

Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery.

Prepared by Dr Laura Hayes.

The Centre for Mental Health, Melbourne School of Population and Global Health.

Co-authored by: Dr Lisa Brophy, Professor Carol Harvey, Professor Helen Herrman, Professor Eoin Killackey and Juan Jose Tellez.

September 2016



THE UNIVERSITY OF
MELBOURNE



Supporting mental health recovery

Acknowledgements

Leadership for this report was provided by Dr Lisa Brophy, Senior Research Fellow at the Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, and Director of Research at Mind Australia, in an initiative led by Mind Australia. Further feedback and revision of later drafts was provided by Dr Margaret Grigg (Director, Mental Health Branch, Victorian Government Department of Health and Human Services), Dr Gerry Naughtin (Chief Executive, Mind Australia), Judy Hamann (Alexander and Hamann Consultants) and Dr Georgina Sutherland, Senior Research Fellow at the Centre for Mental Health.

Support was also provided by the advisory group led by Dr Lisa Brophy and comprising Professor Carol Harvey from the Psychosocial Research Centre, University of Melbourne, and Professor Helen Herrman and Professor Eoin Killackey from The National Centre of Excellence in Youth Mental Health and the Centre for Youth Mental Health, University of Melbourne. Juan Jose Tellez provided research assistance to Dr Laura Hayes.

Dr Hayes and Mr Tellez were both employed within the Centre for Mental Health at the Melbourne School of Population and Global Health, University of Melbourne. The Centre provided vital research resources for the production of this report.

Foreword

Intervening early in anyone's experience of mental ill-health is likely to reduce distress and improve outcomes for people, reducing their future service needs. There is a great deal of interest in ensuring that the National Disability Insurance Scheme (NDIS) works as efficiently as possible to achieve positive outcomes for participants and reduce people's long-term reliance on the Scheme, hence reducing its long-term costs. Effective intervention for people early in their experience of psychosocial disability, or early in their NDIS planning, is a possible and desirable focus for the Scheme's development.

This important report provides a synthesis of evidence on the application of specific supports as early intervention for people experiencing psychosocial disability. The findings it presents are a resource for people in this situation, their families and carers and for National Disability Insurance Agency (NDIA) staff involved in local area coordination and the provision of support services. The report aims to help them understand which interventions have been demonstrated to be effective for people with psychosocial disability. It describes a series of evidence-based supports, together with the evidence of their effectiveness and how they might be applied as early intervention supports in the NDIS.

The report highlights the positive outcomes in relation to people's economic participation and social inclusion that may be achieved through robust and creative approaches to early intervention. The supports included have the potential to offer significant gains in people's capacity to participate when applied early in their experience of psychosocial disability, or early in their NDIS planning experience. The report draws together a large amount of evidence on interventions that alleviate or mitigate deterioration in functioning or improve capacity for people with psychosocial disability.

As with all insurance schemes, long-term cost reduction is a concern for the NDIA and for the Australian people. When this can be achieved through alleviating people's functional loss and building their capacity to participate in society and manage their lives, by intervening early, there are also enormous personal gains for those people, their families and carers. This report is the most comprehensive compilation of such evidence-based interventions that currently exists.

The review and synthesis was carried out by a team of researchers from the Centre for Mental Health within the School of Population and Global Health at Melbourne University and co-authored by a team of Melbourne-based academics with expertise in mental ill-health and psychosocial disability. It was presented to the Independent Advisory Council of the NDIA Board.

I commend Mind Australia for commissioning this work, and hope it contributes to expanding the choices for people experiencing psychosocial disability in the exciting era of the NDIS roll out. I recommend that follow-up work is undertaken to make the important, technical information in this report into a valuable and accessible resource for people who wish to make the best use of the opportunities that the NDIS offers to people affected by psychosocial disability.



Helen Herrman - Professor of Psychiatry at Orygen, The National Centre of Excellence in Youth Mental Health and the Centre for Youth Mental Health, The University of Melbourne.

Executive summary

The National Disability Insurance Scheme (NDIS) is a significant social policy initiative designed to provide disability supports to people in Australia with permanent support needs due to physical, mental and/or intellectual challenges. It is based on principles of choice and control and takes a lifetime risk profile to its understanding of support needs. *The National Disability Insurance Scheme Act 2013*, which provides the legislative base for the Scheme, recognises the role of early intervention (EI) in the suite of support options that it will consider. While early intervention in regard to clinical mental health practice is well developed, its implications in regard to psychosocial disability services are not as well understood.

Given the potential of early intervention to improve functional capacities in psychosocial disability and potentially reduce support costs, a literature review was considered an important contribution to the debate about the potential of early intervention in the mix of services that the NDIS might fund as the Scheme rolls out. The focus for this literature review is the effectiveness of early intervention strategies for people with psychosocial disability. It aims to identify the interventions that are most effective for early intervention in the Scheme. These are interventions that promote improvement, or prevent decline, in psychosocial functioning when used as early intervention with people with a current psychosocial disability (or who are at high risk of developing a psychosocial disability). In this review we apply the following definition of psychosocial disability, as coined by the National Mental Health Consumer & Carer Forum in their position statement *Unravelling Psychosocial Disability*:

Psychosocial disability is the term used to describe the disability experience of people with impairments and participation restrictions related to mental health conditions. These impairments and participation restrictions include loss of or reduced abilities to function, think clearly, experience full physical health and manage social and emotional aspects of their lives. (2011, p16)

In determining when a psychosocial intervention providing early intervention to people experiencing psychosocial disability is appropriate, the implications of key policies of the NDIS were considered. One important contextual consideration is the definition of 'disability' used by the NDIS, and the way it is used. Adapted from the World Health Organization International Classification of Functioning, it defines disability as a consequence of a health condition or changes to bodily structures that lead to impairment, activity restrictions and participation limitations. The policy papers are clear that, generally, the NDIS will focus on reducing activity restrictions and participation limitations and not reduction in impairment.

The National Disability Insurance Scheme Act recognises that early intervention strategies will be used at the discretion of the Chief Executive of the National Disability Insurance Agency (NDIA), who is authorised to use discretion as to the efficacy and financial sustainability of particular early intervention strategies. Early intervention is a concept that is widely accepted in the physical and sensory disability sector, particularly in relation to young children. Early intervention's potential with people with psychosocial disability is less well explored, hence the relevance of this literature review.

This review has confirmed that there is significant evidence that people with psychosocial disability make significant gains in their capacity to engage in social and economic participation if they are offered early intervention. Interventions identified in this review have the potential to reduce the experience of impairment and provide early assistance that maximises people with psychosocial disabilities' potential to work, improve their relationships with their families and others, gain new skills, stabilise their housing and self-manage. While the use of early intervention requires further consideration, the findings of this review do suggest that, in the NDIS context, it may enable people to reduce their reliance on the Scheme into the future,

hence reducing costs over time. It may also reduce pressure on other health and welfare services.

The NDIS operates within the framework of the National Disability Strategy (Commonwealth of Australia 2011) and the Fourth National Mental Health Plan (Commonwealth of Australia 2009). These set the broader policy context for the respective responsibilities of the levels of government in regard to the range of supports required. The particular obligations of the NDIS are further refined in the Commonwealth State Divisions of Responsibility (COAG 2015). Commonwealth, state and territory governments are respectively responsible for a range of functions, including employment, housing, income support, mental health, health, education and transport. The NDIS will fund personalised supports related to people's disability support needs, unless those supports are part of another service system's universal service obligation (for example, meeting the health, education, housing or safety needs of all Australians) or covered by reasonable adjustment, as required under the Commonwealth *Disability Discrimination Act 1992* or similar legislation in jurisdictions (COAG 2015, p1).

This review takes a whole-of-issue approach to early intervention. Some of the effective strategies identified fit within the remit of the NDIA; others are the responsibilities of the Commonwealth, state and territory governments. These divisions of governmental responsibility need to be considered in the implementation of the findings of this literature review.

In order to understand which interventions are suitable for early intervention with people with psychosocial disability who are participants in the NDIS, the following key steps were undertaken in the review:

- Establish the entire range of possible psychosocial evidence-based interventions for severe mental ill-health.
- Complete a detailed review of the literature related to rehabilitation, recovery, early intervention and participant preference in

order to elaborate on the early intervention criteria established from the NDIS guidelines

- Conduct a wide-ranging literature review of outcomes for all these potential interventions in order to investigate how the outcomes could 'map' across to the NDIS early intervention criteria that are developed.

The interventions for psychosocial disability that received a high level of endorsement in the literature were:

- Social Skills Training
- Supported Employment
- Family Psycho-education and Support
- Outreach treatment and support services
- Cognitive Remediation
- Cognitive Behavioural Therapy for psychosis
- Illness Self-Management
- Supported Education
- Supported Housing
- Physical Health Management
- Peer Support/Consumer Networking.

Three interventions 'tick all the boxes' in terms of evidence base, personal choice and recovery outcomes. Social Skills Training, Supported Employment and Supported Housing have a strong evidence base and are likely to reduce future support needs (although the evidence for Supported Housing is not as strong as it is for the other two). In addition, they meet commonly expressed needs and goals for people with psychosocial disability and support personal recovery.

Outcomes evidence for another three interventions indicates they can assist with mitigation of impairment and thus have a role to play in early intervention from an NDIS perspective. They are supports for Illness Self-Management, Cognitive Remediation and CBT for psychosis. The outcomes of these interventions may not be the immediate personal choice or goal of NDIS participants.

However, they can assist recovery and the achievement of personal goals. Support for improving physical health is potentially a priority need for people living with psychosocial disability, but the evidence about its contribution as an early intervention is not substantive at this stage.

The evidence for Family Psycho-education is very strong, suggesting that it has a useful role in early intervention. However, there may be a limited number of participants who see a family intervention as meeting their individual needs, even though the evidence suggests that the main beneficiary is the consumer involved. This suggests that the value of family intervention for the individual's personal recovery goals needs to be well understood and communicated. The role of family focused interventions may be through supporting the sustainability of informal supports, although they can be adapted to directly enhance the achievement of goals and recovery.

Peer Support improves the recovery aspects of all interventions. Mobile Support and Treatment Teams or Assertive Community Treatment (ACT)/Outreach, while not directly funded supports of the NDIS, could be adapted to assist in engagement and coordination of supports for people who are reluctant to engage with mental health services.

The conclusions here suggest that some interventions with a lesser evidence base may be more relevant for participants and, conversely, that those with strong evidence may be in less demand. For instance, Supported Housing may be more attractive and reflect the choices of participants more readily than Family Psycho-education, which has an extensive evidence base and can enhance a broad range of outcomes. Cognitive Remediation has a strong evidence base but is currently under-utilised within clinical services and its potential as an intervention in non-clinical services is under-developed. It does, however, have great potential to assist people enhance their skills for community living, and these outcomes are well suited to the focus of psychosocial disability support services.

This suggests that future research programs might be more cognisant of interventions that meet participant needs and also take into account their preferences for support. There are currently gaps between what people with psychosocial disability often say they need and what evidence-based interventions are available to assist. For instance, there is only a small number of interventions that deal directly with the challenge of loneliness and isolation and of strengthening informal supports, even though this is one of the areas of greatest need and may be crucially important in early intervention. Building on the evidence regarding the value of work involving families may be an important first step in unlocking the best options for increasing people's access to informal support. Peer Support is also highly valued by consumers and, although it is still building an evidence base, it can be anticipated that it will in future be an essential feature of effective interventions that are cognisant of consumer preferences. A greater emphasis on recovery, participant choice, personal goals and individualised service provision may lead to a re-evaluation of the utility of the current evidence base and highlight new opportunities for the design or renewal of a fresh range of supports in the future.

This literature review suggests that the NDIA should examine the areas of Family Psycho-education and Support, Social Skills, Illness Self-Management, Peer Support and consumer networks as potentially valuable and effective early interventions. It also recommends that support plans should facilitate access to Supported Employment and Education services, Cognitive Remediation, Outreach Treatment and Support Services, Cognitive Behavioural Therapy for psychosis, Supported Housing and physical health management programs. While some of these interventions won't be funded by the NDIS directly, facilitating access to these mainstream services is likely to have a positive effect on reducing demand within the system and improving financial sustainability for the Scheme in regard to people living with severe mental ill-health.

The review provides strong evidence from the early intervention literature for what the NDIA has termed ‘capacity building’. That is, building the abilities of people with psychosocial disability to better understand and manage their mental health and increase their social and economic participation. While this requires careful investigation, the findings of this review do suggest that early intervention in the NDIS may enable people to reduce their reliance on the scheme in the future, hence reducing costs for the scheme over time. It may also reduce pressure on other health and welfare services. Furthermore, early intervention is aligned with the underlying principle of the NDIS, that of being prepared to offer lifetime support while also supporting people to achieve their individual recovery goals and gain a better life.

