

# Foundational Supports: General

MENTAL HEALTH COORDINATING COUNCIL

**Submission to the Department of Social Services**

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5 December 2024



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# Submission to the Department of Social Services: Foundational Supports - General

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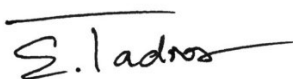
## Introduction

Mental Health Coordinating Council (MHCC) is the peak body for community-managed mental health organisations (CMOs) in New South Wales (NSW) and is a Registered Training Organisation (RTO) delivering accredited and non-accredited programs. We represent community-based, not-for-profit/non-government organisations who support people living with mental health challenges. MHCC's 150 members assist people to live well in the community by delivering mental health and psychosocial supports including social inclusion, rehabilitation, and clinical services. Our purpose is to promote a strong and sustainable community-managed mental health sector with the investment, resources, and workforce it needs to provide effective psychosocial, health and wellbeing programs and services to the people of NSW.

MHCC provides policy leadership, promotes legislative reform and systemic change, and develops resources to assist community-based organisations build their capacity to deliver quality services informed by a human rights-based, trauma-informed, recovery-oriented practice approach. MHCC works closely with Mental Health Australia on matters of national interest to the sector, including cross-governmental collaboration, bilateral agreements, and the NDIS, and with the Mental Health Alliance, a partnership of state-based peak bodies and professional associations, on matters of mutual interest in NSW.

In completing this submission, MHCC has responded to the key questions posed by the Government identified in the online questionnaire. We have provided recommendations where possible based on the most contemporary research and evidence informed by gap analyses conducted in 2024 at both state and Commonwealth levels, that identify the unmet need in terms of psychosocial disability outside of the NDIS. These analyses build on information from earlier reviews about mental health needs in Australia, such as the Australian Productivity Commission Mental Health Report (2020), which recommended reforms that required expenditure of up to \$4.2 billion per year across Australia. The modelling at that time showed these recommendations would generate national savings of up to \$1.7 billion per year and derive benefits of up to \$18 billion per year. There would be additional annual benefits of up to \$1.3 billion per year as a result of increased economic participation and productivity<sup>1</sup>.

We thank the Government for the opportunity to provide commentary on this significant area of reform and express our willingness to be consulted on any matters concerning psychosocial disability and Foundational Supports, including future investment and implementation of a strategic plan and psychosocial framework for service delivery reform.



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# Recommendations

**Recommendation 1:** Ensure funding cycles for contracts for General Supports are at least 5 years (and that indexation includes CPI and wage indexation).

**Recommendation 2:** Grants for projects awarded under the ILC program to have the potential to be evaluated and refunded to provide ongoing access to a resource or program.

**Recommendation 3:** Ensure information and advice about referral pathways and supports are accessible, with a proactive outreach component to service delivery to foster inclusive engagement by using existing resource platforms and programs.

**Recommendation 4:** Government to fund scholarships for psychosocial Peer Navigator training through the accredited course developed by MHCC to be rolled out nationally.

**Recommendation 5:** Funding to be made available for supported decision-making training and professional development to build the capacity of the mental health and psychosocial disability workforce.

**Recommendation 6:** Expand HASI and CLS-type programs nationally, including supporting an additional 2,500 people in NSW each year.

**Recommendation 7:** Re-establish the PHaMs and PIR programs either under General or Targeted Foundational Supports

**Recommendation 8:** The Government should amend the NDIS Psychosocial Recovery-Oriented Framework. It should reflect a trauma-informed principles and practice approach and demonstrate pathways to improved collaboration and integration and build the capacity of people living with psychosocial disability to maximise their independence both inside and outside of the NDIS.

**Recommendation 9:** The DSS should advocate that Commonwealth Government support the implementation of the National Stigma and Discrimination Reduction Strategy to underpin and support future campaigns.

**Recommendation 10:** The Government apply only one set of standards to the CMO services provided under Foundational Supports.

**Recommendation 11:** The amended NDIS Psychosocial Recovery-Oriented Framework must include the principles, actions and mechanisms that can support the workforce providing General and Targeted Supports to ensure quality is maintained.

**Recommendation 12:** The government must invest and take measures to ensure that CMO employees providing General and Targeted Support are appropriately trained and remunerated and that the services are funded to conduct ongoing evaluations of outcomes.

**Recommendation 13:** The amended NDIS Psychosocial Recovery-Oriented Framework should include mechanisms that advance a culture of quality improvement and accountability to the people that use services.

**Recommendation 14:** That the NDIS Psychosocial Recovery-Oriented Framework includes targeted metrics that reflect the breadth of needs of the people accessing Foundational Supports and identifies the complex diversity and realities of the client base.

**Recommendation 15:** Government to utilise a tried and tested method of gathering lived experience of service delivery, the YES-CMO questionnaire, through the Australian Mental Health Outcomes and Classification Network (AMHOCN).

## Background

As part of its work on the National Mental Health and Suicide Prevention Agreement, Health Policy Analysis (HPA) prepared a report on the [Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme](#). The HPA Analysis (2024) is a technical report presenting estimates of unmet need for psychosocial supports outside the NDIS for the 2022–23 financial year. The unmet need is calculated utilising the National Mental Health Service Planning Framework (NMHSPF) with estimates of the psychosocial supports delivered in 2022–23 in community mental health settings, funded by the Australian Government or state and territory governments or the National Disability Insurance Scheme (NDIS). The estimates are based on the agreed definition of psychosocial supports, which were described as:

*“...non-clinical and recovery-oriented services, delivered in the community and tailored to individual needs, which support people experiencing mental illness to live independently and safely in the community”.* (Psychosocial Project Group, 2023)

These include services that assist people living with mental health challenges to:

- manage daily living skills,
- obtain and maintain housing,
- identify needs for other services (such as the NDIS, alcohol and other drug services, clinical care), connect with and maintain engagement with these services,
- socialise, build and maintain relationships,
- engage and maintain engagement with appropriate education (including vocational skills) and employment opportunities.

The HPA analysis estimated that there were “approximately 500,000 people living with severe and moderate mental illness aged 12 to 64 years who required psychosocial support but were not receiving these supports through the NDIS or other government-funded programs”. The total hours of psychosocial support required for people with severe mental illness but not provided were estimated to be approximately 17.5 million in 2022–23 (p.8)<sup>2</sup>.

This estimate of unmet need is higher (by around 76,500 people) than the [Productivity Commission’s Inquiry into Mental Health \(2020\)](#) report, which estimated in 2019 that 154,000 people were not receiving the services they needed (p.10, Figure 2)<sup>3</sup>. The increase in this analysis’ estimate arises from both a higher number of people estimated as needing psychosocial supports (about 46,000 more people, compared to the Productivity Commission’s estimate) and a lower number of consumers receiving support outside of the NDIS (about 31,300 fewer consumers, compared to the Productivity Commission’s estimate).

The Productivity Commission did not estimate unmet need for people with moderate mental health conditions, and identified limitations in the data, including that NDIS participants’ needs (which were excluded in the calculations of unmet need) may not be completely met through the NDIS. Moreover, the HPA report does not report on whether the psychosocial support provided meets individual needs adequately or include cost estimates for addressing identified gaps. Gaps in the data analysis were acknowledged, including for First Nations people and the needs of other specific population groups that were not possible to separately analyse.

These estimates shine a bright light on the concerning gap in access to services for people living with psychosocial disability who are not receiving the essential supports they need to stay well and lead meaningful and fulfilling lives in the community. This not only represents a missed opportunity to improve the health and wellbeing of the individuals concerned, but also their families, carers and supporters, and represents a poor alignment of investment to where it could be more cost-effective and significantly reduce pressure on the public health service system.

## Information, advice and referral services: psychosocial disability and related supports

The analyses cited earlier highlight not only the lack of services available and the poor equity across regions and marginalised groups, but that existing information and advice supports are insufficient in effectively connecting people with psychosocial disability to the necessary services to meet their needs. It is crucial to enhance these systems to ensure that individuals receive the supports they require and would like.

### **1. ‘In your view, do you think existing information and advice supports are working well to help people with disability know what supports are available to them?’**

#### **NDIS Review**

The [Independent Review of the NDIS \(the Review\) Final Report](#) has acknowledged the urgent need for reform to ensure that all people living with disability receive ‘the right supports at the right time’. The Review recommended the establishment of a separate tier of disability services, called Foundational Supports, which can be accessed by all people with disability. The Review advised that Government should improve and expand current programs and activities funded through the [Information Linkages and Capacity Building \(ILC\) grants program](#) in order to relieve the burden on the NDIS, and ensure all people with disability are receiving the supports they need to thrive in the community.

#### **ILC Program**

The National Inquiry into the Capability and Culture of the NDIA (2022) highlighted that there is strong support for the aims of the ILC program. However, its implementation has faced detrimental challenges due to issues with the program’s funding design, administration, and insufficient investment. The ILC program, a key component of the three-tiered NDIS support system originally recommended by the Productivity Commission in 2011<sup>4</sup>, was designed to be accessible to all Australians with disability, their families, and carers, regardless of whether they had a NDIS plan.

ILC comprises four programs:

- Individual Capacity Building
- National Information Program
- Economic and Community Participation
- Mainstream Capacity Building



The ILC works with other national disability policies and programs including:

- [Australia's Disability Strategy](#)
- [Disability Employment Services](#)
- [National Disability Advocacy Program](#)
- [Disability Gateway](#)
- [Carer Gateway](#).

The competitive grants structure of the ILC program has led to concerns and discouragement from organisations about their capacity to engage in the application process and manage the administrative burden of short-term funding contracts<sup>5</sup>. The short-term duration of many ILC grants hinders the capacity to achieve meaningful outcomes, resulting in outdated and ineffective information and resources.

### **Reimagine.today**

An example of a project that lacked effective longevity is a project that MHCC was responsible for developing. The project was a collaboration between MHCC, the National Disability Insurance Agency (NDIA) and people with lived and living experience of mental health conditions and psychosocial disability. We launched the website information resource [www.reimagine.today](http://www.reimagine.today) in 2017. The platform is targeted to support individuals with psychosocial disability in accessing the NDIS and reshaping their recovery journeys. It provides a one-stop resource for potential participants, their families, carers, and support workers.

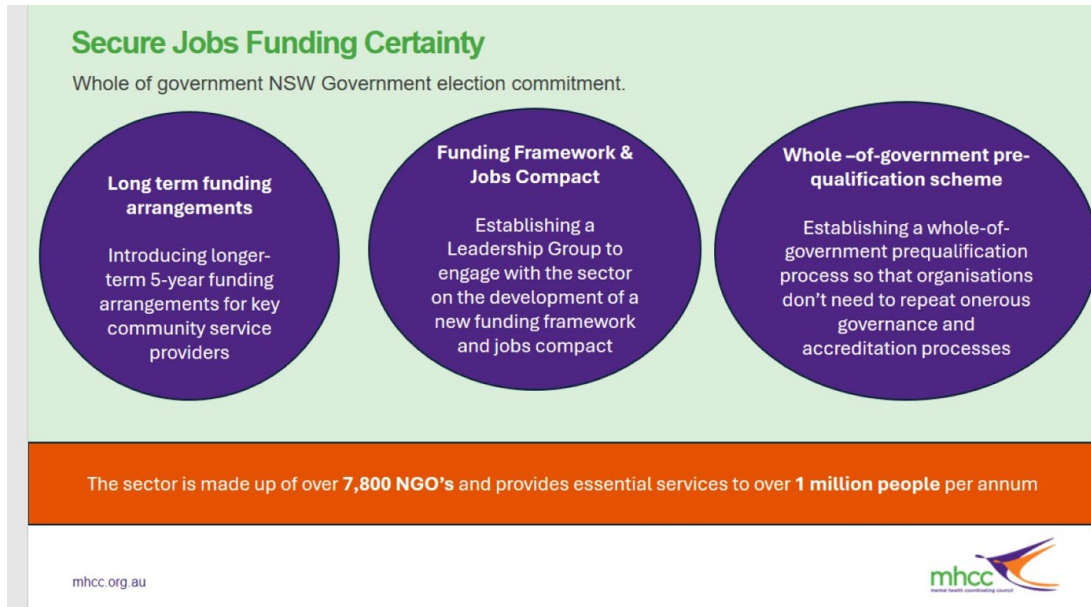
*Reimagine.today* offers accessible, step-by-step guidance through the NDIS process, including eligibility, application, and planning, while promoting choice, control, and empowerment. The website features videos, personal stories, and the "Reimagine My Life" workbook, helping participants reflect on their current situation, hopes, and goals. It also includes a Skill Building Hub to develop essential skills like self-advocacy and decision-making.

In 2020, MHCC launched *Reimagine Stage 2*, expanding the platform's reach to diverse communities, including Aboriginal and Torres Strait Islander peoples, CALD communities, LGBTIQ+ individuals, and those in rural and remote areas. This stage produced over 20 co-designed resources and translated website content into multiple languages. Nine new eLearning modules were developed, offering practical skills and insights for navigating the NDIS, including decision-making, self-management, and advocacy. The resources foster natural safeguards for people with psychosocial disabilities, helping them build capacity, make informed choices, and stay connected to their culture and community. Despite its success, the project has been unable to access funding for continued development, limiting its ability to evolve with the changing NDIS landscape. Future funding for this resource would be invaluable if it were to include information about Foundational Supports and become a repository for a multitude of resources to support people ineligible for the NDIS.

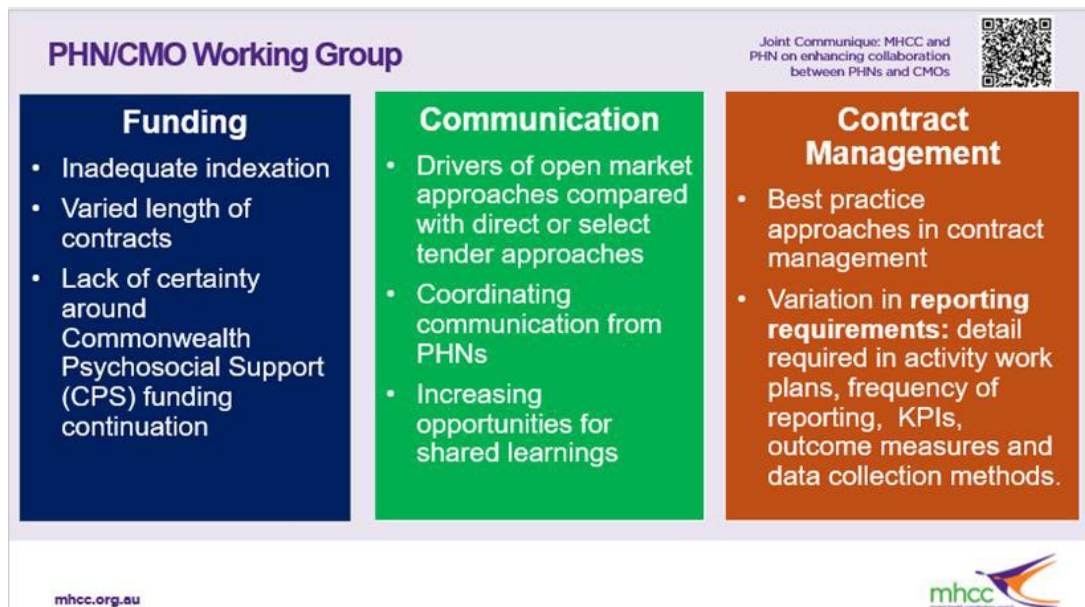
It is vital that funding contracts and projects also provide sufficient time for co-design processes, fostering innovation and ensuring the delivery of meaningful outcomes for service users, including evaluation, continuity of care and sustaining the workforce.

Work is already underway with Secure Jobs Funding Certainty (SJFC). This is a whole-of government approach in NSW that includes longer-term funding arrangements, a funding framework (including a pricing approach), jobs compact and a prequalification scheme. MHCC's CEO Dr Evelyne Tadros is a member of the SJFC Leadership Group involvement in the development and eventually is supporting the implementation of the 'Roadmap'.

Note: The [Secure Jobs Funding Certainty](#) Roadmap, which covers the three pillars shown below, will be presented to the NSW Cabinet in November 2024 for approval.



Similarly, the NSW/ACT PHN CMO Working group is working through the below:



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**Recommendation 2:** Grants for projects awarded under the ILC program to have the potential to be evaluated and refunded to provide ongoing access to a resource or program.

### WayAhead Directory

[The WayAhead Directory](#), operated by WayAhead, Mental Health Association of NSW, is an important online resource for people seeking mental health services and information. This comprehensive online database contains up-to-date information on over 5,600 mental health and community services, primarily in New South Wales. The Directory is free to access for people living with a mental health condition, carers, service providers, health care professionals and the general public, promoting strong accessibility for anyone in need of supports. The Directory has been created from the response and needs of the people who use it and is continually updated to ensure all content listed is up to date and relevant. This initiative is an important community-based approach that empowers people to navigate the complex mental health service landscape in a user-friendly way. Streamlining access to resources and support cultivates an inclusive environment for those seeking help.

WayAhead also run free information services such as the Mental Health Information Line to help connect individuals to appropriate resources, provide support and disseminate valuable information about mental health.

### The NSW Mental Health Rights Manual

For 25 years, the Mental Health Rights Manual has been helping people navigate the mental health and human services systems in New South Wales. In 2010, the Manual developed and authored by MHCC went online and has since undergone three updates to ensure it reflects the latest legislative and regulatory changes, information and resources. The 5th Edition of the Manual was updated in 2021.

[The Mental Health Rights Manual](#) is designed to assist people living with mental health challenges, their carers, families and support persons. It addresses the interface between the mental health and other human service systems, including the many legal and regulatory matters that may affect people receiving or wishing to access services. The Manual is also a useful resource for mental health and psychosocial disability workers, peer and lay advocates, and others who support people living with mental health conditions across related service systems. The guide seeks to reflect the dynamically evolving mental health and human services environment, including information about the NDIS. As far as possible, MHCC try and maintain currency with the most recent information. However, despite the high volume of web traffic on this site, we have been unable to source new funding to appropriately update the resource. It would be a practical platform to add information and advice on Foundational Supports.

**Recommendation 3:** Ensure information and advice about referral pathways and supports are accessible, with a proactive outreach component to service delivery to foster inclusive engagement by using existing resource platforms and programs.

## 2. *'What do you think is needed to support people with disability, and their families and carers, to access information and advice about disability supports?'*

Several key strategies are essential to effectively support people living with psychosocial disabilities, their families, and carers in accessing information and advice about referrals to relevant supports. These strategies should be developed in ways that accommodate tailoring services to local needs, being responsive to individual choices, and enhancing outreach efforts.

### Services tailored to local needs and expertise:

- **Co-production and co-design:** Initiatives should be developed in collaboration with people with lived experience of psychosocial disability, their families, carers and kin. This approach ensures that the services reflect the true needs and preferences of the targeted communities. Where possible, the people engaged must be involved in all stages of the design, implementation, and evaluation of the service to ensure meaningful execution and effective outcomes.
- **Locally cultivated solutions:** Engaging local stakeholders in the design process allows services to be tailored to the specific cultural and social contexts of the targeted community. This not only enhances the relevance of services but also enshrines a sense of ownership and empowerment among community members.
- **Cultural safety:** When services are developed in collaboration with the communities they serve, they are more likely to be inclusive, affirmative, and culturally safe. This is particularly important for priority populations such as First Nations and culturally and linguistically diverse communities, LGBTQIA+SB communities, and young people due to each group's unique needs and approaches to help-seeking and service engagement.

### Responsive to need and choice:

- **Holistic and integrated support:** Information and advice must embrace the diverse needs of people with psychosocial disability. This includes the provision of information related to substance use, physical disability, health needs, housing and employment, family and community services, and the justice system.
- **Choice and control:** Ensuring that services provide choice and options for supports empowers people to find the preference that will best meet their unique needs.
- **Contemporaneous information and data gathering:** It is important that mechanisms are embedded in services providing information and advice to reflect the changing landscape both within and outside of the NDIS.

### Outreach efforts

- Evidence indicates that many people are unaware of the online and phone services that are available to them. To bridge this gap, strengthening awareness through offline mediums and proactive outreach is beneficial<sup>6</sup>.
- Engagement with local communities via the local councils, community organisations and schools can support the dissemination of information about available supports. This grassroots approach ensures that information reaches those who may not have consistent access to digital platforms. Engaging local leaders who are trusted in the community can also enhance the effectiveness of outreach efforts to help encourage people to engage in the supports that may require to live well in the community.

## Partners in Recovery (PIR)

The Partners in Recovery (PIR) program, launched nationally in 2012, was designed to enhance support for people living with severe and persistent mental health needs, as well as their families and carers. By employing a collaborative, coordinated, and integrated approach, PIR aimed to address the diverse needs of this population<sup>7</sup>. Following the introduction of the NDIS, the decommissioning of the Partners in Recovery (PIR) program significantly exacerbated the issue of unmet needs among people with psychosocial disabilities. This transition left many without essential support services.

Why PIR was successful:

- **Tailored to local need:** The program funded 48 regional PIR consortia across Australia, each leveraging local strengths and resources to tailor services to the specific needs of their communities. Some consortia focused on engaging consumers from hospitals and mental health services, while others engaged more with community sources, including Aboriginal health services.
- **Coordination and collaboration:** Unlike traditional case management models, PIR adopted a facilitation approach aimed at empowering consumers. Support Facilitators played a crucial role in liaising with clients, providing education, and coordinating access to services. This model centred the importance of building trust and relationships, which are essential for effective support. PIR focused on connecting individuals with severe mental health needs and their families to a range of services and supports.
- The program aimed to facilitate collaboration among various service providers, encouraging innovative solutions to ensure that individuals have access to the resources necessary for optimal health and wellbeing. Through this approach, PIR helped to expand existing relationships and bridge gaps between previously disconnected sectors<sup>8</sup>.
- **Peer mentoring:** An integral component of PIR, peer mentoring provided additional support and encouragement, fostering a sense of community and shared experience among participants. The peer mentoring of service providers enhanced the understanding of recovery-oriented practice through the co-location of Support Facilitators within partner organisations in an educational and coordinating role. Co-location also assisted to integrate care from the bottom up by breaking down barriers between services and clinicians<sup>9</sup>.

Re-establishing the Partners in Recovery program is essential for the provision of comprehensive support for people with psychosocial disabilities and their families. PIR can effectively address the diverse needs of the community, ensuring that all people have access to the services they require to live a fulfilling and meaningful life.

## Peer Navigation

The Mental Health Commission of NSW have led an examination of the potential role peer navigators can play<sup>10</sup>. This role encompasses leveraging lived experience of mental health challenges alongside their connections to local communities and services. By doing so, peer navigators assist individuals in accessing the care and support they want and need.

The exploration of peer navigation has highlighted its significance across several domains:

- Peer navigators enhance individuals' ability to navigate complex service systems and advocate for coordinated, integrated care.
- Having a peer worker provide non-clinical support to people experiencing mental health needs and guiding them through the service system.

- Integrating social connection within mental health care.
- Addressing the broader social determinants of health and factors that contribute to mental ill health (such as poverty, homelessness or not having a regular general practitioner), and
- Supporting service systems where there is a workforce shortage and/or high workload of mental health clinical staff, such as regional and rural areas of NSW.

For people living with psychosocial disability, key benefits of peer navigators include feeling supported and empowered to understand and navigate a complex system, increased engagement, and willingness to reach out for help, timely access to services that reflect their diversity and needs, and improved mental health and recovery outcomes. For staff and providers, the visibility of the peer navigators, who are embedded in services, is central to understanding and valuing the peer navigator model. Peer navigators also help other mental health colleagues improve their knowledge of mental health from a lived experience perspective and related services. They can also fill support and service provision gaps, particularly in areas with limited clinical staff.

MHCC encourages Government to support scholarships for accredited psychosocial Peer Navigator training through the course developed by MHCC with funding from the NSW Mental Health Commission. This course was approved by the Australian Skills Quality Authority (ASQA) and officially went live on the National VET Register as of 3 June 2024. The course has one unit attached to it: NAT11275001- Navigate systems for mental health peer support and recovery, which requires 40 hours of supervised training and 30 hours of unsupervised study. Current prices for the course in Mental Health Peer Navigation is \$850 online and \$1,610 face-to-face.

Peer Navigators should include peers with lived experience and expertise in First Nations, LGBTIQ+, Culturally and Linguistically Diverse, Youth and Older Persons groups (and include a 25% loading for additional support to ensure equity (which aligns with the cost methodology of the Department of Education's Smart & Skilled program).

Considered implementation of the Peer Navigation model nationally has the potential to significantly strengthen connections between consumers, families, carers and community services, and foster a more integrated support network, established from a lived experience framework.

**Recommendation 4:** Government to fund scholarships for accredited psychosocial Peer Navigator training through the course developed by MHCC to be rolled out nationally.

### ***3. 'How could information, advice and referral supports be better tailored to meet the needs of priority groups?'***

MHCC understands that this Foundational Supports consultation process will have a second stage that will specifically focus on Targeted Supports. We reiterate the need to ensure meaningful consultation with priority groups, to co-design and co-develop programs, and conduct outcomes evaluations with the targeted communities. The Government needs to listen to priority groups and hear from them what programs and resources they need and what they determine is most effective for their wellbeing.

# Capacity building supports

In relation to General Foundational Supports, the Department of Social Services (DSS) note that capacity building includes:

**For individuals:** Improved access to peer support groups, support around self-advocacy, rights awareness, decision-making, leadership development, relationship building and life skills development.

**For families and carers:** Peer support, parenting groups and workshops, education, and training, building skills in advocacy and rights-awareness, family leadership and development.

**Community:** Building the capability of community organisations (e.g., sporting clubs, arts groups) and at the whole-of-sector or community level to deliver disability-inclusive and accessible services. Projects would focus on providing advice and resources that support equitable access to quality and inclusive community services for people with disability.

**4. ‘How can general supports best assist people with disability, and their families and carers, in relation to the following areas: connecting with peer groups and local networks; advocating for what they need; understanding their rights; making decisions about their own care; developing new life skills; skills that people care for someone else?’**

## Human rights approach to service delivery

An Australian Human Rights Act is under consideration with Government. Nevertheless, without a Human Right Act in place, much can be done at a practice and service delivery level to better support people assert their rights as defined under the United Nations Convention on the Rights of People with Disabilities (UNCRPD). While the constitution protects some rights, expressly or implicitly, the principle of legality acts as a handbrake on the encroachment of rights, and we propose that this is insufficient.

Embedding a human rights approach within mental health and psychosocial services, as well as more broadly, is increasingly being recognised as essential. However, there remains a significant gap in understanding how to practically uphold human rights in the everyday supports provided to people. A human rights-focused approach assists people to move forward towards greater self-determination, autonomy, and independence. It reduces stigma and discrimination, supports dignity of risk, facilitates equity and access and recognises lived and living experience as integral to support planning<sup>11</sup>.

Ensuring that consumers, carers, and workers understand the rights of people who are, for example, under substitute decision-making orders is key to ensuring that service delivery does not impinge on the rights of people accessing supports. Understanding and applying human rights principles ensures service providers engage in respectful, equitable, and responsive interactions. This empowerment maximises independence, enhances autonomy, and improves the overall quality of life for people living with psychosocial disabilities.

### **Supported decision-making as a workforce core skill and competency**

MHCC has identified a significant gap in the understanding and application of supported decision-making (SDM) as a practice skill grounded in human rights principles and has taken a leadership role in promoting SDM training for the psychosocial disability workforce. In our view, it is imperative that workers receive comprehensive training and professional development in the skills and theory underpinning SDM.

In evaluating a time-limited funded project through which MHCC facilitated the training of 300+ mental health and psychosocial disability workers in the community-managed mental health sector over a 9-month period, MHCC found that training participants acquired essential skills in upholding the rights of individuals with psychosocial disabilities, and effectively implementing SDM in practice. This approach, recognised as an emerging competency in the sector, was validated by the participants' experience of increased confidence and competence after participating in the training.

The timing of this training project was crucial, aligning with the calls for reform in the NDIS Review and the Final Report of the Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability. It is also relevant in regard to Guardianship and Disability legislation, with amendments under discussion in various jurisdictions. The strong demand and positive response to the training underscores the need for this training to be an ongoing initiative to build sector capacity and as a consequence, build the capacity of people accessing services to make decisions about what matters most to them.

This approach is rooted in a strengths-based philosophy, always recognising the inherent capacity of people to make decisions about their lives. Empowerment and self-determination are core values driving SDM, ensuring that every person is supported to lead their own journey. A key value of SDM is that people receiving mental health and psychosocial services have the right to take reasonable risks to achieve personal growth. Respecting this right involves balancing the duty of care owed to individuals with actions that afford each person dignity of risk, allowing them to learn from mistakes and enhance their self-esteem and overall quality of life.

**Recommendation 5:** Funding to be made available for supported decision-making training and professional development to build the capacity of the mental health and psychosocial disability workforce.

### **5. 'What types of programs have worked well to help communities better support people with disability?'**

MHCC understands that the Government will follow this consultation with a focus on 'Targeted Supports'. We propose that this would be the place to particularly focus on the needs of people with psychosocial disabilities who are members of diverse cultural groups, including First Nations people.

#### **Clubhouses**

Clubhouses are intentionally designed, non-clinical, integrated therapeutic communities that bring together people living with mental health and psychosocial disability (members) and staff who are actively engaged in all Clubhouse activities.



Membership is open to anyone with a history of mental health needs and/or psychosocial disability, and it is entirely voluntary, with no time limits imposed. As members, people play a critical role in the community, sharing both ownership and responsibility for the operations and success of the Clubhouse<sup>12</sup>.

The strengths-based model emphasises teamwork and provides opportunities for members to contribute to the day-to-day operations of the Clubhouse. Clubhouses strive to support members to participate in mainstream employment, educational opportunities, community-based housing, wellness, or health promotion activities, reduce hospitalisations or involvement with the criminal justice system, and improve social relationships, satisfaction, and quality of life<sup>13</sup>.

The Clubhouse model encompasses a recovery-oriented approach to service delivery, prioritising the right to participation and choice for people with psychosocial disability. By fostering strong social and community connections, Clubhouses provide a holistic framework for building individual capacity among its members. Expanding the availability of Clubhouses in Australia through General Foundational Supports is an important opportunity to promote the personal growth of people with psychosocial disability and empower 'members' to lead fulfilling lives within their communities.

## **GROW**

[Grow](#) is a supportive community-based organisation that has developed a unique program for improving and maintaining mental wellbeing. They offer free weekly support groups held in various locations across Sydney, regional NSW, and the ACT. Grow Groups are mental health support groups based on the Grow program and philosophy. Established in 1957, peer led groups are based on a 12-step program of personal growth, mutual help and support. Joining a Grow group is free, with both face-to-face and online groups available, catering to a wide age range from young adults to older persons. People don't need a referral or a doctor's report to access support, and groups are anonymous and confidential.

There is also a residential rehabilitation community that offers a space where people can recover their mental and physical health, their belief in their own personal value, undergo drug referral, learn to live in community with others and establish habits that will support their transition to a full and purposeful life. There is also a residential accommodation that supports up to five residents as they prepare for independent living. This program should be rolled out broadly and expanded to meet the needs of priority groups, including First Nations people, CALD communities, and LGBTIQ+ SB communities.

## **HASI-CLS**

HASI-CLS (Housing and Accommodation Support Initiative and Community Living Supports) aims to improve health and wellbeing, including social participation. The integrated intervention is funded by NSW Health and delivered across the state through Local Health Districts (LHDs) and community-managed organisations (CMOs). The program focuses on personal recovery through psychosocial and accommodation support, clinical care, and housing support. The services and activities include support with daily living activities like shopping, meeting people in the community, learning new skills, maintaining accommodation and tenancies, and accessing other services such as clinical mental health care and disability services.

Evidence provided in the recent evaluation of HASI/CLS services in 2022, demonstrates the effectiveness of these programs from both a cost-benefit as well as an individual, family, and community perspective<sup>14</sup>.

Based on the Kessler 10 and Health of the Nation Outcomes Scales scores, 30% of consumers receiving HASI/CLS services had a clinically meaningful improvement in their mental health. Consumer contact with community mental health services (public community services) decreased by 10% in the first year and was 63.7% less if they remained in the programs for more than one year. Hospital admissions due to mental health deterioration reduced by a total of 74% and the average length of stay in hospital decreased by 74.8% over two years.

Despite the strong evidence base for this program, funding remains insufficient in meeting the identified needs of the NSW community.

**Recommendation 6:** Expand HASI and CLS-type programs nationally, including supporting an additional 2,500 people in NSW each year.

### **PHaMs (Personal Helpers and Mentors)**

The Personal Helpers and Mentors (PHaMs) program was launched by the Commonwealth Government in 2006, with an investment of \$284.8 million to establish 900 personal helpers and mentors across Australia. This program was delivered nationally by several CMOs that successfully tendered funding to provide these essential services.

For over a decade, PHaMs operated effectively under the auspices of the Department of Social Services, supporting individuals who experience challenges in living independently due to severe mental health needs. Unfortunately, in 2019, the program was defunded based on the assumption that the National Disability Insurance Scheme (NDIS) would sufficiently meet the needs of people with mental health challenges. However, this transition left many without the necessary support, particularly those deemed ineligible for the NDIS.

PHaMs specifically targeted individuals experiencing severe mental health needs, offering personalised support through assigned helpers and mentors who assisted people in achieving their recovery goals. The program provided vital services that helped individuals manage daily activities and access essential resources, including accommodation, social support, healthcare, welfare, and employment. Its focus on building personal capacity, promoting self-reliance, and enhancing community participation was crucial for program participants. Notably, PHaMs had no time limits on participation, and a formal diagnosis was not required for entry. Referrals could be made from any source, including self-referrals, ensuring accessibility for all who needed support.

The success of PHaMs could be attributable to its holistic approach, which ensured that people received tailored support that addressed not only their mental health needs but also any additional physical and emotional wellbeing issues that may affect their recovery.

The Continuity of Supports (CoS) program was introduced from July 2019 to allow consumers of the Australian Government's ceased programs (Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR) and Day to Day Living (D2DL)) who were not eligible for NDIS services to continue accessing ongoing psychosocial support. Almost 5,000 consumers received support through the CoS program over the same period (2019-2020). The report for the Department of Health, [Evaluation of National Psychosocial Support Programs: Final Report, 2021](#) conducted by NOUS is an important record of the value of these programs.

Overall, the evaluation found that the three programs provided valuable psychosocial support for a group of people with severe mental illness who were not receiving support from either the NDIS or from state and territory-funded programs. The evaluation consulted over 500 consumers, carers, and family members, most of whom expressed overwhelmingly positive feedback about the support provided through the programs, albeit with suggestions for improvement. Implementation of the programs through the 31 PHNs was achieved in relatively tight timeframes with short funding cycles, which led to limitations in program design and commissioning and challenges with maintaining a stable and qualified workforce.

The maturity of the programs varied significantly across PHNs. While tailoring the programs to local needs was a key feature of the overarching approach, this resulted in increased fragmentation of service delivery, adding to administrative costs, and creating a level of complexity for service providers and consumers. A single funding stream and a single nationally branded program would streamline the provision of support in the future.

Apart from these programs, in considering the types of Foundational Supports that should be considered. MHCC recommend consideration of other evidence-based programs such as those outlined in the Mental Health Australia (MHA) [Advice to Governments: Evidence informed and good practice psychosocial services](#) (2024). This paper outlines a diverse cross-section of psychosocial services shown to be effective and valued by people with lived experience of mental ill-health, family, carers and supporters. The advice in this paper also identifies the principles which should underpin the design of any future psychosocial services<sup>15</sup>.

**Recommendation 7:** Re-establish the PHaMs and PIR programs either under General or Targeted Foundational Supports

## 6. *'How can existing supports be improved?'*

### **Meaningful collaboration**

The ability to deliver integrated and coordinated care is hampered by fragmented approaches to planning and funding service delivery, the perverse incentives created by some funding approaches, and unclear division of responsibilities between different levels of government. Bilateral agreements must be established to specify jurisdictional funding packages, timeframes, commissioning arrangements, and local planning and consultative mechanisms.

To ensure that services are truly effective, it is essential to redesign and evaluate them in partnership with the communities they are intended to support. Engaging meaningfully with affected communities guarantees that the services provided will address their unique needs and circumstances.

Co-design and other participatory engagement models must go beyond tokenism; they should involve genuine collaboration with people who have lived and living expertise. This approach ensures that their insights and perspectives inform the design and implementation of services. By prioritising this collaborative process, we can create services that are trauma-informed, inclusive, affirmative, and culturally safe.

### **Integrated model of support**

The range of services accessed by people living with psychosocial disabilities should operate within a collaborative framework of integrated support. An amended Psychosocial Recovery-Oriented Framework, which MHCC propose is also trauma-informed when implemented, should encompass a wide range of sectors, including health, allied health, housing, employment, education, and social inclusion. When the various components of the human services system and mainstream services work together cohesively, human rights will be best served, and people and their families will benefit from improved outcomes.

This collaboration can lead to reduced presentations at emergency departments and reduced admissions and readmissions to mental health facilities, allowing people to thrive within their communities. By providing comprehensive support that acknowledges the interconnectedness of these factors (physical health, mental health, financial and housing stability), services will be more effective and responsive to the diverse needs of people, including the episodic nature of their mental health condition.

### **Capacity building to foster autonomy**

Psychosocial services should prioritise empowering people to build their own capacity rather than fostering dependency on the service. This principle should guide the design of services, the recruitment of a skilled workforce, and the metrics used to measure program success. By emphasising capacity building, people can be effectively supported to develop the skills and resilience needed to manage their mental health independently, ultimately leading to more sustainable outcomes.

**Recommendation 8:** The Government should amend the NDIS Psychosocial Recovery-Oriented Framework. It should reflect trauma-informed principles and practice approach and demonstrate pathways to improved collaboration and integration building the capacity of people living with psychosocial disability to maximise their independence both inside and outside of the NDIS.

## ***7. 'How can organisations and non-government services be more inclusive, accessible, and welcoming for people with disability?'***

### **Tackling stigma and discrimination**

There needs to be a commitment to address the stigma and discrimination experienced by people with psychosocial disability in organisations in order to foster a more accessible and welcoming service environment. Reducing stigma will empower individuals to seek support and build their individual capacity without fear of judgment.

The [National Stigma and Discrimination Reduction Strategy](#) identifies ways to reduce self-stigma amongst those who experience mental health challenges, including people with psychosocial disability and those who support them. It also identifies ways to reduce public stigma by changing attitudes and behaviours towards people with lived experience, carers, families and support people. Campaigns must be co-designed with people with lived experience, focusing on increasing community understanding, promoting inclusivity, and challenging harmful stereotypes.

The strategy also identifies the steps that should be taken towards eliminating structural stigma and discrimination towards those affected by mental health needs in identified settings.

**Recommendation 9:** The DSS should advocate that Commonwealth Government support the implementation of the [National Stigma and Discrimination Reduction Strategy](#) to underpin and support future campaigns.

## Quality & Safety

### **8. 'How do we make sure additional supports for people with disability are good quality and keep people safe?'**

#### **Quality and Safety Standards**

The promotion and delivery of high-quality services is an important safeguard against the risk of significant harm of people living with mental health challenges. Understanding and implementing the standards is integral, as are providing people with quality supports and services in a safe and competent environment with care and skill. These are important obligations for all organisations and is fundamental to the rights of people living with mental health conditions.

The [National Safety and Quality Mental Health Standards for Community Managed Organisations](#) (NSQMHCMO Standards) provide best practice guidance for community-managed service providers and safety and quality assurance for people who access services and supports. To support the implementation of the NSQMHCMO Standards, Mental Health Coordinating Council co-designed a [Guide for Service Providers](#). Accreditation to the NSQMHCMO Standards began on 1 July 2024. Whilst not mandatory, organisations are expecting that they will need to comply as a requirement of funding agreements.

The Australian Commission on Safety and Quality in Health Care provides [supporting fact sheets for consumers and carers](#) and a [Self-Assessment Tool for Service Providers](#). A [video](#) is also available that provides useful information about the standards and their use.

MHCC is highly supportive of the need for all CMOs, including those that will provide Foundational Supports, both General and Targeted, to comply with these standards in providing services to people living with psychosocial disability.

**Recommendation 10:** That Government apply only one set of standards to the CMO services provided under Foundational Supports.

#### **The Foundational Supports workforce**

One way to ensure high-quality service delivery is to employ a skilled and competent workforce. MHCC has identified the principles, actions and mechanisms necessary to support an effective mental health workforce across Australia in our [Mental Health Workforce Solutions: Towards a strategy for community-managed mental health in NSW](#) (2024) paper.

**Developing a holistic, person-centred and person-led, trauma-informed, recovery-oriented, and strengths-based approach requires:**

- Building knowledge around trauma-informed, recovery-oriented mental health practice, which acknowledges that each individual is an expert of their own life.
- Mechanisms including feedback loops with the person engaging with services, carer and staff to build shared understandings of all stakeholder perspectives.
- Co-design processes embedded from project inception and delivered in a genuine and meaningful way by service providers who are adequately supported, trained, and resourced to engage in these processes.

**Developing culturally safe, diverse, and inclusive mental health workforces requires:**

- Recruitment of staff from diverse backgrounds across all levels, particularly within peer workforces.
- Developing place-based workforces.
- Training and professional development of all staff on Aboriginal and Torres Strait Islander perspectives of social and emotional wellbeing, mental health, and healing in practice, LGBTQIA+ awareness training, and other specialist needs training, including about neurodiversity.

**Developing a high-quality, sustainable, accessible, and equitable workforce requires:**

- Respectful, mutually beneficial, and sustainable partnerships and collaborations across all areas of the mental health workforce and relevant human service sectors.
- Appropriate and responsive education, training, professional development, and mentorship throughout all career stages.
- Continuous assessments of progress and outcomes through monitoring and evaluation and adapting and improving strategies where needed (p. 8).<sup>16</sup>

The NDIS Psychosocial Recovery-Oriented Framework must embrace the principles, and promote the actions and mechanisms identified above to ensure that workers providing Foundational Supports receive the training, education and support they need to equip them to effectively do their job and ensure quality service delivery. This includes receiving appropriate salaries commensurate with their roles to maximise continuity of service and sustain their interest in working and staying in the human services sector.

**Recommendation 11:** The amended NDIS Psychosocial Recovery-Oriented Framework must include the principles, actions and mechanisms that can support the workforce providing General and Targeted Supports to ensure quality is maintained.

**9. 'How should governments support organisations to deliver safe and inclusive services to people with disability in the community?'**

**Investment in the community workforce**

A robust community workforce is crucial to the delivering of effective services. Government should invest in the growth and sustainability measures that empower CMOs to take on additional responsibilities while maintaining high standards of practice. These include:

- **Appropriate funding for training:** Allocate funds specifically for the effective training and continuous professional development of staff. This ensures that workers are equipped with the skills and knowledge to provide quality and safe supports.
- **Competitive remuneration:** Ensure that funding allows organisations to offer competitive salaries. Attracting and retaining a skilled workforce is vital for maintaining service quality and continuity<sup>17</sup>.
- **Program evaluation funding:** Provide resources for organisations to evaluate their programs rigorously. This evaluation should focus on whether services are achieving their intended outcomes, allowing for adjustments and improvements based on evidence<sup>18</sup>.

**Recommendation 12:** The government must invest and take measures to ensure that CMO employees providing General and Targeted Support are appropriately trained and remunerated and that the services are funded to conduct ongoing evaluations of outcomes.

### **Balancing accountability with administrative burden**

While it is important to hold organisations accountable for their practices, governments must also be mindful of the administrative and regulatory burdens placed on them. Many organisations juggle multiple accreditations and compliance requirements, which can detract from their ability to focus on service delivery and day-to-day operations<sup>19</sup>. Streamlining these processes can help organisations allocate more resources to direct supports.

(See **Recommendation 10**, which proposes that CMOs providing Foundational Supports should adhere to one set of standards).

### **Accessible feedback mechanisms**

Establishing accessible third-party complaints and feedback mechanisms are crucial for empowering people receiving supports to express their concerns and experiences without fear of jeopardising their relationship with their service provider. These mechanisms should be designed to ensure confidentiality and encourage open communication.

Effective follow-up and communication from the third-party complaints' mechanism back to the service provider are essential to enhancing accountability and fostering a culture of continuous improvement within organisations. This feedback loop not only addresses individual concerns but also helps organisations identify patterns of shortcomings and areas for improvement.

Further, feedback should be actively sought from service users and integrated into service enhancements. Regularly gathering input from those receiving support ensures that services remain responsive to their needs and can adapt to changing circumstances. By prioritising these accessible feedback mechanisms, organisations can create a more inclusive and responsive environment that ultimately benefits everyone involved.

It is important to make clear whether there is any relationship between the NDIS Quality and Safeguards Commission and Foundational Support services in terms of complaints processes or whether another pathway is to be established or utilised supported by the DSS through which people can provide feedback and have their concerns addressed.

**Recommendation 13:** The amended NDIS Psychosocial Recovery-Oriented Framework should include mechanisms that advance a culture of quality improvement and accountability to the people that use services.

## **10. 'What outcomes for people with disability would you like to see measured as a way to demonstrate accountability over time?'**

### **Measuring Outcomes**

Outcomes for people using Foundational Support services should be measured to demonstrate accountability. Recognising that achieving real and meaningful impact in the human services sector takes time is essential<sup>20</sup>. This understanding should be reflected in the extension of funding contracts.

CMOs working in the mental health and psychosocial support context often support people with unique and complex needs, and the benefits of their services may not be immediately apparent. Further, while CMOs play a vital role in supporting recovery and enhancing wellbeing, many social determinants of health such as housing stability, employment opportunities, and access to healthcare lie outside their control. These complexities must be acknowledged in any efforts to measure outcomes, as they significantly influence the effectiveness of the services provided and the recovery journey of people with psychosocial disability.

Additionally, outcomes should be tailored to the unique and diverse needs of the communities being served. A one-size-fits-all approach to outcomes measurement is ineffective and may overlook the specific challenges faced by different priority groups. It will be important that the amended NDIS Psychosocial Recovery-Oriented Framework develop targeted metrics that reflect the realities of each community to ensure evaluation processes will be both meaningful and relevant.

**Recommendation 14:** That the NDIS Psychosocial Recovery-Oriented Framework includes targeted metrics that reflect the breadth of needs of the people accessing Foundational Supports and identifies the complex diversity and realities of the client base.

### **Lived experience of service use and the YES-CMO Survey**

Over the past ten years, a suite of national consumer and carer experience tools has been developed and implemented in Australian mental health services. The Your Experience of Service (YES) questionnaire, co-designed with lived experience advocates, was initially developed for public specialist mental health services, and is based on the recovery principles described in the Australian National Standards for Mental Health Services (2010).

The YES questionnaire was developed and tested between 2011 and 2013 through extensive national consultation and was released to NSW public mental health services in 2015. Following the finalisation of the YES survey, the National Mental Health Information Strategy Standing Committee (MHISSC) agreed that capturing experience of care was also important for the mental health CMO sector. The Australian Mental Health Outcomes and Classification Network (AMHOCN) led a project to develop the YES-CMO survey in 2016.



In 2017, the NSW Ministry of Health and peak bodies MHCC, BEING-Mental Health Consumers, and Mental Health Carers NSW partnered in a co-design process to pilot the YES-CMO in NSW CMO services. In 2018, the pilot project commenced to gather data about consumer experiences of services received from MHCC member organisations and ran for 15 months, from October 2019 to December 2020, with all responses provided on paper surveys.

The survey, collected anonymously with service codes ensures no identifying information can be used for benchmarking. Following the publication of the evaluation report of the YES-CMO pilot phase in June 2021, the NSW Ministry of Health agreed to facilitate implementation and the live phase of YES-CMO in July 2021. An online version was launched in April 2022, with both paper and online options available to service users.

The primary purpose of the YES-CMO is to support quality improvement. While it can inform organisations about how their teams are progressing in terms of meeting expectations and improving outcomes for the consumers and carers they support; its main objective is to support organisations longitudinally identify and track specific areas to address, to improve service delivery and build workforce capacity.

Regular reporting provides the evaluative evidence necessary to inform policy and practice reform. The YES-CMO aims to enhance operational areas that may support quality care. By supporting staff to continually look for opportunities to improve how they work with participants, it can help to build and sustain the workforce for the future.

The most recent YES-CMO Annual Report 2023-2024 is available [here](#)

**Recommendation 15:** That Government utilise a tried and tested method of gathering lived experience of service delivery, the YES-CMO questionnaire, through the Australian Mental Health Outcomes and Classification Network (AMHOCN).

## Concluding comment

MHCC thanks the Department of Social Services (DSS) for the opportunity to share the experiences, perspectives, and ideas gathered from our members and the broader CMO mental health sector regarding General Foundational Supports.

We are very encouraged by the DSS consultation process and the webinars we have attended. It is evident that the Government is seriously committed to addressing the issues raised in the NDIS Review and the recommendations from the Royal Commission's Inquiry into abuse and neglect of people with disability. We have great hopes for an amended NDIS Recovery-Oriented Framework meeting the needs of the targeted groups and look forward to discussing how we can assist your team in progressing policy reform and making General and Targeted Foundational Supports a successful reality in the near future.

Please feel free to connect me to discuss any details about the issues raised in this paper and future consultation topics.

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