



## Early intervention for psychosocial disability in the NDIS

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- The focus for this literature review was supports for people with psychosocial disability
- Developing a stronger evidence base for effective interventions in responding to psychosocial disability
- Identify the interventions that demonstrate effectiveness for early intervention in the Scheme



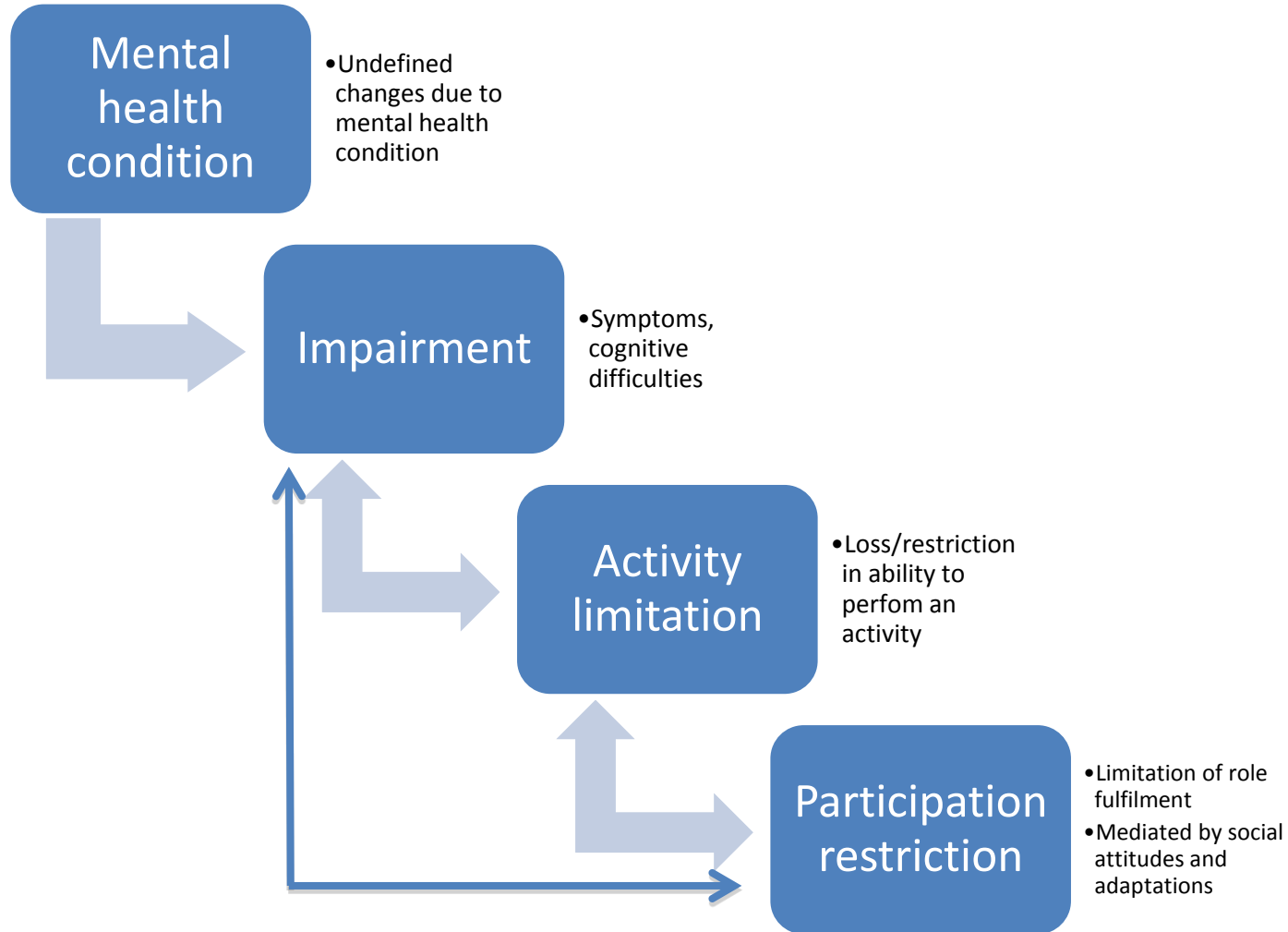
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Psychosocial disability is the term used to describe the disability experience of people with impairments and participation restrictions related to mental health conditions. These impairments and participation restrictions include loss of or reduced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

(National Mental Health Consumer & Carer Forum 2011, Unravelling Psychosocial Disability, NMHCCF: Canberra, p. 16.)



# Disability, impairment and participation



- Supports provided by the NDIS are designed to support people living with a disability to:
  - pursue goals
  - maximise independence, including living independently
  - live with social and economic participation as full citizens, including in employment
  - provide choices to participants in the planning and delivery of supports.

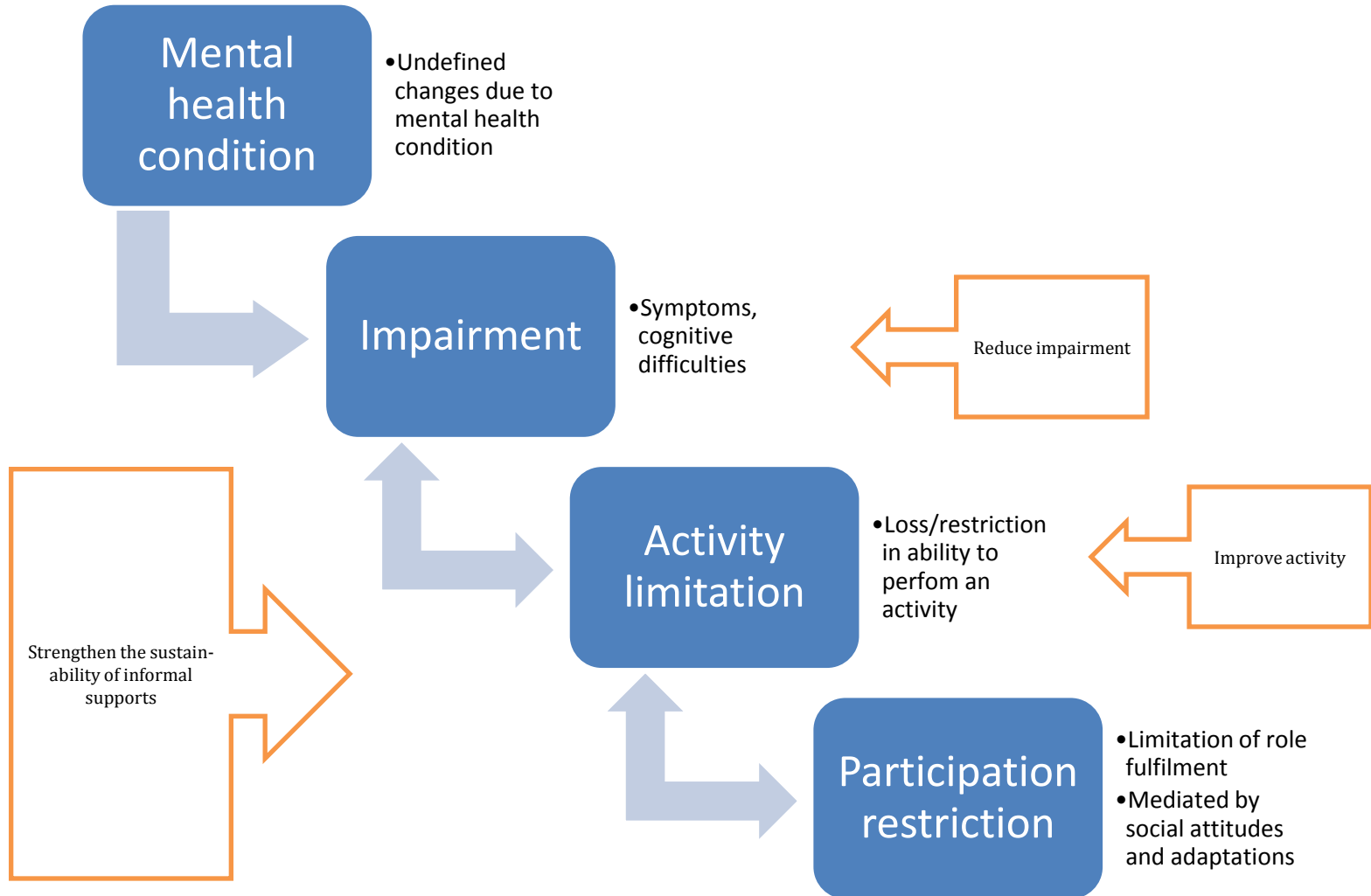
(National Disability Insurance Agency, 2014a):

The aims of early intervention in the NDIS are to “reduce the participant’s future need for supports”, including the “mitigation and alleviation of impairment”

(Commonwealth Government of Australia, 2013)



# Early intervention and disability







## Three ways we anticipate that EI can be accessed in the NDIS:

### Tier 2 ILC pathway

- lower disability
- shorter interventions
- potential to divert from Tier 3

### Tier 3 Early intervention pathway

- reduce impairments that impact functioning
- stop deterioration of functioning
- sustainability of informal supports

### Tier 3 'Early in plan'

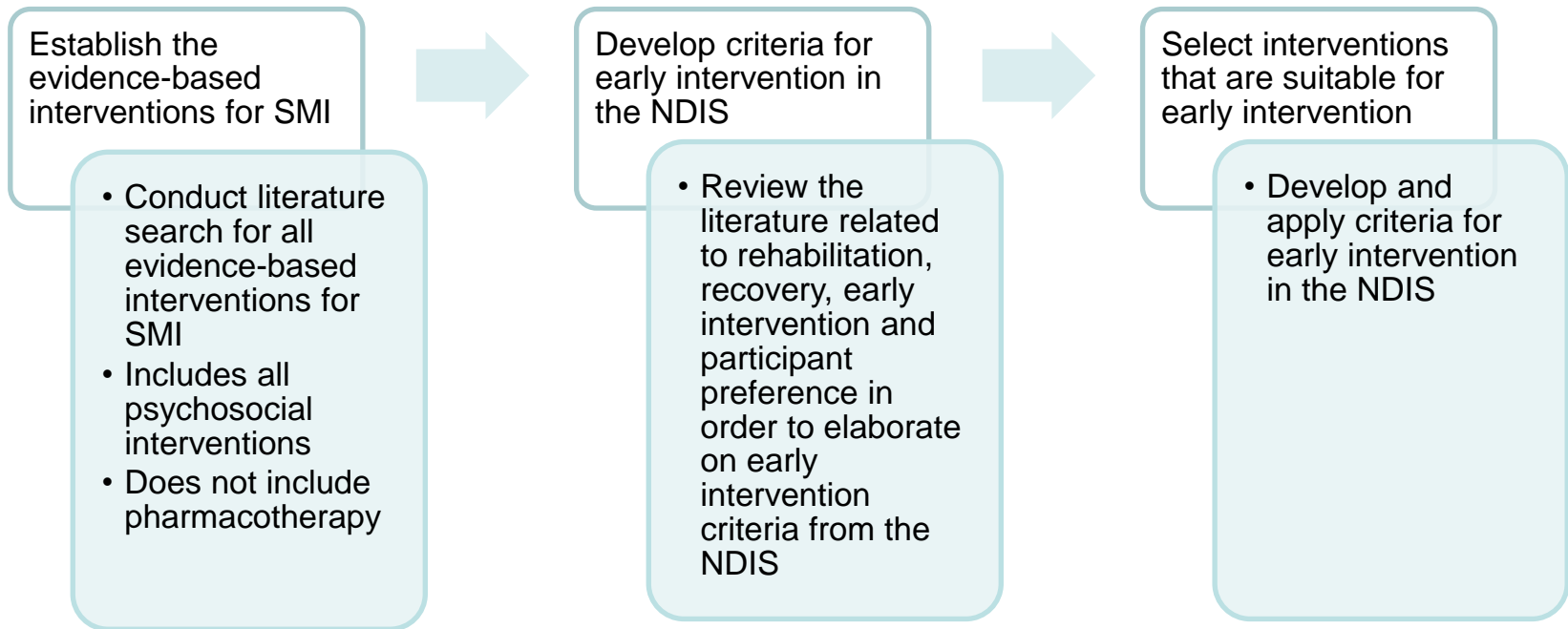
- priority interventions within a plan for an eligible person with psychosocial disability



- What evidence is available regarding effective psychosocial interventions for people living with severe mental illness (SMI) and psychosocial disability?
- What criteria for early intervention in the disability support sector can be developed?
- Which evidence-based interventions meet the criteria established for early intervention?



## Logic model for selection of interventions suitable for the early intervention supports





- Criteria from the literature
  - support recovery
    - Hope, Individual goals, Meaningful activity
  - support social and economic participation
  - focus on rehabilitation (Killackey et al., 2015), not just ‘supports’ (Collister, 2015)
  - focus on key features of life stages
  - relevant to people’s needs
  - prevent deterioration



- Searching databases with agreed search terms
- Cochrane meta analyses
- Establishing outcomes for evidence-based interventions – functional outcomes, social and economic participation
- Inclusions and exclusions
- Quality appraisal

Supported Employment

Family Psycho-education

Supported Education

Cognitive Remediation

CBT for psychosis

Illness Self-Management

MST or ACT/Outreach

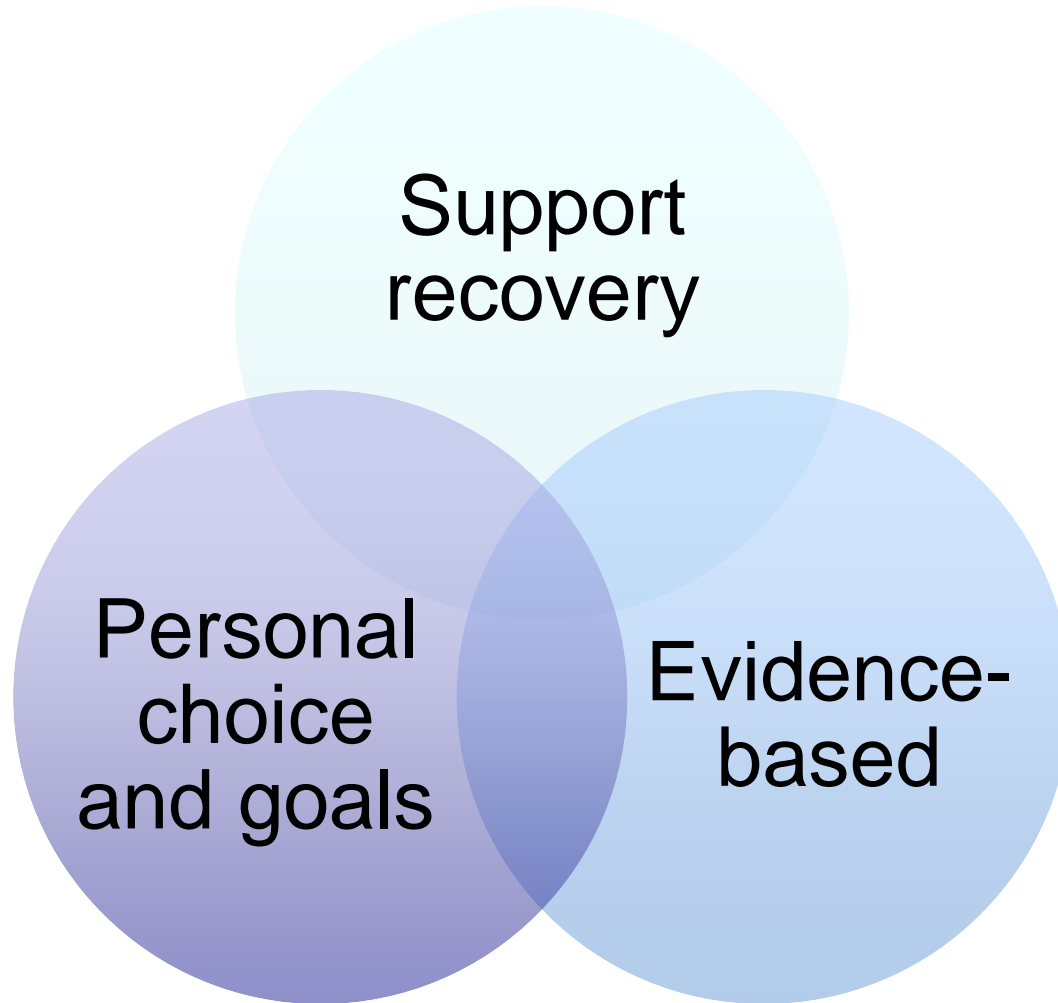
Supported Housing

Peer Support/Consumer Networking

Physical Health Management

Social Skills Training/Social Cognition Training

- Approaches to first episode psychosis (FEP)
- Stepped care approaches
- Recovery and rehabilitation approaches
- Participant perspectives on unmet needs







1. Supported Employment and education
  - Very strong evidence for effectiveness
  - Supports people in participation, while resolving issues regarding activity and impairment
  - Supports personal goals and choice
  - Many positive long term outcomes such as improved economic and personal well-being



## 2. Family interventions

- Very strong evidence for effectiveness (relapse)
- Helpful for achieving carer engagement and support
- Evidence stronger for positive consumer outcomes than carers
- Evidence of challenges with engagement

May need to adapt to achieve a wider range of recovery goals and meet consumer preference



### 3. Social skills and social cognition interventions

- Strong evidence
- Assists at impairment and activity levels and can support greater participation
- Meets expressed desire to improve social connection
- Supports recovery



## 4. Cognitive remediation

- Good evidence
- Focus on reducing impairment, particularly useful in EI
- Can flow on to improved activity and participation
- Link to other supports (e.g. employment)
- Unclear if it will be considered a “health intervention”



## 5. Outreach and personal assistance

- Good evidence for outreach, less so for personal assistance
- Role for enabling engagement, planning and co-ordinating NDIS support packages
- Personal assistance provides individualised recovery-based support
- Unclear of the role for these kind of supports in the NDIS



## 6. Cognitive Behavioural Therapy for Psychosis CBTp

- Good evidence for effectiveness
  - Targets impairment level of disability, particularly useful in EI
  - Can flow on to improved activity and participation
  - Supports personal goals around dealing with difficulties with symptoms
  - Unclear if it will be considered a “health intervention”
-



## 7. Illness Self-Management

- Evidence is good, but not extensive
- Documented impact on sustaining wellness and recovery
- Role as adjunct to other supports
- May need to adapt to achieve a wider range of recovery goals and meet consumer preference



## 8. Supported Housing

- Evidence is positive but limited
- Like supported employment, focuses on participation, while resolving activity/impairment concerns
- Supports personal goals for independent living, resolution of housing instability
- Basis of recovery, supports many other possibilities
- Has potential as an important early intervention in psychosocial disability





## 9. Physical health supports

- Emerging evidence is positive but very limited in relation to impact on psychosocial disability
- Meets stated consumer needs
- Reduces physical impairments associated with psychosocial disability
- Has a role in supporting recovery goals
- Potential Role in ILC ?



## 10. Peer supports

- Randomised control trial evidence is still not strong but a highly favoured intervention by consumers and health service providers
- Particularly supportive of implementation of the recovery paradigm
- Not a particular intervention in itself, but a way to provide all the supports we have discussed



# What people have said they need...

priority of needs identified by people living with SMI	1	2	3	4	Possible evidence-based interventions (EBIs) to meet this need
Uncontrolled symptoms	x	x	x	x	Family Psycho-education; CBT for psychosis; Illness Self-Management Training; Peer Support; Cognitive Remediation.
Loneliness/social isolation	x	x	x	x	Social Skills Training; family interventions; employment programs; Supported Housing.
Financial	x	x		x	Employment programs, Illness self management and individual psycho-education; Supported Housing.
Lack of employment/ daytime activities	x	x	x		Employment programs; Cognitive Remediation; Social Skills Training; family interventions.
Physical health	x	x		x	Health services engagement supports; consumer education.
Suitable housing	x	x		x	Housing programs; Social Skills Training.
Need for family or carer support	x			x	Family psycho-education and support; MST or ACT/Outreach.
Stigma/discrimination	x				Social Skills Training; family interventions; Social Cognition Training; employment programs.
Access to mental health services	x				Case management and service co-ordination; MST or ACT/Outreach.
Distress			x		Case management and service co-ordination; MST or ACT/Outreach; CBT for psychosis; Illness Self-Management Training; hearing voices.
Information			x		Health services engagement supports; health lifestyle programs and education; CBT for psychosis ; Illness Self-Management Training.

1. Morgan et al. (2011) 2. Killacky et al. (2015) 3. Thornicroft et al. (2004) 4. Brophy et al. (2015)



- Three interventions ‘tick all the boxes’
  - evidence based
  - line up with personal choice/consumer preferences
  - achieve recovery focused outcomes
  - are likely to reduce future support needs .
- Social Skills Training,
- Supported Employment,
- Supported Housing



- What we have learned from the SHIP study – People living with psychotic illness 2010 (n= 1,825) - is that it appears that many people who may benefit from evidence based psychosocial interventions are not receiving them – even though they are usually found to be helpful

(Morgan et al 2011; Harvey et al 2016; Fossey et al, 2016)



- Future research programs will need to be more cognisant of interventions that meet participant needs and also take into account their preferences for support.
- Currently gaps between what people with psychosocial disability often say they need and what evidence-based interventions are available to assist



There is potential to work with consumers (and their supporters) to:

1. Respond to the knowledge gaps in the academic literature
2. Co design resources that assist to inform participants about research evidence so they can make more informed choices about support