help shape the service to meet local needs and referral pathways and to help target the service to the group for whom it is intended.

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

PHNs should consult with consumers and carers, and other key stakeholders to help tailor the new services to local needs for previous clients of the Commonwealth community mental health programs PIR, D2DL and PHaMs who are not eligible to receive support from the NDIA.

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

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

Separate planning and establishment funds will be provided to PHNs with additional guidance.

PHNs should develop services in consultation with LHNs to ensure services complement and do not duplicate state and territory funded mental health services.

PHNs should engage with existing PIR, D2DL and PHaMs providers in the delivery of services to ensure continuity of service to clients.

PHNs should undertake establishment/funding/commissioning of services to commence service delivery no later than 1 July 2019.

Service Type	Service description	Examples of Activities
Socially-based capacity building group activities	<p>Socially-based capacity building group activities will be delivered in two forms based on different needs and care.</p> <p>Informal group activities will be provided for clients with greater psychosocial functional impairment. They are informal, short in duration, and involve simple activities with fewer obligations to participate. Clients can attend informal group activities regularly or drop-in as desired.</p> <p>Structured group activities will be provided for clients with higher functioning levels. They are more structured with more complex activities of longer duration.</p>	<p>Informal group activities:</p> <ul style="list-style-type: none"> • Casual drop-in space • Art/craft activities • Gaming groups • Walking groups • Yoga or stretching classes • Simple life-skill building groups • Board/card game groups • Community events <p>Structured group activities:</p> <ul style="list-style-type: none"> • Cooking classes • Dance classes • Art classes • Sport and exercise activities • Creative writing classes • Conversation/language groups • Book clubs • Excursions to local attractions • Social activities that include friends and family • Information sessions on budgeting and maintaining a home • Visits to continuing education centres to explore study options • Psychoeducational groups covering emotional wellbeing promotion activities such as mindfulness and meditation • Visits from other service providers and organisations to provide information on services, eligibility and referral pathways

<p>Individual support</p>	<p>Time-limited targeted individual support should be accessed by clients at times of increased need and should be integrated with clinical services. Services involve providing practical assistance with the aim of building service support networks, building and developing the client's skills and increasing connection to the community.</p> <p>These services are provided one-on-one either in-centre or by outreach.</p>	<ul style="list-style-type: none"> • Linking clients with various services and supports such as: <ul style="list-style-type: none"> ○ clinical mental health services ○ physical health services ○ alcohol and other drug treatment services ○ disability services ○ Centrelink and other income support services; ○ public housing services ○ carer and family support services ○ employment services ○ education and training services ○ social groups ○ recreational activities ○ cultural supports • Helping to navigate services by providing information and advice, and attending appointments to provide direct support. • Maintaining contact with other service providers to prevent service duplication or gaps and share client feedback. • Service network building may include: <ul style="list-style-type: none"> ○ Developing referral processes. ○ Building corporate knowledge of available supports and services in the community. • Helping to build everyday skills such as booking appointments and meetings, budgeting, paying bills and cleaning • Supporting to re-connect and improve relationships with family and friends to increase support base
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