phn MURRAY

An Australian Government Initiative

# PSYCHOSOCIAL RECOVERY SERVICES GUIDELINES

## JUNE 2019

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| Version | Prepared by | Reviewed | Date of Release |
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# 1 Introduction

## 1.1. About this document

These guidelines set out the parameters for the implementation of Murray PHN-funded Psychosocial Recovery Services. They are informed by the requirements of the Commonwealth government and an understanding of the needs of the Murray PHN population, ascertained through population health data analysis and consumer, carer and stakeholder engagement.

There are three support streams which make up Murray PHN's Psychosocial Recovery Services; Continuity of Supports (CoS), Extended Transition Arrangements (ETA) and the National Psychosocial Support Measure (NPSM).

This is a 'live' document and will be held under review for the full period in which the services are commissioned by Murray PHN.

Services must be delivered in line with these guidelines and form part of the contractual obligations associated with entering into an Agreement with Murray PHN.

## 1.2. How to use this document

There are many similarities between the three funding streams and hence a single set of guidelines will apply. When differences apply they will be highlighted in a text box, as seen below. In the unlikely case that there are discrepancies between the information contained in the text box and that within the standard text, the information contained in the text box takes precedence.

| Service stream specifics | |
|---|---|
| **NPSM** | The differences relating to NPSM will be explained here |
| **ETA** | The differences relating to ETA will be explained here |
| **CoS** | The differences relating to CoS will be explained here |

## 1.3. Background

The National Disability Insurance Scheme (NDIS) provides a new framework for the provision of support services for people under 65 who have a permanent or likely to be permanent disability which results in a significant functional impairment; 14% of NDIS support recipients are expected to have a primary disability type of a 'Psychosocial Disability' at full scheme. The NDIS is collaboratively funded by Australian Governments.

Murray PHN funded psychosocial recovery supports are intended to support people who are not eligible for the NDIS or who have not yet had their eligibility confirmed. Target groups and service descriptions of the different sources of Psychosocial Support are laid out in Table 1, overleaf.

## 1.4. What is psychosocial support?

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

## 1.5. Aim

All Murray PHN funded Psychosocial Recovery Services focus on assisting clients to Recover from the impacts of mental illness.

| Service stream specifics | |
|---|---|
| **ETA** | Clients should also be supported to test eligibility for the NDIS and to transition to appropriate support arrangements. |

## 1.6. Recovery

There is no single definition or description of recovery. Starting with the initial assumption that personal recovery is different for everyone, it is broadly defined within the psychosocial support context as '**being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'**.

Personal Recovery is a unique process that can include changing one's attitudes, values, feelings, goals, skills and roles. It's a way of living a satisfying and contributing life, even with the limitations caused by illness. It involves the development of new meaning and purpose in one's life as one grows beyond the often catastrophic effects of mental illness.

Recovery happens while still experiencing symptoms and for most people it's about recovering a life and identity beyond the experience of mental illness. It's important that people find a way to take an active and responsible role in their own recovery and this isn't easy as control is reduced by the experience of exclusion, stigma and discrimination. Self-management techniques are useful tools to gain more control.

We all find meaning in very different ways; some find spirituality important, while others find meaning through employment or the development of stronger connections with community. Success in the journey is aided by feeling valued and of contributing as an active member of a community. Supportive relationships based on belief, trust and shared humanity help promote recovery.

**Recovery is a journey and for that we pack hope, control and choice, relationships, meaning, inclusion and trust.**

As with any journey, recovery will have its ups and downs and being in recovery rather than recovered reflects lifelong learning. Hope is the key to recovery and without the belief that a better life is both possible and attainable there can be no real change. Having a focus on strengths builds a hopeful approach.

# 2 Support streams

**Table 1: Government funded non-clinical support for people with a serious mental illness.**

| Support Stream | For Whom* | Service Description |
|---|---|---|
| **NDIS – Psychosocial disability services and programs transitioning to the NDIS** | For people with severe mental illness which is associated with a significant and enduring functional psychosocial disability. | Potentially ongoing psychosocial disability services and care coordination delivered as part of an individualised care package. |
| **National Psychosocial Support measure (NPSM)**<br>- **Commonwealth PHN funding**<br>- **State/Territory investment in services for individuals not eligible for NDIS.** | For people who are not more appropriately supported through the NDIS or Continuity of Support arrangements but are significantly affected by severe mental illness, which has an impact on their psychosocial functional capacity. | Less intense, short-term Psychosocial Recovery Services to build psychosocial functional capacity to address individual needs and complement clinical mental health and physical health services. |
| **National Psychosocial Support Measure – Extended Transitional Arrangements (ETA) for Commonwealth Community Mental Health Clients from 1 July 2019 to 30 June 2020.** | For clients of Partners in Recovery (PIR), Day to Day Living (D2DL) and Personal Helpers and Mentors (PHaMs) programs who are yet to test eligibility for the NDIS or who have not yet transitioned to the NDIS by 1 July 2019. | Clients will continue to receive appropriate levels of recovery-focused psychosocial support while they are assisted to test eligibility for the NDIS or transition to alternative ongoing supports if needed. |
| **Continuity of Support (CoS)** | For clients of PIR, D2DL and PHaMS who are found ineligible for supports under the NDIS. | Existing Commonwealth clients who have tested and been deemed ineligible for the NDIS will continue to be supported to achieve similar Recovery outcomes as those previously provided. |
| **Mainstream community support programs, and/or informal family and social support and connections** | For people who are not more appropriately funded through the NDIS who are affected by severe mental illness but who do not have significantly reduced psychosocial functional capacity. | Non-specialised services available if required could include mainstream vocational, social and family support services.<br>Informal social support and connections could come from family and friends. |

**To assist with determining which funding stream is available for a client, a flowchart can be found at Appendix 2: Psychosocial Support Funding Flowchart.*

# 3 Governance

Psychosocial Recovery Services providers must have:

- Pro-active engagement in Murray PHN-led multi-agency governance arrangements to oversee the services and improve the outcomes for people receiving psychosocial support services in the Murray PHN region.
- Suitable Clinical Governance arrangements including:
  - Quality assurance
  - Credentialing (accreditations, certifications, professional qualifications and continuing professional education requirements)
  - Clinical supervision
  - Health and safety procedures
  - Waitlist and demand management (See section 4)
  - Client feedback procedures
  - Workforce feedback procedures
  - Record keeping
  - Key risk and mitigation strategies
- Policies to facilitate access and outcomes for Aboriginal and Torres Strait Islander people, Cultural and Linguistically Diverse (CALD) people, and Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ) people.
- A pro-active organisational approach to consumer and carer engagement.
- Governance arrangements to ensure that PRS flexible funding is spent responsibly and in line with section 6.13 of these guidelines.

# 4 Waitlist and demand management

You must embed referral and waitlist management policies and procedures that include the following elements:

a) Centralised system: A single consolidated and centralised system for recording and tracking all referrals from the date of referral to the date of discharge. The system must have the functionality to allow for the capture of, at a minimum:
   - Referral date;
   - Waiting times;
   - Intake date;
   - Recovery Action Plan and record of appointments, and
   - Exit date.

b) Proper record keeping and data management: Ensuring that staff are trained in proper record keeping, data management and privacy requirements as applicable to the centralised system.

c) Active monitoring of wait list: Service providers must monitor any PSR wait list on a weekly basis and refer clients on this wait list to alternative supports, including crisis supports or digital mental health applications as appropriate. Service providers must inform Murray PHN if waitlist times exceed four weeks and proactively seek to enable access and reduce wait times.

d) Prioritisation: A system of prioritisation which gives priority to clients who have serious or complex needs.

e) Exit Planning: A system for planning and managing exit from the program, to commence on entry.

# 5 Workforce

- Strong direction has been provided from consumers, carers and other stakeholders as to the qualities of the workforce that are needed in the delivery of Psychosocial Recovery Services.
- Organisations must recruit and retain a Psychosocial Recovery Services workforce that is:
  - Consistent
  - Skilled
  - Knowledgeable
  - Genuine
  - Culturally safe
- A component of service delivery from each provider must be from mental health peer support workers.
- All Psychosocial Recovery Services workers must be provided with regular, high quality supervision and training including specialist peer worker arrangements where needed.
- The Psychosocial Recovery Services workforce is expected to proceed as a community of practice. Networking for the development of shared best practice must take place between providers.
- Psychosocial Recovery Services workers must receive a minimum annual salary of $65,000.00 pro rata.

# 6 Service specifications

## 6.1. Scope

The services must be delivered:

- Only to eligible clients in the Murray PHN region.
- In a way that is complimentary, and not in duplication to other services such as NDIS or State-funded psychosocial support services.

Services must not:

- Be clinical in nature.
- Be delivered 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.
- Provide personal care and domestic help.

## 6.2. Client eligibility

To be eligible for Psychosocial Recovery Services an individual must:

- Have a severe mental illness
- Have an associated level of reduced psychosocial functional capacity
- Be over 18 years of age

They must not be:

- Eligible for NDIS and State funded psychosocial supports, or be assisted through the PIR, PHaMs or D2DL programs.

People should be signposted/ supported to access alternate programs where appropriate.

| Service stream specifics | |
|---|---|
| **NPSM** | A client will not be eligible for NPSM services if they are eligible for support under the CoS or ETA service streams. |
| **ETA** | To be eligible for support under CoS, a client must have previously received support from PIR, D2DL or PHaMs* as at 30 June 2019 and be yet to test eligibility or transition to supports under the NDIS (i.e. waiting to receive an access decision or plan from the NDIS or waiting for support to begin). |
| **CoS** | To be eligible for support under CoS, a client must have previously received support from PIR, D2DL or PHaMs* as at 30 June 2019 and have received a decision that they are ineligible for NDIS services.<br>Clients must 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).<br>Clients may choose to re-engage with CoS services at any time if they meet eligibility criteria |

* 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.

## 6.3. Guiding principles

Service providers are encouraged to tailor their service delivery model to best meet the needs of the client cohort in their region. Services should be:

- 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.
- Inclusive of Carers: The services should recognise and value the role of carers in support people with mental illness.
- 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.

## 6.4. Approach

Service providers are encouraged to tailor their service delivery model to best meet the needs of the client cohort in their region. This should include consideration of needs specific to rurality. Services should observe the following key service elements:

- Be delivered according to the PRS Client Journey Flow Chart (see Appendix 1).
- Include Assessment, Recovery Action Planning, Crisis Planning and 3-monthly review.
- Offer Individual Interventions and Group Interventions in accordance with client need.

| Service stream specifics | |
|---|---|
| **NPSM** | Services should include Brief Intervention. A target of 50% of clients should have their needs met at the brief intervention stage.<br>People whose psychosocial needs can be met by other services should be supported to access those services at assessment or through brief intervention and should be exited at this stage. |
| **ETA** | Services must include assistance to test eligibility for the NDIS and to transition to appropriate support arrangements. |
| **CoS** | Group activities should form most of the service provision, with targeted individual support at times of increased client need. Clients can be provided with transport support to attend group activities, but transport cannot be the focus of individual service delivery. Clients should be supported to reapply for NDIS support if they are unhappy with their access decision or their support needs change. |

## 6.5. Domains of need

Activity should include a focus on building capacity and stability in one or more of the following areas:

- social skills and friendships
- family connections
- managing daily living needs

- financial management and budgeting
- finding and maintaining a home
- vocational skills and goals, including volunteering
- educational and training goals
- maintaining physical wellbeing, including exercise
- managing drug and alcohol addictions, including tobacco
- building broader life skills including confidence and resilience

Social connectedness is expected to be a key psychosocial support need.

## 6.6. Intervention types

Psychosocial Recovery Services should use interventions that have an evidence base for success in addressing the above domains of need. Such interventions focus on building ability and skills to assist people to manage their mental illness, improve their relationships with family and others, and increase social and economic participation. Psychosocial Recovery Services should aim to deliver (either directly, in partnership or by referral):

- Social skills training
- Supported employment
- Supported education
- Supported housing
- Family psycho-education and support
- Outreach treatment and support services
- Cognitive remediation
- Support self-management of illness/es
- Physical health management (including support to access physical health assessments and treatment)
- Peer support/consumer networking

Service providers should consider the evidence base for effectiveness of interventions in relation to the domains of need alongside client choice in determining the intervention approach best suited to supporting an individual client. Evidence is summarised in Table 2, below, with further information listed in 6.14, 'Useful Information', below.

Table 2: Priority of needs identified by people living with Severe Mental Illness (Hayes et al. 2016)

## 6.7. Intervention duration

| Need | 1 | 2 | 3 | 4 | Possible evidence-based interventions (EBIs) to meet this need |
|---|---|---|---|---|---|
| Uncontrolled symptoms | X | X | X | X | Family Psycho-education; CBT for psychosis; Illness Self-Management Training; Peer Support; Cognitive Remediation. |
| Loneliness/social isolation | X | X | X | X | Social Skills Training; family interventions; employment programs; Supported Housing. |
| Financial | X | X | | X | Employment programs; Illness Self-Management and individual psycho-education; Supported Housing. |
| Lack of employment/ daytime activities | X | X | X | | Employment programs; Cognitive Remediation; Social Skills Training; family interventions. |
| Physical health | X | X | | X | Health services engagement supports; consumer education. |
| Suitable housing | X | X | | X | Housing programs; Social Skills Training. |
| Need for family or carer support | X | | | X | Family Psycho-education and Support; MST or ACT/ Outreach. |
| Stigma/ discrimination | X | | | | Social Skills Training; family interventions; Social Cognition Training; employment programs. |
| Access to mental health services | X | | | | Case management and service coordination; MST or ACT/Outreach. |
| Distress | | | X | | Case management and service coordination; MST or ACT/Outreach; CBT for psychosis; Illness Self-Management Training; hearing voices. |
| Information | | | X | | Health services engagement supports; health lifestyle programs and education; CBT for psychosis; Illness Self-Management Training. |

1. Morgan et al. (2011)
2. Killacky et al. (2015)
3. Thornicroft et al. (2004)
4. Brophy et al. (2015)

Regular reviews should be used to track progress and inform exit planning. Parameters for intervention duration are service stream specific:

| Service stream specifics | |
|---|---|
| **NPSM** | Maximum length of time in the program should be no greater than six months other than in exceptional circumstances. If a client requires longer term support, they should be encouraged/ supported to apply to the NDIS or alternative supports. Exit planning should be started on intake. |
| **ETA** | This program will only be available for clients for a single year (1/7/2019 to 30/6/2020). The duration of support for an individual client will be dependent on the level of need and cease if they qualify for another program, such as CoS or NDIS. |
| **CoS** | 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.<br>The intensity of support provided to clients is flexible and to be negotiated with each client based on their needs. |

## 6.8. Integration

Services must be thoroughly integrated with services that can impact client wellbeing and support recovery outcomes. Key partners should include:

- PHN funded Stepped Care Services,
- Area Mental Health services,
- Early Intervention Psychosocial Support Response (EIPSR) services,
- Community Health Services,
- General Practice
- Employment and housing services
- Community social groups
- The NDIS and their Local Area Coordinator partners

Agencies are expected to participate in and contribute to a Murray PRS Community of practice.

## 6.9. Caseload

| Service stream specifics | |
|---|---|
| **NPSM** | Caseload expectation is 20-25 (including groups). |
| **ETA** | Caseload expectation is 10-20 |
| **CoS** | Caseload expectation is 10-20 |

## 6.10. Referrals

Referrals to each service is as follows.

| Service stream specifics | |
|---|---|
| **NPSM** | Referrals to the Psychosocial Recovery Services should be accepted from any source (with consent), including from consumers and carers. NPSM providers must promote the service throughout their service area to potential referrers. |
| **ETA** | Referrals will be accepted for this program only with proof of eligibility as PIR, PHaMs and D2DL client as at 30 June 2019. |
| **CoS** | Referrals will be accepted for this program only with proof of eligibility as PIR, PHaMs and D2DL client as at 30 June 2019. |

## 6.11. Assessments

The Camberwell Assessment of Need Short Assessment Scale (CANSAS) should be used. used on intake, exit and every three months of service delivery (if applicable). Other tools such as the Life Skills Profile (16) (LSP) and Recovery Star can be used if needed.

## 6.12. Recording and reporting

Psychosocial Recovery Services providers must have a suitable Client Information Management System capable of:

- The secure capture and storage of client information
- Providing reports which meet the specifications of Murray PHN.

Providers must report in line with clinical governance requirements outlined in section 3 above and also data in line with the Primary Mental Health Minimum Dataset (PMHC-MDS) (https://docs.pmhc-mds.com/)

Murray PHN is developing an enhanced Minimum Data Set for its Psychosocial Recovery Services. Contractors must report as required by this MDS once issued by Murray PHN.

Reporting will also be required by Murray PHN with respect to performance and outcome indicators. Recording of outcomes will be oriented around successful engagement with the target cohort, achievement of recovery goals and experience of service. Further details will be advised.

## 6.13. Flexible funds

Flexible funding is available to support PRS clients to a maximum amount of $300 per client with the following criteria;

- Expenditure is in line with the individuals recovery goals as identified in their Recovery Action Plan.
- Expenditure is in line with the aims and objectives of the PRS program.
- Funding is used to purchase services, supports or goods on a short-term, ad-hoc basis to meet immediate need.
- Services, supports or goods purchased with the flexible funding pool are capable of withstanding public scrutiny, and will not bring the PRS service providers or Murray PHN, into disrepute.
- PRS Flexible funding should only be used when all other appropriate funding options have been explored.

- Ensures adequate funding is available within the flexible funding budget to meet the needs of other PRS participants.

The purchase of goods and services using flexible funding should be evaluated according to the following criteria.

- Quality History - ability to provide goods and services consistently in accordance with quality requirements.
- Value for Money - best value for money being the benefits achieved compared to the whole of life costs. This includes price, quality, reliability, service, delivery, payment terms and strategic suppliers.
- Conflict of Interest – policies and procedures should be developed and implemented to mitigate any potential conflict of interest and ensure that clients have choice and control as to how funds are spent.
- On Time Delivery - ability to provide goods and services within stated and agreed timeframes. The delivery of goods and services should be benchmarked against industry standards, wherever possible, and will be reviewed based on reliability and service performance.
- Financial Stability – capacity to provide goods and services from a business continuity perspective.
- Service Performance - ability to meet client need.

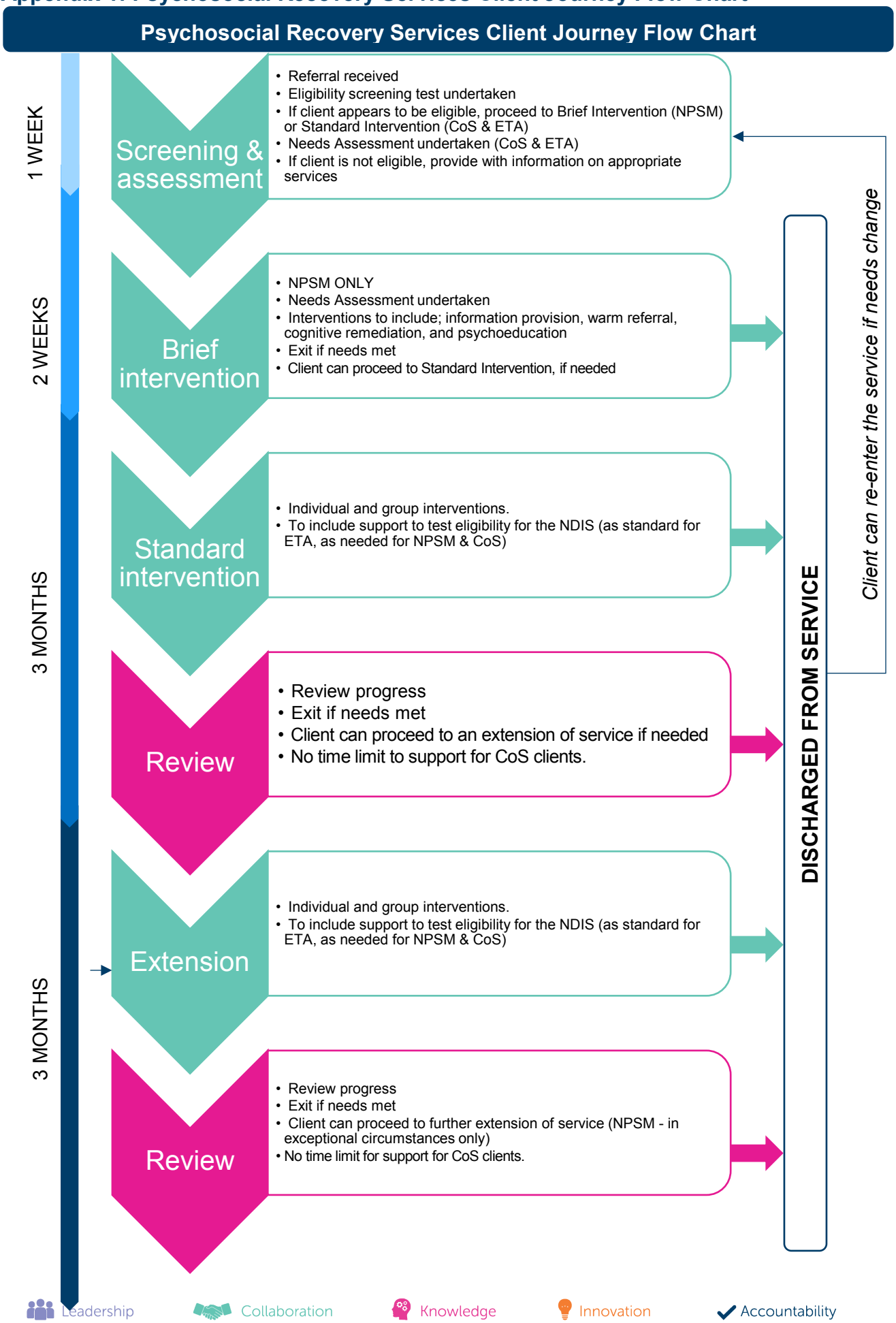
Service providers will be responsible for ensuring that the details of flexible funding expenditure are recorded and reported in a format specified by Murray PHN.

## 6.14. Useful information


- Brophy L, Bruxner A, Wilson E, Cocks N, Stylianou M & Mitchell P (2015): People making choices: the support needs and preferences of people with psychosocial disability-Project Summary, New Paradigm
- Department of Health (2013): A National Framework for Recovery Oriented Mental Health Services
- Hayes et al. (2016) Effective, Evidence-based psychosocial intervention suitable for early intervention in the National Disbaility Insurance Scheme (NDIS): promoting psychosocial functioning and recovery. The Centre for Mental Health, Melbourne School of Population & Global Health. https://www.mindaustralia.org.au/sites/default/files/publications/Effective_evidence_based_psychosocial_interventions_full_report.pdf
- Killackey E, Harvey C, Amering M & Herrman H (2015), Partnerships for meaningful community living: rehabilitation and recovery-informed practices psychiatry, fourth edition, 1959‑82.
- Morgan V, Waterreus A, Jablensky A, Mackinnon A, McGrath J, Carr V, Bush R, Castle D, Cohen M, Harvey C, Galletly C, Stain H, Neil A, McGorry P, Hocking B, Shah S & Saw S 2012, 'People living with psychotic illness in 2010, An overview of findings from the second Australian national survey of psychosis', Australian and New Zealand Journal of Psychiatry, vol. 46, p735–52.
- National Mental Health Commission mentalhealthcommission.gov.au
- National Practice Standards for the Mental Health Workforce (2013): http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-wkstd13

- Slade et al. (1999) CAN: The Camberwell Assessment of Need https://www.researchintorecovery.com/adultcan
- Slade et al. (2009) Personal Recovery and Mental Illness: A Guide for Mental Health Professionals. Cambridge: Cambridge University Press
- The Fifth National Mental Health and Suicide Prevention Plan (2017): http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and% 20Suicide%20Prevention%20Plan.pdf
- Thornicroft G, Tansella M, Becker T, Knapp M, Leese M, Schene A & Vazquez-Barquero J L (2004) The personal impact of schizophrenia in Europe, Schizophr Res, vol. 69, p125‑32.

## Appendix 1: Psychosocial Recovery Services Client Journey Flow Chart



## Appendix 2: Psychosocial Recovery Services Funding Flowchart