

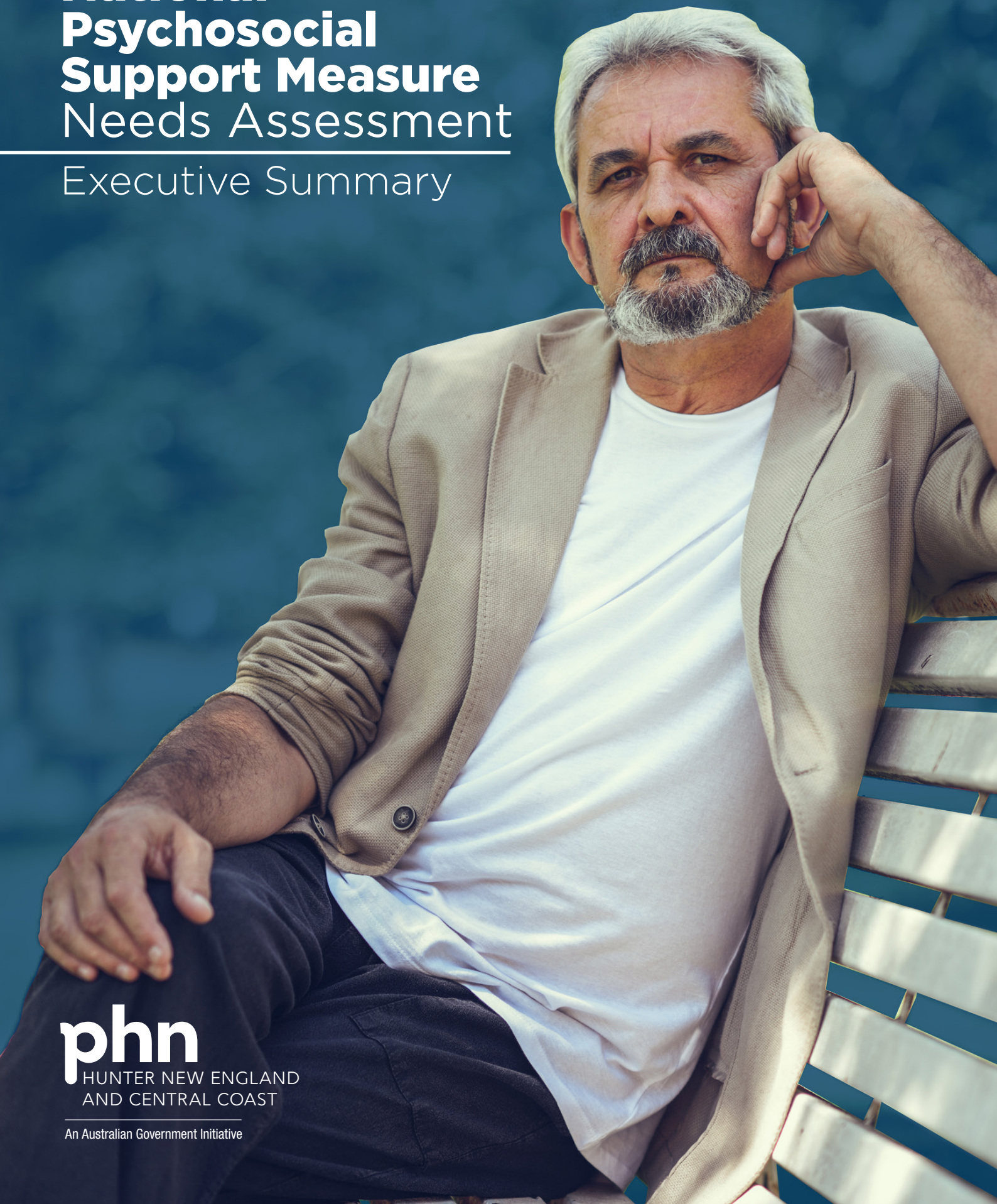
National Psychosocial Support Measure Needs Assessment

Executive Summary

phn

HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative



Hunter New England and Central Coast Primary Health Network (HNECC PHN) is a not-for-profit organisation funded primarily by the federal government.

PHNs are responsible for improving the health of their communities by working cooperatively with hospitals (both public and private), general practitioners, specialists and allied health professionals like psychologists, optometrists, physiotherapists and dietitians.

We cover a diverse geographical area reaching from the Queensland border in the north to Gosford in the south, and west past Narrabri and Gunnedah.

We respectfully acknowledge the traditional owners and custodians of the land in the region that it covers which include the traditional nations of the Awabakal, Biripi, Darkinjung, Geawegal, Kamiliroi, Wonnarua and Worimi people.

BACKGROUND

In the 2017-18 budget the Australian Government committed \$80 million over four years to the National Psychosocial Support (NPS) measure.

The purpose of the NPS measure is to provide psychosocial support services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not eligible for assistance through the National Disability Insurance Scheme (NDIS).

Primary Health Networks (PHN) have been tasked with commissioning services under the measure. The NPS is intended to complement State and Territory investment in psychosocial support.

The Hunter New England Central Coast PHN engaged KBC Australia (KBC) to undertake a consultation process to inform the planning and commissioning of services under the NPS measure across the region.

The methodology included:

- An environmental scan of the evidence for psychosocial support interventions, the policy and service environment and review of HNECC PHN Mental Health and Suicide Prevention
- Consultations with consumers, carers, service providers and other stakeholders through interviews and workshops in three regional centres, and
- Development of recommendations to support commissioning of psychosocial services.

Following the needs assessment, HNECC PHN conducted service mapping throughout the region.

This, together with the needs assessment formed the design and delivery model of the National Psychosocial Support (NPS) Measure Phase 2.

HNECC PHN would like to acknowledge Dr. Kristine Battye and Associates from KBC Australia for their work in developing the Psychosocial Support Services Needs Assessment.

KEY FINDINGS

The NPS targets people with severe mental illness resulting in reduced psychosocial functional capacity and are not eligible for the NDIS. Overall the types of psychosocial needs of the target cohort identified do not differ from those of people who will qualify for an NDIS package.

Key differences between the NPS cohort and those eligible for NDIS could reflect the episodic nature of their illness.

This means that some people may only need short term support to assist them during or following periods of acute illness, while others may have ongoing need but require only a low level of support to maintain their recovery and functioning.

The individual nature of mental illness and its impact requires tailoring of psychosocial supports to the need of the individual.

Psychosocial functioning and support needs cannot be predicted on the basis of a mental health diagnosis as everyone will be impacted differently and will have different levels of family or other support available to them.

Social connection was identified across all stakeholder groups as a key psychosocial need.

Stakeholders described the barriers people with mental illness face in engaging in their communities and in forging and maintaining social connection. Consumers emphasised the importance of more basic practical needs first in order to be able to build capacity in improving social connectedness.

A component of supporting people with psychosocial support needs involves assisting them to navigate service and community systems.

People with severe mental illness often need to access a wide range of services including housing, social services and health. During times of ill health or crisis, accessing these services can be challenging.

The importance of family and other carers was raised during the consultations.

Carers provide a considerable proportion of psychosocial support and there is a need to ensure they are well supported by having access to appropriate information and advice.

SERVICE NEEDS ANALYSIS

Access to health and community care services can be more deeply defined as the potential ease with which consumers can utilise suitable and more appropriate health care.

Access to psychosocial services was considered in the needs assessment using a framework that describes the following dimensions of access: availability; geography; affordability; accommodation; timeliness; acceptability; and awareness.

The analysis found:

- A decrease in the number and capacity of psychosocial services across the PHN footprint over the last 12 months
- Rural and smaller outer regional locations have limited availability of psychosocial support services, with the NGOs challenged to provide outreach services to clients dispersed across large geographic areas
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- The limited availability of step-down services from the acute care setting and rehabilitation services increases the demand for psychosocial supports to assist people to transition back into the community
- Fragmentation of psychosocial and mental health services challenges consumers to access the range of services (psychosocial and clinical) to promote their physical and mental wellbeing
- Access to community based psychosocial services can be complex with no single point of access to this system
- The exclusion of care coordination from the NPS measure is an issue of concern for providers
- Trusting relationships and continuity of support staff are important for people receiving services
- Affordability issues include cost of attending GPs and private psychologists as well as the cost of transport to attend programs or group activities
- The capacity to provide services that respond to fluctuations in support needs is essential for early intervention to mitigate exacerbation of mental health issues
- Fragmentation of psychosocial services and limited awareness of service offerings between agencies highlights the need for a better formed strategy to promote awareness of psychosocial services to consumers, carers and referrers.

The most relevant issues identified included:

- **The limited funding available and short-term nature of the funding will present challenges if used to establish new services. A more efficient delivery of services in these circumstances will be to link to existing services in the local community. Consideration should be given to ensuring commissioned services can demonstrate strong links to both clinical and non-clinical service networks in their local communities.**
- **The evidence for effective psychosocial support services and the priorities identified by stakeholders during the consultation process support the commissioning of services that place an emphasis on support that assists people to meet their personal goals through the provision of practical assistance, advice and mentoring.**



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