

Queensland Health

# **Mental Health Community Support Services – psychosocial supports**

Consultation Paper  
November 2023



**Queensland  
Government**

## **Queensland Health Funded Psychosocial Supports – Consultation Paper**

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An electronic version of this document is available at

<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/community-services>

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## Acknowledgements

### **Acknowledgement of Country**

Queensland Health acknowledges and pays respect to Aboriginal and Torres Strait Islander Elders, people, consumers and staff, past and present, on whose land we provide health services to all Queenslanders. We pay our respects to ancestors and Elders past, present and emerging, and recognise and celebrate the diversity of Aboriginal and Torres Strait Islander peoples and their ongoing cultures and connections to the lands and waters of Queensland.

### **Recognition of people with a lived experience**

Queensland Health recognises people with lived experience of mental illness, problematic alcohol and other drug use, and/or mental health crisis and suicidality, their families, carers and support persons. Their contribution to driving and informing reforms to the mental health, alcohol and other drug service system is critical and valued.

# Terminology

**Psychosocial Supports:** are non-clinical community-based supports that aim to facilitate recovery in the community for people experiencing mental illness – through a range of services to help people manage daily activities, rebuild and maintain connections, build social skills and participate in education and employment<sup>1</sup>. These are known as Mental Health Community Support Services within the state-funded mental health alcohol and other drug service system.

**Holistic:** means to provide support that looks at the whole person, not just their mental health needs. The support should also consider their physical, emotional, social and spiritual wellbeing<sup>2</sup>.

**Lived Experience:** The Mental Health Lived Experience Peak Queensland (MHLEPQ)<sup>3</sup> defines lived experience as ‘Any Queensland, 18 years and older, identifying as having a direct personal experience of mental illness and/or direct personal experience of suicidal ideation or surviving a suicide attempt.’

**Mental Illness:** The *Mental Health Act 2016*<sup>4</sup> definition of mental illness is as follows: a condition characterised by a clinically significant disturbance of thought, mood, perception or memory.

A decision that a person has a mental illness must be made in accordance with internationally accepted medical standards<sup>4</sup>.

**Peer workforce:** “A mental health peer worker is someone employed on the basis of their personal lived experience of mental illness and recovery (consumer peer worker), or their experience of supporting family or friends with mental illness (carer peer worker). This lived experience is an essential qualification for

their job, in addition to other skills and experience required for the particular role they undertake.”<sup>2</sup>.

**Person-led approach:** A person-led approach is where the person is supported to lead their own care and be treated as a person first. The focus is on the person and what they can do, not their condition or disability. Support should focus on achieving the person’s aspirations and be tailored to their needs and unique circumstances<sup>2</sup>.

**Recovery-focussed (or oriented) approach:** Recovery is the “achievement of an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health issue”<sup>2</sup>.

The principles of a recovery-oriented approach include understanding that each person is different and should be supported to make their own choices, listened to and treated with dignity and respect. Each person is the expert of their own life and support should assist them to achieve their hopes, goals and aspirations. Recovery will mean different things to different people<sup>2</sup>.

**Stigma:** Stigma is complex, arising from a range of cultural, social, political and psychological processes<sup>5</sup>. Stigma can include negatively stereotyped characteristics, attitudes, and responses, which harm a person’s day-to-day health and wellbeing by excluding, devaluing, or shaming them<sup>5</sup>.

Mental health-related discrimination means people being denied access to essential services like housing or financial support, or employment, because of their lived experience or role as a family member, carer or support person<sup>5</sup>.

# Introduction

Psychosocial supports are a critical component along the mental health continuum of care that enable people to live well in the community (see Figure 1 below).

Psychosocial supports are non-clinical and recovery-focused support services for people whose ability to undertake everyday tasks may be compromised due to their mental illness. The supports may be provided through individual, group, and community programs.

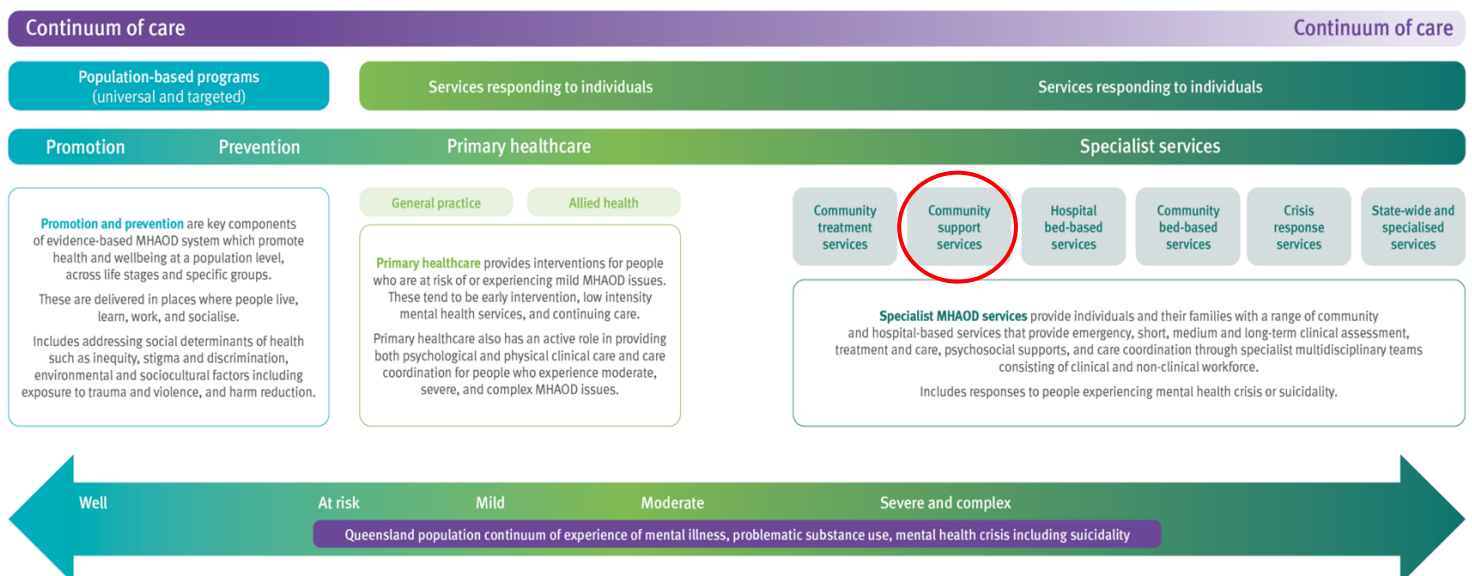
Psychosocial supports help people:

- manage the effects of their illness
- engage effectively in daily activities
- address physical health goals
- build and maintain social connections
- build social skills
- participate in employment and education.

Psychosocial supports are built on evidence that they assist with:

- reducing hospitalisations and lengths of stay in hospital
- improving physical and mental health
- stabilising housing tenancies
- enhancing life skills
- assisting in ensuring sustained or stable involvement in employment and education increasing community participation and foster independence and relationships.

Queensland Health is committed to strengthening and expanding existing psychosocial support programs, establishing new programs and supporting ongoing development and improvement of programs in response to consultations and evaluations.



**Figure 1. Mental health, alcohol and other drugs continuum of care.** Treatment, care and support delivered through state-funded Mental Health, Alcohol and Other Drugs (MHAOD) services for individuals who are most severely impacted by mental illness and/or problematic substance use. It includes responses to mental health crisis and suicidality.

The scope of Queensland Health's existing state-funded Mental Health Community Supports Services (psychosocial support) programs delivered by Hospital and Health Services (HHS) and non-government organisations (NGOs) is:

- for individuals who have severe mental illness, and their carers and/or families;
- prioritised for individuals who are not supported through the National Disability Insurance Scheme (NDIS);
- supports and services designed to complement and work alongside clinical treatment; and
- supports and services accessible across Queensland, regardless of where individuals live (e.g. regional, rural and remote communities).

This consultation seeks to gather your ideas and seek feedback about state-funded mental health community supports (psychosocial supports) in across Queensland. The diverse perspectives, experience and knowledge of all stakeholders and interested members of the community are valued and respected and will contribute to considerations about and build on the current state-funded service system.

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**We are seeking your input about the models, approaches and design elements that build on the current service system.**

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This Consultation Paper provides relevant background information about the existing state-funded Mental Health Community Support Service (MH CSS) programs established in 2019, and highlights areas of opportunities.

## Have your say

Consultation is occurring across the community with input and feedback sought from all Queenslanders, consumers and carers, our non-government organisation partners, Queensland Primary Health Networks (PHNs), and within the Queensland Government.

There are several ways to have your say to inform state-funded psychosocial supports and programs. These include:

- Completing an online survey by visiting [www.getinvolved.qld.gov.au](http://www.getinvolved.qld.gov.au)
- Providing a written submission responding to questions in this consultation paper:
  - by email: [MHCSS@health.qld.gov.au](mailto:MHCSS@health.qld.gov.au)
  - by post: Mental Health, Alcohol and Other Drugs Strategy and Planning Branch, Department of Health, GPO Box 48, Brisbane QLD 4001

More information is available at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/mental-health/community-services>.

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The closing date for the online survey and to submit a written response is **Friday 9 February 2024.**

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# What Queensland Health is already doing

Several initiatives and inquiries have identified a need for additional psychosocial supports across Australia and a recognition the service system requires additional investment to meet need.

- The **Productivity Commission, Mental Health, Inquiry Report**<sup>1</sup>, released publicly in November 2020, examined the role of mental health in supporting economic participation and enhancing the nation's productivity. This Report identified that up to 154,000 people across Australia would not be able to receive the psychosocial support services they require, under the service delivery, funding arrangements and policy settings at the time<sup>1</sup>.
- The **National Mental Health and Suicide Prevention Agreement**<sup>6</sup> (NMHSPA), supported by a Bilateral Schedule on Mental Health and Suicide Prevention between the Commonwealth and Queensland, recognises the mutual interest and investment of the Commonwealth and the States and Territories in ensuring people with severe mental illness and associated psychosocial functional impairment who are not more appropriately funded through the NDIS can access psychosocial services to optimise mental health outcomes and support recovery, thus reducing avoidable demand for health services. The Agreement sets out an agreed approach to progress the National Psychosocial Support Measures.
  - A commitment was made in the NMHSPA for all governments to undertake an analysis of unmet need for psychosocial supports outside the NDIS (including a mapping exercise) which is expected to be completed by March 2024.
- Queensland Government's **Response to the Productivity Commission Inquiry into the opportunities to improve mental health outcomes for Queenslanders**<sup>7</sup> emphasised the commitment to continue to support investment in enhancing and expanding psychosocial supports.
- **Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027**<sup>8</sup> recognises the importance of psychosocial supports and commits to further enhancing psychosocial support programs to address the identified shortfall in psychosocial supports for people with severe and complex mental illness, who do not receive NDIS supports.

## Existing Government Funded Psychosocial Supports

Both the Commonwealth and States and Territories are involved in the funding, commissioning, and delivery of psychosocial supports (outside of those provided by the NDIS). In Queensland:

- Queensland Health prioritises funding and provision of psychosocial supports for people with more severe and complex mental illness entering the state public mental health service system. These services are delivered through NGO providers (NGOs) as part of the Mental Health Community Support Services (MHCSS) program.
- The Commonwealth Government funds psychosocial supports for people not eligible for the NDIS through the Commonwealth Psychosocial Support Program through the Primary Health Networks (PHNs). The PHNs commissions NGOs to deliver these programs.

Queensland Health has a long history of investing in psychosocial supports delivered by NGOs to people with severe and complex mental illness. In 2018, Queensland Health established the MHCSS program to deliver non-clinical, holistic, recovery-focussed psychosocial wraparound support services delivered one-to-one, peer-to-peer or group-based depending on the person's recovery needs. MH CSS includes:



- The **Individual Recovery Support Program (IRSP)**
- The **Group Based Peer Recovery Support Program (GBPRSP)**
- The **Individual Recovery Support – Transition from Correctional Facilities Program (TCFP)**
- The **Individual at Risk of Homelessness Program (IRHP)**
- A range of **psychosocial specialist services** to address specific needs and populations.

These MH CSS programs are delivered through NGO providers across Queensland's HHS and are an integral service system component along a continuum of care within an individual's local community.

[Appendix 1](#) of this paper, [Queensland Health funded Mental Health Community Support Services Program – Eligibility and Referral Pathways](#), provides details of the eligibility criteria and pathways for entry into current services.

[Appendix 2](#) of this paper provides some examples of existing Queensland, national and international psychosocial support models.

## Evaluation of the Mental Health Community Support Services programs

In 2020, Queensland Health commissioned the Queensland Centre for Mental Health Research (QCMHR) to evaluate the MH CSS programs to determine their effectiveness<sup>9</sup>. Although the evaluation found the programs to be vital in supporting people who would not otherwise be supported, some findings suggest further exploration of key areas to assist in the design of new models.

The key focus areas requiring further exploration include:

- The **pathways for referrals** into the programs
- The suitability of programs for **different age cohorts**
- Issues for **other cohorts** (for example, transfer from correctional facilities, rural and remote communities, LGBTQI+ and First Nations peoples)
- Consideration for **additional program elements** The Evaluation Report was released on 19 April 2022 and is available on the [Queensland Health Mental Health Community Support Services website](#).



# Opportunities to optimise Queensland's Mental Health Community Support Services

## Existing Programs and Referral Pathways

Individuals living with severe, complex and persistent mental illness aged 18 years and over (with a priority given to those not eligible for NDIS) can be referred into MH CSS programs through public mental health clinical care services that a person has recently or is currently accessing. Clinical services delivered by HHS through community treatment teams, community bed-based services or hospital bed-based services.

Suggestions and issues raised in the MH CSS Evaluation to consider include:

- Insufficient referrals into the MH CSS programs as some consumers under the care of a GP who have severe and persistent mental illness and would meet the eligibility criteria for the MH CSS, would not be in contact with HHS services first, making them ineligible to access the MH CSS.
- Lack of staff awareness and understanding of 'psychosocial support' and insufficient consumer information on referral.
- Clinicians in the HHS noted their preference to be able to refer people directly into the group programs offered.

## Have your say

### Existing Programs and Referral Pathways

**Question 1:** How could the existing Mental Health Community Support Service (MH CSS) programs be further strengthened to increase access and engagement?

**Question 2:** Should the pathways for referral into the current Mental Health Community Support Service (MH CSS) programs be opened more broadly?

Please provide details of what referral pathways you think are relevant and/or how the referral process should work (e.g. entry and exit points).

## Age Groups

Most consumers accessing the current MH CSS programs are adults aged between 25 to 55 years. However, psychosocial support models in other age groups, are important considerations.

### Children (0 to 11 years of age)

Key considerations for psychosocial programs for children and their families are the:

- needs of the infant, child, their family including siblings, parents, extended family and carers, and other factors must be considered.
- impact of adverse childhood experiences.
- barriers that exist for some families to access existing health, developmental, mental health and other social care services and strategies to address these.
- need for culturally safe models.
- need to ensure any psychosocial model works collaboratively with the broader

health and social care system to avoid fragmentation and to ensure supportive/warm 'step up' to secondary or tertiary services as required.

## Younger people (12 to 24 years of age)

Key considerations for young people include the need for and importance of:

- outreach and a flexible approach to support engagement and develop trust, to ensure young people can enter and exit, re-enter and receive support that best meets their needs.
- youth peers and community in supporting hope and recovery
- role of supporting families to both understand this developmental period and also how to support their young person

- working with the young person's broader system, (e.g. education or vocation), to support their continued engagement.

## Older adults (65 years and over)

There are some important considerations when delivering psychosocial support services to older people with severe mental illness, including:

- recognising the importance of integrating the physical health and mental health needs of older people
- that older people with mental illness have described recovery as 'continuing to be me' (which differs to younger people who are often still establishing their identity)
- using strategies to enhance continuity and reinforce identity (e.g. supporting families and carers to help maintain an individual's identity over time)
- managing impacts of co-existing physical illness.

### Have your say

#### Age Groups

**Question 3:** What are some examples of other models or program elements that could meet psychosocial needs for the following age groups:

- a) children (ages 0 to 11 years)
- b) young people (12 to 25 years)
- c) older adults (65 years and over)?

Examples can include programs from other states or other countries. The examples can also be models that are not specifically for psychosocial supports in mental health.

## Program design

In addition to what has been discussed above, several other program elements that may contribute to the success of the psychosocial support programs include:

- access and accessibility to services throughout the State, including in rural, remote and regional Queensland.
- optimising and supporting the peer workforce across all program types.
- a balance between community-based and hospital-based mental health care.
- challenging stigma and discrimination through community awareness and mental health promotion.
- recovery-oriented mental health services which actively engage with the individual to determine appropriate ways of managing and regaining control of their life and illness.
- peer-led self-management programs assisting the person to develop personal goals for health behaviour change and manageable ways to improve health and wellbeing.
- social prescribing to provide a way for health care providers to connect people receiving care to non-clinical community supports to improve health and wellbeing.
- wider promotion of the programs, perhaps through a common branding and clear description of the services available.

## Have your say

### Program design

**Question 4:** Are there examples of programs, models or elements that, in your experience, are working well and could be adapted or expanded to improve psychosocial support for people with severe mental illness?

**Question 5:** What role could the peer workforce have in psychosocial support models and how can they be supported more effectively?

## Thank you and next steps

We would like to acknowledge and thank you for your time in considering this consultation paper and providing your feedback and advice.

All feedback will be reviewed and analysed to inform the development of state-funded MHCSS programs.

### What have we missed?

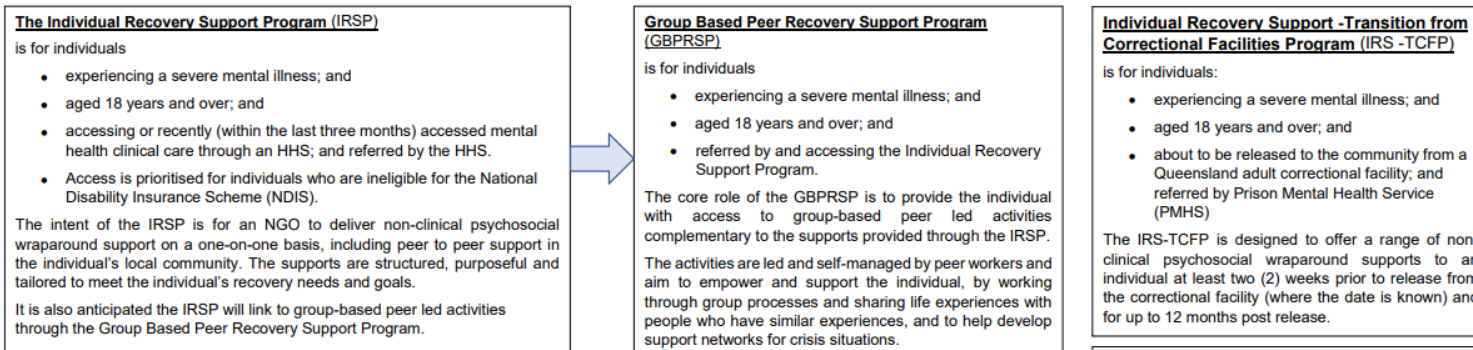
Please let us know if there is any additional information that you would like us to consider.

## References

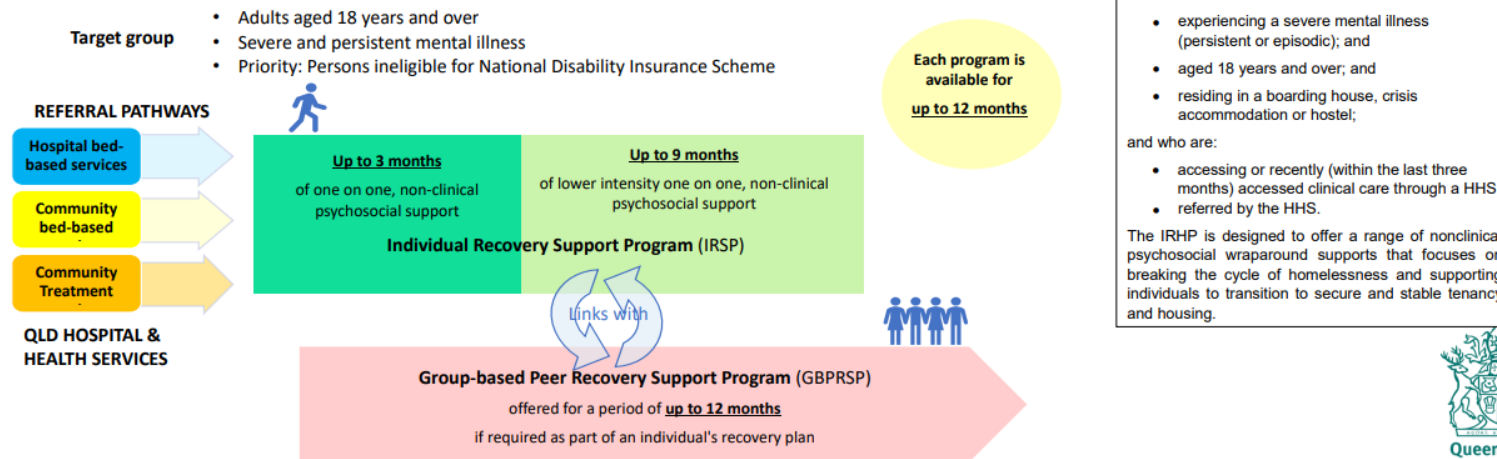
1. Productivity Commission. Inquiry into Mental Health – Final Report. Productivity Commission, Australian Government, Report no. 95, 2020. Canberra.
2. NSW Health (2020). Working with people with mental illness and psychosocial disability: Principles for effective support. NSW Government.  
<https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/default.aspx>  
Accessed online 2 November 2023.
3. Mental Health Lived Experience Peak Queensland. 2022, <https://mhlepq.org.au/>.
4. Mental Health Act 2016 (Qld). 2016, Queensland Health.
5. National Mental Health Commission. National Stigma and Discrimination Reduction Strategy (Draft). 2022, Australian Government.
6. National Mental Health and Suicide Prevention Agreement. 2022, Commonwealth of Australia.
7. Queensland Government. Inquiry into the opportunities to improve mental health outcomes for Queenslanders. Queensland Government final response, 2022. State of Queensland.
8. Queensland Health. Better Care Together: a plan for Queensland's state-funded mental health, alcohol and other drug services to 2027, 2022. State of Queensland (Queensland Health).
9. Rutherford Z, Enright M, Arthur S, Luebke A, & Whiteford H. Mental Health Community Support Services Evaluation Final Report, 2020. Queensland Health Mental Health Alcohol and Other Drugs Branch.

***Additional bibliography available on request.***

# Appendix 1: Queensland Health funded Mental Health Community Support Services Programs – Eligibility and Referral Pathways



## Individual Journey through IRSP and link to GBPRSP



## Appendix 2: Existing State-based, National and International Psychosocial Support Programs

### 1. Existing Mental Health Community Support Services

There are four core programs delivered by non-government organisations (NGOs) and funded by Queensland Health.

#### Individual Recovery Support Program (IRSP)

The **Individual Recovery Support Program (IRSP)** is for individuals:

- experiencing a severe mental illness;
- aged 18 years and over;
- accessing or recently accessed mental health clinical care through a Hospital and Health Service (HHS);
- referred from a HHS; and
- is prioritised for individuals who are ineligible for the NDIS.

The intent of the IRSP is for the delivery of non-clinical psychosocial wrap-around support on a one-on-one basis, including peer-to-peer support in an individual's local community. Supports are structured, purposeful and tailored to meet an individual's recovery needs and goals. Individuals are referred from the IRSP into the Group Based Peer Recovery Support Program.

- A critical component of the IRSP is the development of a mutually agreed Individual Recovery Plan (IRP). It is expected the NGO must have the IRP in place within two weeks of being referred.
- IRSP is structured across two phases of supports, tailored to the care and intensity of support needed by the individual and as outlined in the IRP for a period of up to 12 months.

#### Group Based Peer Recovery Support Programs (GBRSP)

The **Group Based Peer Recovery Support Program (GBRSP)** is for individuals:

- experiencing a severe mental illness;
- aged 18 years and over; and
- referred by and accessing the IRSP.

The group-based peer led activities are complementary to the supports provided through the IRSP. The activities aim to empower and support the individual by working through group processes, sharing lived experience and develop support networks.

The activities in the GBPRSP can be hosted in many settings and would generally be of short duration (e.g., two hours), may or may not be structured (e.g., two-hour session for six weeks), and might be time-limited or ongoing for a period of up to 12 months depending on the identified recovery needs of the individual.

The integrated approach between the IRSP and the GBPRSP allows for the delivery of wrap-around supports at various levels of intensity and frequency that aligns with recovery needs of the individual.

## Individual Recovery Support -Transition from Correctional Facilities Program (TCFP)

The **Individual Recovery Support -Transition from Correctional Facilities Program (TCFP)** is for individuals:

- experiencing a severe mental illness;
- aged 18 years and over;
- about to be released to the community from a Queensland adult correctional facility; and
- referred by Prison Mental Health Service (PMHS).

The IRS-TCFP is designed to offer a range of non-clinical psychosocial wrap-around supports to an individual at least two weeks prior to release from the correctional facility (where the date is known) and for up to 12 months post release.

## Individual at Risk of Homelessness Program (IRHP)

The **Individual at Risk of Homelessness Program (IRHP)** is for individuals

- experiencing a severe mental illness (persistent or episodic);
- aged 18 years and over;
- residing in a boarding house, crisis accommodation or hostel;
- accessing or recently (within the last three months) accessed clinical care through a HHS; and
- and referred by the HHS.

The IRHP is designed to offer a range of non-clinical psychosocial wrap-around supports that focuses on breaking the cycle of homelessness and supporting individuals to transition to secure and stable tenancy and housing.

## Specialist Services

Queensland Health also funds a range of psychosocial services to address specific needs and populations. Examples of these services are summarised below.

**Individual Advocacy:** six funded services to provide one on one advocacy to represent the rights and interests of individuals with severe mental illness.

Eating Disorders Queensland (EDQ): provides individuals (aged 16 years and over) who experience eating disorders, and their families and carers the following services:

- information and referral
- individual clinical counselling
- therapeutic group work
- community table
- parents and bubs peer support group
- social and recreational groups
- peer support including peer mentor and peer support recovery group
- community education and engagement.

**Arafmi:** provide individual carer support, group carer support and carer education across the state. There is also a model in development to better support carers from culturally and linguistically diverse (CALD) backgrounds.



**Clubhouses:** six clubhouses across the state who deliver the international clubhouse model, which includes:

- work ordered day
- participation in consensus-based decision making regarding the running of the clubhouse
- links to employment
- access community based educational resources
- access to crisis intervention
- evening/weekend social and recreational events
- assistance with securing and sustaining safe and affordable housing.

**Social and Emotional wellbeing programs for First Nations:** delivers trauma aware, healing informed models of recovery oriented, non-clinical psychosocial supports for individuals aged 18 years and over who identify as Aboriginal and/or Torres Strait Islander experiencing moderate to severe mental illness. Referrals come from HHSs and Primary Health Care settings.

**World Wellness Group (WWG):** provide specialist responses for people from CALD backgrounds in Metro South Health and Metro North Health. WWG work with Arafmi to develop supports for carers from CALD backgrounds.

**Queensland Program of Assistance for Survivors of Torture and Trauma (QPASTT):** delivers non-clinical specialist psychosocial services, individual support and rehabilitation, group-based peer work, group support, rehabilitation and structured psychological therapies in the Metro North, Metro South, West Moreton, Darling Downs, Gold Coast, Townsville and Cairns and Hinterland Health Service catchments.

**Peachtree:** provides individual and group peer-based supports to expectant parents experience moderate to severe perinatal mental health issues who have infants or children aged 0-5 years in Metro North Health and Metro South Health catchments.

**Upbeats Arts:** is an arts-based program for individuals 18 years and over and provides:

- choir
- a music theatre program
- a creative writing program
- a song writing program.

**GROW:** mutual supports and self-help for individuals 18 years and over who with severe mental illness. Provides the GROW groups and peer leader supports.

**Peer run programs – Consumer Operated Service:** for individuals 18 years and over and provides peer-led individual recovery support program, residential crisis prevention support program and a warmline to provide crisis prevention.

**Transitional Recovery Service (TRS):** is residential psychosocial support program for individuals 18 to 65 years of age delivered from Department of Housing/Health properties, providing short to medium term residential support for up to 12 months for 14 consumers. Transitional Outreach is provided when the consumer exits the residence.

**PANDA:** statewide telephone helpline for expectant and new parents experiencing moderate to severe perinatal mental health issues and psychosocial difficulties. Also provide consultation service for health professionals and care providers.

**Children of parents who live with mental illness:** recreational camps for the children of parents who live with mental illness.

**Jellybeans:** program for transgender, gender diverse, non-binary young people aged 12 to 24 and families/carers of young people who face barriers to participating in community activities and events and are socially isolated due to high levels of discrimination, bullying, harassment and poor mental health.

## 2. Psychosocial support models for children (0 to 11 years)

*\*\*\*Note: most psychosocial programs for children work within the family context, and there are very few that provide psychosocial supports specifically to the child only. Most services for children under the age of 5 years are provided to the parent-child dyad, and offer parents support to understand their children and facilitate their development.*

**Pathways for Early Learning and Development Program:** aims to support children aged 0 to 5 years to develop and learn. Children and their parents/caregivers are engaged in structured playgroups as well as in-home support. Program activities include:

- weekly playgroups including Sing & Grow and Step into Prep
- opportunities to engage with children to promote learning and development
- opportunities to engage with families to understand their specific situation and how they might best be supported
- assistance to families to develop plans to overcome hurdles and reach goals
- information and links to other services to support long-term wellbeing.

**PeeWees Program:** is a weekly support playgroup and other informal groups and workshops for parents with children aged newborn to 18 months that offers informal groups/workshops, including parenting education, resilience building, budgeting and health and wellbeing information. Children and parents can enjoy a variety of age-appropriate, fun play activities that help them to bond with each other, develop healthy relationships, and helps participants to:

- learn new skills for creative play at home
- develop your social networks by meeting other parents
- access additional parenting support services.

**Family Mental Health Support Services (FMHSS):** is funded by the Australian Department of Social Services. It aims to improve mental health outcomes for children and young people 0 to 18 years, and their families and carers by providing early intervention support to children and young people who are showing early signs, or at risk of developing, mental illness, with the support of their families and carers. FMHSS provides flexible, responsive options and participants can expect services to offer the following support:

- intensive, long term, early intervention support including assessment and identification of needs, practical assistance and home-based support, linking with other relevant services and targeted therapeutic groups.
- short term immediate assistance for families which may include assessment of needs, information or referrals and limited support
- community outreach, mental health education and community development activities.

Referrals of children and young people can come from any source and brief screening is conducted to ascertain whether they are appropriate for the service.

### 3. Psychosocial support models for young people (12 to 25 years)

**Youth Outreach Recovery Support (YORS):** is a mental health community support service that provides a tailored, outreach psychosocial support response to young people aged 16 to 25 with mental health problems. YORS is offered short to medium term and provides tailored psychosocial supports to young people to better manage their mental health, develop practical life skills for independent living and self-care, engage in community life, access other health and social support services they need, and make the journey towards recovery and the life they want. YORS is provided by seven NGOs providing coverage across the whole of Victoria.

**Youth Community Living Support Services (YCLSS):** provides comprehensive wrap-around care to young people (aged between 15 and 24 years inclusive) living with complex mental illness and aims to reduce their future risk of chronic disability, frequent hospital stays or long-term care. On average, each young person received 306 hours of direct support and many of these reported a boost in self-confidence and self-efficacy. Referrals are only received from the local public mental health service in New South Wales.

**Youth Psychosocial Support Packages (YPSP):** is a partnership between the Western Australia Mental Health Commission and NGOs. The current program is a two-year pilot program which has funding until 30 June 2025. The 12-month program helps participants aged 16 to 24 years of age with moderate to severe mental health issues improve their mental health and wellbeing, maintain stable housing, build confidence, manage day-to-day living and start or re-engage with education and/or employment.

### 4. Psychosocial support models for older adults (65 years and over)

**Helping Older People Experience Success (HOPES):** is a group psychosocial skills training program for older adults with serious mental illness. The program integrates psychosocial skills training and preventative healthcare management with the goal of enhancing independent functioning and community tenure in older adults with severe mental illness<sup>1</sup>.

**Functional Adaption Skills Training (FAST):** is a group-based psychosocial intervention provided in the community for middle-aged and older adults with schizophrenia spectrum disorder or psychotic mood disorders<sup>2</sup>, providing training in six everyday skills (medication management, social skills, communication skills, organisation and planning, transportation, and financial management).

**Health and Recovery Peer (HARP):** is an illness self-management program that has been adapted from the Chronic Disease self-management program. It is a peer-led intervention to improve medication self-management for people with serious mental health issues<sup>3</sup>.

**Peer support model for older people:** has been developed and implemented for specialist mental health services in Australia, for older people. Peer workers were employed by non-government agencies and provided services to specialist public mental health services for older people. Three major areas of work for the Peer worker role were identified including co-facilitated group work, individual peer work with consumers and carers, and education, advocacy and mental health promotion activities.

## 5. Other psychosocial support models for adults

**Early Intervention Psychosocial Support Response (EIPSR)** (Victoria): is a support model for clients of Victoria's clinical mental health service system 16 to 64 (some providers say 65) years of age, who have a severe mental illness and an associated psychosocial disability and are not eligible for the NDIS or are yet to transition to the scheme.

**Community Living Supports (CLS)** (NSW): is a state-wide program that supports people with a severe mental illness to live and recover in the community. CLS is underpinned by an integrated care and support model. The model for CLS involves a partnership between local state public mental health service teams who provide clinical care as required and NGOs specialising in mental health which provide psychosocial supports. Any person or organisation can refer into the CLS, including self-referrals.

**Resolve** (NSW): is a social benefit bond pilot running from 2017 to 2024. Resolve aims to improve the well-being of individuals experiencing severe, persistent mental health issues. Resolve is a community-based program led by peer workers with lived experience of mental health issues. The inclusion criteria for the program includes people who have been an inpatient in the mental health unit of NSW Health for between 40 and 270 days in the preceding 12 months<sup>4</sup>.

**Pathways to Community Living Initiative (PCLI)** (NSW): supports people with very complex mental health issues return to the community after staying in a hospital mental health unit for over 12 months. The PCLI works with two main cohorts of consumers all with serious mental illness and complex needs which place them at risk of long hospital stays:

- **Stage One or Cohort 1:** Older people who also have significant ageing-related issues.
- **Stage Two or Cohort 2:** People aged 18 years and older, without significant ageing-related issues, but who have very complex needs due to their mental illness and major co-occurring disorders.

**Intensive Home-Based Support Services (IHBSS)** (SA): targeted at people aged 16 years and over, provides a short term (usually three months but can be extended to 12 months) program of psychosocial support tailored to the individual. The program aims to avoid crisis situations, prevent relapse, and promote recovery for people with mental illness, particularly for people recently admitted or at risk of being admitted to hospital.

**Individual Psychosocial Rehabilitation and Support Services (IPRSS)** (SA): are delivered as a partnership between public mental health services and NGO's. IPRSS are provided one-on-one in a person's home and local community. Referrals into the program must be provided by the public mental health service. Eligibility for service differs slightly between providers but generally appears to be people who are aged 16 to 64/65, living in the experiencing mental health and wellbeing concerns or severe mental health issues.

**Housing and Accommodation Support Partnership (HASP)** (SA): aims to support access to safe and affordable housing and in-home and community based psychosocial supports to people with severe mental illness. Participants can receive 15 to 30 hours of support per week (including up to 24-hour support in some locations when required). A referral from the public mental health service is required to access the HASP.

**Social prescribing:** is a way for health care providers to connect people receiving care to non-clinical community supports to improve health and wellbeing<sup>5</sup> in recognition that people's

health and wellbeing are determined mostly by a range of social, economic and environmental factors<sup>6</sup>. It is important to note that social prescribing is not a model of intervention in and of itself, but provides a pathway to respond to consumer need<sup>5</sup>.

There is growing international evidence that that social prescribing can improve health and wellbeing outcomes including improvements to quality of life, wellbeing and levels of anxiety and depression<sup>6</sup>. Various studies of social prescribing have also been shown to reduce burden on health systems including decreasing the number of hospital admissions, outpatient visits, average length of hospital stay, number of GP visits, Allied Health appointments, and use of prescription medication<sup>7</sup>.

**Self-management programs:** aim to facilitate recovery by improving a person's ability to manage symptoms, treatment, physical and psychosocial consequences, and lifestyle changes that are inherent with living with a chronic condition<sup>8</sup>.

Self-management programs originated in the United States in the 1970s targeting people with physical chronic conditions. Over the last two decades, self-management interventions for people with severe mental illness have been developed in many countries.

The following key elements have been identified to improve the course of illness of people with severe mental illness:

- Provision of psychoeducation about mental illness and its treatment
- Behavioural tailoring to facilitate medication adherence
- Development of a relapse prevention plan
- Teaching coping strategies for persistent symptoms
- Patient-defined recovery and personal goals<sup>9</sup>.

### **Peer-Led Self-Management programs**

- **Wellness Recovery Action Planning (WRAP)**, which has demonstrated significant improvement in self-management attitudes, skills and behaviours<sup>10</sup>.
- **The Life Goals Program:** is a group-based program providing psychoeducation to improve self-management skills in Veterans with bipolar disorders was shown to significantly reduce affective episodes and increase social functioning and mental health quality of life over a three-year period<sup>11</sup>.
- **The Flinders Model:** is an Australian peer-led self-management program for people with severe mental illness was shown to significantly improve self-management, knowledge and skills, mental health and social participation over a 6-month period. It was also demonstrated a significant reduction in readmission to hospital over a 12-month period<sup>12</sup>.

## **References**

10. Bartels, S.J., DiMilia, P.R., Fortuna, K.L., Naslund, J.A., (2018). Integrated Care for Older Adults with Serious Mental Illness and Medical Comorbidity: Evidence-based Models and Future Research Directions. *Psychiatric Clinics of North America Journal*. Vol. 41, No. 1, pp. 153-164.
11. Patterson T.L., Mausbach, B.T., McKibbin, C., Goldman, S., Bucardo, J., and Jeste, D.V. (2006). Functional Adaptation Skills Training (FAST): A randomized trial of a psychosocial intervention for middle-aged and older patients with chronic psychotic disorders. *Schizophrenia Research*. Vol. 86, No. 1-3, pp. 291-299.
12. Druss, B.G., Zhao, L., von Esenwein, S.A., Bona, J.R., Fricks, L., Jenkins-Tucker, S., Sterling, E., DiClemente, R and Lorig, K. (2010). The Health and Recover Peer (HARP) Program. A peer-led

- intervention to improve medical self-management for persons with serious mental illness. *Schizophrenia Research*. Vol. 118, No. 1-3, pp. 264-270.1
13. Urbis. 2019. Resolve social benefit bond – Baseline Report. <https://www.nsw.gov.au/sites/default/files/2023-05/resolve-baseline-report-2019.PDF> Accessed online 21 September 2023.
  14. World Health Organization (2022). A toolkit on how to implement social prescribing. Manila: World Health Organization Regional Office for the Western Pacific.
  15. Kings Fund. (2023). What is social prescribing? <https://www.kingsfund.org.uk/publications/social-prescribing> Accessed online 14 September 2023.
  16. Aggar C, Thomas T, Gordon C, Bloomfield J, and Baker J. Social Prescribing for Individuals Living with Mental Illness in an Australian Community Setting: A Pilot Study. *Community Mental Health J*. 2021; 57(1): 189–195.
  17. Lemmi, V., Crepaz-Kay, D., Cyhlarova, E and Knapp, M. (2015). Peer-led self-management for people with severe mental disorders: an economic evaluation. *Journal of Mental Health Training, Education and Practice*. Vol. 10, No. 1, pp. 14-25.
  18. Lean, M., Fornells-Ambrojo, A.M., Lloyd-Evans, B., Harrison-Stewart, B., Yesufu-Udechuku, A., Kendall, T and Johnson, S. (2019). Self-management interventions for people with severe mental illness: systematic review and meta-analysis. *The British Journal of Psychiatry*. Vol. 214, pp. 260-268.
  19. Cook, J.A., Copeland, M.E., Corey, L., Buffington, E., Jonikas, J.A., Curtis, L.C., Grey, D.D, and Nichols, W.H. (2010). Developing the evidence base for peer-led services: changes among participants following Wellness Recovery Action Planning (WRAP education in two statewide initiatives). *Psychiatric Rehabilitation Journal*. Vol. 34, No. 2, pp. 113-120.
  20. Bauer, M.S., McBride, L., Williford, W.O., Glick, H., Kinosian, B., Altshuler, L., Bersford, T., Kilbourne, A.M and Sajatovic, M. (2006). Collaborative care for bipolar disorder, part II: impact on clinical outcome, function and costs. *Psychiatric Services*. Vol. 57, No. 7, pp. 937-945.
  21. Lawn, S., Battersby, M.W., Pols, R.G., Lawrence, J., Parry, T and Urkalo, M. (2007). The mental health expert patient: findings from a pilot study of a generic chronic condition self-management programme for people with mental illness. *International Journal of Social Psychiatry*. Vol. 53, No. 1, pp. 63-74.

***Additional bibliography available on request.***