

## **NATIONAL PSYCHOSOCIAL SUPPORT MEASURE**

### **Summary of Community Engagement, 2018**

*Adelaide PHN would like to acknowledge the Kurna peoples who are the traditional custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present.*

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**phn**  
ADELAIDE

An Australian Government Initiative

## ***Background***

Adelaide PHN is a membership-based organisation focussed on improving health outcomes, and the experience of primary health care within the Adelaide metropolitan region.

Established and funded by the Federal Government, Adelaide Primary Health Network (PHN) is a not-for-profit organisation.

Working closely with the Adelaide community and benefitting from the experience and knowledge of primary health care providers, it's the job of Adelaide PHN to ensure the health system better meets people's needs.

Adelaide PHN's work is framed around the following national and local priorities:

- Aboriginal and Torres Strait Islander Health
- Aged Care
- Alcohol and other Drugs
- Children and Youth
- Culturally and Linguistically Diverse Communities
- Digital Health
- Disability
- Health Workforce
- Mental Health
- Palliative Care
- Population Health

## *National Psychosocial Support measure*

The National Disability Insurance Scheme (NDIS) is a large-scale social reform which has changed the way that people with disabilities, including psychosocial disabilities, access services. Not all people with psychosocial disabilities will access the NDIS. Some people's needs will be better met by short term intensive supports or being able to have support when they need it. The Commonwealth Government has committed to fund the National Psychosocial Support Measure (NPSM) to support those people who will not be eligible for the NDIS. The NPSM will provide support for people whose lives are severely affected by a mental health condition to achieve their personal goals. It will provide community based, non-clinical supports with everyday tasks such as maintaining relationships, accessing social activities, planning and completing everyday tasks, accessing services and linking to mainstream supports.

## *Consultation approach*

Adelaide PHN is committed to honest and genuine community involvement, and consultation. The changes to psychosocial support mean that several programs being commonly accessed across the community are changing significantly. Adelaide PHN sought the involvement of people accessing those programs, their carers, service providers and interested community members to raise and discuss issues important to the development of the NPSM.

Adelaide PHN conducted four consultation processes:

- Face-to-face community workshop in northern Adelaide
- Face-to-face community workshop in southern Adelaide
- Online survey targeted to psychosocial service providers in metropolitan Adelaide
- Online survey targeted to community including health professionals in metropolitan Adelaide

The overarching goals of the consultations were to:

- Determine what types of support services are most needed by people
- How, where and by whom these services should be delivered
- Which elements of current support services work well
- Discover the challenges and issues involved in using and accessing effective and culturally appropriate support services

## 1. Workshops

### Workshop Methodology

There were five steps in the workshop process, which was undertaken by the Enzyme Group:

- Positioning - Participants were introduced to the context and background of work undertaken and topic under review
- Discovery - Participants were asked a series of open-ended questions and asked to record their thoughts in their own workbooks. This was done with no discussion
- Identification of issues and gaps – Participants discussed, identified and recorded priority issues to address. Participants were asked to record their issues on large sheets of paper
- Prioritisation/ranking - Themes were identified and headings for each theme were discussed for voting by participants to identify important priorities to be addressed
- Interpretation/Solutions - Participants analysed priorities presented and suggested solutions to address priorities

Staff from Adelaide PHN were involved in the workshops as observers and were subsequently involved with the analysis of the results.

Following the workshop all the results were analysed, reported and presented in graphs and Pareto charts, reflecting the participants overall experience with support services. Results presented the most severe 'Irritants' (or issues) as identified by participants and how often these irritants occur, as well as the most important 'Value Factors' (or opportunities) and the current performance of the system in meeting participant's needs.

Workshop participants were guided through a set of activities which encouraged deep thinking and reflection about their experiences of receiving support services.

The objectives of the workshops were to:

- Discover the major barriers and challenges around the types of support services and how they are accessed as perceived by consumers in Adelaide
- Discover the major value and opportunities around the types of support services and how they are accessed as perceived by consumers in Adelaide
- Measure the quality of support services in Adelaide are and how they are accessed

Drawing from their own experiences interacting with various services and support systems, participants reflected on and identified the main problems, barriers or issues around support services for people with severe mental health illness. They considered possible barriers and challenges around access, the physical environment, coordination, appropriateness, safety, how they are treated, gaps in services and who was most affected by inadequate support services available in the community.

Participants selected a maximum of six of the most severe, frustrating or irritating barriers and described the essence of each issue in a succinct phrase. They rated the barrier in terms of its severity and frequency. These ideas were consolidated into themes and recorded.

In the next part of the workshop, participants reflected on the elements that would comprise their vision of support services in Adelaide. Participants were asked to think 12 months in the future and to imagine that they are very happy with the range, quality and accessibility of support services and programs in their area. Their overall health, sense of wellbeing and independence has vastly improved. They were asked to consider what the ideal service would look like in terms of:

- What would a quality, accessible service look like
- What stands out about these services and makes them so valuable
- What has improved
- How has access, coordination, provision of information and education, and the way they and family are treated and communicated with improved?

They then selected up to six most important opportunities which reflect what they want to experience and therefore ensure they can access and receive quality, timely and appropriate support services. These were expressed in separate succinct phrases which captured their essence.

The high-level barriers and challenges around the types of support services and how they are accessed as perceived by consumers in Adelaide, and the value factors or opportunities are shown in the Tables. A total of 25 people who use psycho-social support services participated in the two workshops.

**Table 1: Participant Value Index**

	<b>Value Index</b> 0 → +100	<b>Irritation Index</b> 0 → +100	<b>Net Participant Value</b> -100 → +100
<b>Overall</b>	+51	-81	-30
<b>North</b>	+51	-78	-27
<b>South</b>	+50	-84	-34

The above indices reflect the participants' experience with accessing psychosocial support services in the Adelaide PHN region. During the workshops, two significant sets of data were developed. The participants initially identified Irritants (Barriers and Challenges) and rated their Severity and Frequency of Occurrence. Combined, these figures provided an Irritation Index. The Irritation Index scale is 0 to -100. A score of 0 would mean none of those Irritants has ever happened, -100 means they all happen all the time. As can be seen from Table 1, the participants in south reported a higher Irritation Index when compared to participants in the north, meaning the irritants had happened more often for participants in the south than the north.

Similarly, the participants also identified a set of Value Factors (Opportunities) and rated their Relative Importance and their Current Performance. Combined, these figures provided a Value Index. The Value scale is 0 to +100. A score of 0 would mean Current Performance was rated 0 on every Value Factor, +100 would mean a perfect 10 on every one. There were minimal differences between the value factors in the North and South.

The Net Participant Value score, with a range from -100 to +100 is arrived at by subtracting the Irritation Index from the Value Index. Overall, all the participants thought that there were more irritants than value with accessing psychosocial support services in Adelaide PHN region, and more in the south.

**Table 2: Top four barriers and opportunities for delivery of psychosocial support services in the Adelaide region**

Barriers	What people want to experience (Opportunities)
Lack of timely, responsive services that meets my needs	Services tailored to my specific needs
Lack of empathy, understanding and respect for me	Skilled relatable knowledgeable support staff
Underfunded programs and services	Affordability of services and add-on costs
Transport – Psychological, practical and financial barriers	Suitable transport

Table two shows the top four (consolidated) barriers and opportunities that participants expressed when accessing psychosocial support services respectively during the affinity diagrams from each individual session which provide the detailed meaning behind each heading. They represent the expressed views of participants during the theming sessions and the barriers and opportunities have detailed meaning or further information behind each heading.

For example, for the Barrier - ***Lack of timely, responsive services that meets my needs***, participants expressed the following views:

- Waiting too long for appointments and services
- Lack of appropriate services
- I am not getting intensive services when I need them
- Not enough services available when I need them

For the Barrier - ***Lack of empathy, understanding and respect for me***, participants expressed the following views:

- Lack of empathy and respect
- People don't understand how to deal with me and my needs

For the Barrier - ***Transport – Psychological, practical and financial barriers***, participants expressed the following views:

- Transport difficulties
- Transport options do not work for me

On the other hand, when asked what people want to experience (Opportunities), they detailed views which reflect the Opportunity headings. However, for the Opportunity – **Services tailored to my specific needs**, they expressed a range of views:

- Domestic support
- Easy access when I need it
- Coordination and collaboration of services
- Understanding my mental health needs
- Services tailored to my specific needs
- Support for anxiety and depression

## 2. Surveys

Adelaide PHN conducted two online surveys targeting service providers and community members in October 2018.

- The first survey was specifically directed at existing psychosocial support service provider operating in the Adelaide PHN region. A total of 23 organisations provided responses to the survey
- The second online survey sought input from a wider audience including health professionals, support workers, carers and the general community. A total of 96 people completed this survey

### 1. Service provider survey

#### Services currently available

Prior to the transition to NDIS, there was a range of psychosocial support services and/or programs were available to people. Coordination and liaison (provided by 81.3% of service providers), social skills and social inclusion (81.3%), independent living skills (62.5%) and other services (such as carer respite and support, counselling, group activities) were common psychosocial support services available.

Providers indicated consumers not eligible for the NDIS will continue to need this range of services to continue to remain well and accessing services in the community.



### **Challenges faced by consumers**

Service providers reported that consumers were facing a range of challenges when participating in psychosocial support services. The development and maintenance of social skills was a major barrier to their consumers being able to participate in services. They also reported that people felt isolated due to their mental health conditions. In terms of service design and access requirements, the lack of flexible and response services which are adaptable to consumer need was cited as a challenge to consumer participation.

Transport was highlighted as another major challenge (this was also identified as a challenge in the consumer workshops). A number of issues related to transport and the use of public transport including the episodic nature of mental health conditions, the effects of medication, the cost of transport and people experiencing anxiety.

### **Challenges faced by service providers in delivering services**

Service providers were also asked to identify the challenges associated with delivering psychosocial support services. As the outcome of the survey was to identify service elements which needed to be included in the NPSM, elements relating to finance and stressors relating to the NDIS were excluded from these results.

The top three biggest challenges that service providers experience when delivering psychosocial support services

- Being able to refer clients to appropriate services where their own services do not meet consumer need
- Service provider capacity (including skills of staff)
- Sector challenges (includes sustainability and funding)

## **2. Community Survey**

As the community survey was open to all, participants were asked to describe which best described them or their role. Case manager/care coordinator was the most common response followed by allied mental health professional, support workers and mental health clinicians. One in ten were consumers of current services while four percent were family members of those who require psychosocial support services.

Respondents most commonly identified the LGA in which they lived or worked as: Adelaide, Port Adelaide Enfield, Playford, Charles Sturt and Onkaparinga.

### **Awareness and rating of current services**

Respondents were generally knowledgeable about the psychosocial support sector. When asked what psychosocial support services or programs they were aware of in the Adelaide PHN region for people with severe mental health illness, the majority of them indicated being aware of: Partners in Recovery (PIR) (81.5%), Personal helpers and mentors (81.5%), and Carer respite programs (67.4%). Individual Psychosocial Rehabilitation Support Services (IPRSS) was the most common response for “Others”.

The community survey asked participants to rate the availability and accessibility of services that were commonly accessed by themselves or the consumers they support. They were asked to rate them as poor, very poor, good or very good. The services which were rated as poor/ very poor were:

- Finding and maintaining a home
- Social skills
- Friendships and family connections

Conversely, the availability and accessibility of services and supports rated as good or very good (top three):

- Managing drug and alcohol addictions
- Mental health literacy and education
- Physical health and wellbeing

### **Amount of support required**

More than half (64%) of respondents indicated that people with severe mental health illness require on average between one to four hours of psychosocial support services in a week. However, over one third (36%) of respondents indicated that support should be varied based on needs. They also indicated that supports should be available at times of the day when it is needed rather than according to a schedule. This aspect of support (needs-based) was also voiced during the consumer consultation workshops.

### **Service gaps identified by consumers**

The community survey was open to the general community. When looking at respondents who identified as users of psychosocial support services, they selected finding and maintaining a home, managing daily living needs and friendships and family connections as the top three important social support needs for people with severe mental illness. These were the three of the most important things to consider when designing a new psychosocial support for people with complex mental health issues:

- Housing and accommodation
- Social skills and social inclusion
- Independent living skills

In addition, participants identified the following as important considerations for development of services:

- Access to appropriate psychosocial support services for people with mental health conditions
- Continued sector engagement to provide these services
- The importance of taking into consideration of the complex mental health needs for people requiring psychosocial support services

These were also identified at the community workshops.

### ***Future Directions***

The consultations undertaken by Adelaide PHN have informed Adelaide PHN's Needs Assessment for the NPSM and future commissioning of services. Based on triangulated health and service needs analysis and the above consultations, the following are **three** local priorities for Psychosocial Support Services for our region:

- Responsive and appropriate psychosocial support services that meets the needs of people with severe mental health conditions
- Increase awareness and promotion of psychosocial support services for people with severe mental health conditions and their carers
- Increase the health workforce capacity to provide appropriate care to people with severe mental health conditions

Adelaide PHN will continue working with key partners to help address the implementation of the NPSM in a flexible and carefully planned way, which complements continuing and new State investment in psychosocial support and does not duplicate support available from existing programs, including those transitioning to the NDIS.

The information provided by the community and service providers has informed and will continue to inform the commissioning for the NPSM by Adelaide PHN. Information provided during these consultations will inform the commissioning process through service design, engagement of service providers and development of contracts and evaluation and review of service delivery. Consultations will be ongoing and results of these will also be published on [adelaidephn.com.au](http://adelaidephn.com.au) as they become available and will continue to inform our approach to service delivery of support services.