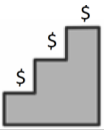

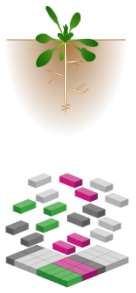






Draft Principles for a Future Psychosocial Support Program Outside the NDIS

Draft Principles for Future Psychosocial Support Program (PSP) Outside the NDIS¹.

The following design principles and practice are intended as a contribution to a discussion regarding what a future Tier 2 for PSP (T2-PSP) outside the NDIS could/should look like. The following makes no presumption about who or how the commissioning of this would be done.






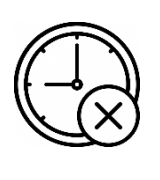
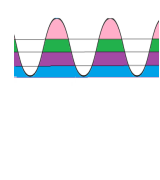
	<p>1. <u>Requires an adequate level of resourcing.</u> To achieve desired outcomes (see below) and attract and retain the necessary workforce and be a workable alternative to NDIS, T2-PSP should not be an order of magnitude less in its offering or resourcing². If T2 is well constructed, the lifetime cost per participant may be considerably less. The step down from NDIS supports should be a stepped care continuum not a 'cliff'³.</p>
	<p>2. <u>Embed a best practice approach in service delivery principles.</u> A best practice approach recognised in international evidence-based literature is trauma-informed recovery-oriented practice that fosters a strengths-based, whole of health and wellbeing; person-centred and directed approach to working with consumers. It is also an approach that supports the <u>workforce to deliver on these objectives.</u></p>
	<p>3. <u>Build service delivery and consumer capacity.</u> T2-PSP should be <u>designed from the ground up, to support recovery and capacity building:</u></p> <ul style="list-style-type: none"> i) So that its incentives, for both provider and participant, encourage the above ii) To consist of modular evidence-based components, that can be tailored to suit local conditions, communities, and stakeholders⁴. iii) By reviewing, and improving upon the many positive elements of previous Commonwealth programs, such as the <i>Personal Helpers and Mentors</i> program and <i>Partners in Recover (PiR)</i> that were defunded to support funding the NDIS.
	<p>4. <u>Build both the Lived Experience Workforce and non-peer mental health workforce .</u> An opportunity for T2-PSP is to:</p> <ul style="list-style-type: none"> i) Require minimum numbers (or %) for a Peer/Lived Experience Workforce ii) Provide a opportunities enabling service recipients to transition to support workers (i.e., participant to peers, as in the <i>Recovery College</i> model). iii) Ensure that there is sufficient growth and sustainability in the non-peer workforce careers in the sector for a clinical and non-clinical workforce that fosters sustainability and ensures quality service delivery at all levels of need
	<p>5. <u>Design & evaluation is co-designed with people with lived experience, family/carers, representatives of diverse communities, service providers and key stakeholders</u></p>

¹ Following the recommendations in the 2020 *Productivity Commission Enquiry into Mental Health*, the *National Mental Health and Suicide Prevention Agreement* (March 2022) stated in Action 127 that “The Parties will work together to develop and agree future psychosocial support arrangements (including roles and responsibilities) for people who are not supported through the NDIS”. Action 128 committed all parties to an assessment of the type and level of need for psychosocial support outside the NDIS in each jurisdiction (“to be completed as soon as possible within the first two years of this Agreement”). Action 129 then states that “The Parties agree that further clauses relating to future arrangements for psychosocial supports outside of the NDIS will be developed after the analysis work has been completed”.

² Annual averages per person - NDIS package (for psychosocial disability) = \$72,000; current PHN PSP = \$7,200

³ T2 should not be just waterholes around the “oasis in the desert” (Bonyhady), nor a lifebuoy ring outside the “only lifeboat in the ocean” (Shorten).

⁴ These could include components like the Recovery College Model (with peers as trainers); the Clubhouse Model (ensuring it is adequately resourced to include a full and varied “work ordered day” and a “transitional employment program”); and IPS (Individual Placement and Support).

  	<p>6. <u>Outreach</u>. T2-PSP should incorporate outreach in two ways:</p> <p>i) <u>Proactive Outreach</u>: To locate and connect with people who may be eligible for T2-PSP, but are isolated and not engaging in “help-seeking” behaviours, such as recently trailed in Mental Health Australia’s Community Connectors program for people who were homeless; and the Proactive Outreach approach in Community Mental Health Australian’s Assisting Communities through Direct Connection (ACDC) Project.</p> <p>ii) <u>Assertive Outreach</u>: Maintain connection and support T2-PSP participants in the community or at home, as an alternative to requiring people to visit a centre. Interacting with people in the context of their lives greatly increases understanding of barriers and opportunities, and the ability to affect these.</p>
	<p>7. <u>Outcomes</u>: A whole of health and wellbeing and individually adaptable Outcomes Framework be adopted that includes a <u>range of valid & reliable evaluation tools</u> that can be selected to accommodate an <u>individual’s unique circumstances, needs and goals</u>⁵. An example of such a model is the Commonwealth DSS SCORE framework, that also includes a measure of experience of service as per the <u>YES-CMO</u></p>
	<p>8. <u>Open Door for entry with delayed eligibility testing</u>. T2-PSP should provide an open entry pathway while still having eligibility criteria. For example, the previously mentioned PHaMs program had a three month “getting to know you” period, during which an eligibility screening was done rather than depending upon one off Functional Assessment Eligibility Tool at the initial encounter.</p>
	<p>9. <u>No time limit</u>. Just as the NDIS now accepts that mental health issues may be <u>episodic but represent an underlying permanent vulnerability</u>, T2 should be available <u>for as long as considered necessary</u> for a person. The <u>knowledge that supports are available when needed may be the very reassurance that helps underwrite an individual’s ongoing stability</u>.</p>
	<p>10. <u>Levels of support</u>. T2-PSP should incorporate various levels of support, enabling participants to modify as their needs change. Consideration could be given to embedded program incentives, so that participants can choose to go to lower levels of support when appropriate. The lessons from the NDIS, that seems to have created the opposite incentives (for providers and participants), should be learned from.</p>

Recommendation: A national discussion should occur to consider the principles and features of a future Tier 2 Psychosocial⁶ Support Program (T2-PSP).

Note: The above Principles are by no means exhaustive. Other principles such as localisation, inbuilt innovation, better addressing social determinants, etc., also need to be explored and discussed. The intention of setting this list out here is to stimulate discussion about these matters regardless of who or how the commissioning for a future PSP occurs.

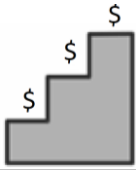
⁵ NOTE: The lesson arising from several decades of experience with programs like DES (Disability Employment Service) is that T2-PSP should not incorporate a payment for outcomes model. Such a model damages relationships, trust and incentivises wrong practices. For example, as noted by Professor Jerry Muller in [“The Perils of Metric Fixation”](#), when the New York Health Services introduced scorecards for cardiologists, which publicised their surgery mortality rate, many doctors stopped operating on sicker, riskier patients.

Instead, careful market stewardship that incorporates a range of evaluations that for example SCORE makes possible (including monitoring progress towards improving circumstances, capacity building, service satisfaction, etc.) can cultivate over time a healthy and high-quality provider market.

⁶ It is noted that some people do not like the term “psychosocial” but in absence of a widely accepted alternative we have continued to use it here.

Details and Reasons for each Criterion

1. Adequate Level of Resourcing.



To serve as an alternative to the National Disability Insurance Scheme (NDIS) for individuals who may not qualify for NDIS support it is important to provide an adequate level of funding for a future psychosocial support program (referred to as T2-PSP). Here are some reasons explaining why adequate funding is necessary:

1. **Achieving desired outcomes:** Adequate funding ensures that the program can provide comprehensive and tailored services, including mental health support, , and the range of individualised psychosocial interventions. Without sufficient funding, the program may not be able to deliver the desired outcomes and may fall short in addressing the diverse needs of participants.
2. **Attracting and retaining the necessary workforce:** A well-resourced psychosocial support program needs to attract and retain a qualified and dedicated workforce. Adequate funding allows for competitive salaries, training opportunities, and career advancement prospects, which can attract skilled workers to the sector and help maintain a high standard of service delivery. Insufficient funding may lead to workforce shortages, resulting in a reduced capacity to meet the needs of participants and compromising the quality of care provided.
3. **Workable alternative to NDIS:** The alternative support program aims to serve as a viable option for individuals who do not meet the eligibility criteria for NDIS. For it to be considered a genuine alternative, it should not be significantly less in its offering or resourcing compared to NDIS. Adequate funding ensures that the program can provide comparable levels of support, enabling participants to access necessary services and resources without feeling disadvantaged or underserved.
4. **Cost-effectiveness:** While it may seem counterintuitive, adequately funding the alternative support program can lead to cost savings in the long run. By providing early intervention, preventive measures, and ongoing support, the program can potentially reduce the need for more intensive and expensive interventions later on. This can result in a lower lifetime cost per participant compared to the NDIS. Adequate funding allows for effective planning, monitoring, and intervention strategies that promote individual well-being, resilience, and independence, thereby reducing the overall burden on the healthcare system.
5. **Stepped care continuum:** Transitioning from NDIS supports to the alternative psychosocial support program should be a gradual and seamless process. It should not create a sudden gap or "cliff" in the level of support provided. Adequate funding enables the development of a stepped care continuum, where individuals can smoothly transition from intensive supports to less intensive but still meaningful interventions. This ensures that participants continue to receive the necessary assistance and avoid disruptions in their care.

Providing an adequate level of funding for the alternative psychosocial support program is crucial to achieve desired outcomes, attract and retain a skilled workforce, offer a workable alternative to NDIS, promote cost-effectiveness, and ensure a smooth transition for individuals in need of ongoing support.

2. Embed a best practice approach in service delivery principles.



Embedding a best practice approach in service delivery principles for a future psychosocial support program will be essential. The following is a non-exhaustive list of some of those principles and why they are crucial:

1. **Trauma-informed and recovery-oriented practice:** Trauma-informed care acknowledges the potential trauma experienced by individuals and aims to create a safe and supportive environment that promotes healing and resilience. Recovery-oriented practice focuses on empowering individuals to regain control over their lives, set meaningful goals, and develop their strengths. By embedding these principles, the program can provide a holistic and supportive framework that addresses the unique needs and experiences of participants.
2. **Evidence-based approach:** Best practice should be grounded in international evidence-based literature. It ensures that the program adopts strategies and interventions that have been proven effective through research and clinical experience. By incorporating evidence-based practices, the program can enhance its credibility, improve outcomes for participants, and provide a standardized level of care that aligns with established guidelines and recommendations.
3. **Strengths-based and person-centered approach:** A best practice approach should adopt a strengths-based perspective, which focuses on identifying and building upon the strengths and capabilities of individuals rather than solely focusing on deficits or challenges. This approach recognizes that individuals have inherent strengths and resilience that can be harnessed to promote their well-being. Additionally, being person-centered and directed means that the program actively involves participants in decision-making processes, respects their autonomy, and tailors services to meet their specific needs and preferences. This approach fosters a collaborative and empowering relationship between the participants and the program.
4. **Whole health and wellbeing:** A best practice approach should address the broader aspects of health and wellbeing. It recognizes that psychosocial support is interconnected with physical health, social relationships, and community engagement. By taking a holistic perspective, the program can support participants in achieving overall wellbeing, which encompasses mental, emotional, and physical health. This may involve coordinating with other healthcare providers, community organizations, and support networks to ensure comprehensive care and promote positive outcomes.
5. **Supporting the workforce:** An effective best practice approach supports the workforce in delivering on these principles. Adequate training, ongoing professional development, supervision, and supportive policies and procedures are essential for ensuring that the workforce is equipped with the knowledge and skills necessary to implement the best practice approach. Investing in the workforce's capacity and well-being enables them to provide high-quality, compassionate, and person-centered care, resulting in better outcomes for participants.

Embedding a best practice approach in service delivery principles for the psychosocial support program involves adopting trauma-informed and recovery-oriented practices, basing practice on evidence, embracing strengths-based and person-centred approaches, considering whole health and wellbeing, and supporting the workforce. These principles collectively promote an inclusive, empowering, and effective support system that meets the diverse needs of individuals and promotes overall well-being.

3. T2-PSP should be designed from the ground up to support recovery and capacity building:



Reasons why this is crucial:

1. **Incentivizing recovery and capacity building:** The design of T2-PSP should include incentives that encourage both providers and participants to prioritize recovery and capacity building. By aligning incentives, such as funding structures or performance measures, with these objectives, the program can promote a culture of continuous improvement, empowerment, and personal growth. This ensures that the focus remains on supporting individuals in their recovery journeys and helping them develop the skills, resilience, and confidence needed to navigate their lives effectively.
2. **Modular evidence-based components:** T2-PSP should consist of modular evidence-based components that can be tailored to suit local conditions, communities, and stakeholders. This approach recognizes the diversity of needs and preferences within different regions and allows for flexibility in service delivery. By incorporating evidence-based components, the program can leverage interventions and practices that have been proven effective in supporting recovery and building capacity. Modular design also enables customization and scalability, allowing services to be adapted to specific contexts and evolving requirements.
3. **Learning from previous Commonwealth programs:** Reviewing and improving upon previous successful programs, such as the Personal Helpers and Mentors program and Partners in Recovery (PiR), can provide valuable insights for T2-PSP. These programs had positive elements but were defunded to support the NDIS. By drawing upon the strengths and lessons learned from these initiatives, T2-PSP can build upon their successes and address identified limitations. This ensures that the new program benefits from existing knowledge and experiences, resulting in a more refined and effective service delivery model.
4. **Enhancing consumer capacity:** Capacity building is a fundamental aspect of psychosocial support programs. T2-PSP should focus on empowering consumers by providing them with the tools, resources, and support necessary to take an active role in their recovery journeys. This may include skill development, education, peer support, self-management strategies, and opportunities for meaningful participation in decision-making processes. By enhancing consumer capacity, the program promotes autonomy, self-determination, and long-term sustainability of positive outcomes.
5. **Stakeholder engagement and collaboration:** Building service delivery and consumer capacity requires collaboration among various stakeholders, including consumers, service providers, community organizations, and relevant government agencies. T2-PSP should foster partnerships and engagement with these stakeholders to ensure that the program aligns with local needs, priorities, and resources. Collaborative approaches facilitate shared decision-making, co-design of services, and the utilization of local expertise, which ultimately leads to more effective and sustainable outcomes.

Building service delivery and consumer capacity within T2-PSP involves incentivizing recovery and capacity building, utilizing modular evidence-based components, learning from previous successful programs, enhancing consumer empowerment, and promoting stakeholder engagement and collaboration. These efforts collectively contribute to a program that supports individuals in their recovery journeys, maximizes their potential, and facilitates their active participation in decision-making processes, leading to improved overall well-being.

4. Build both the Lived Experience Workforce and non-peer mental health workforce



Why this is crucial:

1. Minimum numbers for a Peer/Lived Experience Workforce: T2-PSP should require a minimum number or percentage of the workforce to be comprised of individuals with lived experience of mental health challenges. Including peer support workers brings unique perspectives, empathy, and understanding to the service delivery process. Peers can provide relatable support, share personal recovery journeys, and serve as role models for participants. Having a minimum representation of the Lived Experience Workforce ensures that the program benefits from their valuable insights and helps reduce stigma and promote a culture of understanding and empowerment.
2. Transition opportunities for service recipients: T2-PSP should provide opportunities for service recipients to transition into support worker roles, such as participant to peers, as seen in the Recovery College model. This approach recognizes the potential for individuals who have received support to become active contributors to the mental health workforce. Transitioning from being a recipient of services to a support worker offers a sense of purpose, employment opportunities, and an opportunity to utilize their personal experiences in helping others. It contributes to program sustainability by developing a workforce that has a deep understanding of the challenges faced by participants.
3. Growth and sustainability in the non-peer workforce: While the Lived Experience Workforce is important, there should also be growth and sustainability in the non-peer mental health workforce. Adequate investment in workforce development, training, and career pathways ensures that the sector can attract and retain skilled professionals who can provide quality service delivery at all levels of need. By fostering sustainability in the non-peer workforce, the program can maintain consistent and comprehensive support, even as participants' needs evolve or require specialized interventions.
4. Quality service delivery at all levels of need: A well-balanced workforce that includes both the Lived Experience Workforce and non-peer professionals contributes to quality service delivery at all levels of need. Peers bring their personal experiences and can provide valuable support, while non-peer professionals offer clinical expertise, evidence-based interventions, and specialized skills. Collaboration between the two groups ensures a comprehensive and holistic approach to supporting individuals' mental health and well-being. By emphasizing quality service delivery, the program can maintain high standards of care, promote positive outcomes, and instill confidence in participants and the wider community.

Building both the Lived Experience Workforce and non-peer mental health workforce within T2-PSP involves requiring a minimum representation of peers, providing transition opportunities for service recipients, ensuring growth and sustainability in the non-peer workforce, and prioritizing quality service delivery at all levels of need. This approach fosters a diverse and skilled workforce, harnesses the power of lived experiences, promotes employment opportunities for those with personal experience, and ensures comprehensive and effective support for individuals accessing the program.

5. Design & evaluation is co-designed with people with lived experience, family/carers, representatives of diverse communities, service providers and key stakeholders

Here are the reasons why this is crucial:

1. **Ensuring inclusivity and representation:** Co-designing the program's design and evaluation involves actively involving individuals with lived experience, family/carers, and representatives of diverse communities. This approach ensures that the voices and perspectives of those directly affected by the program are heard and taken into account. It promotes inclusivity, reduces the risk of overlooking important considerations, and ensures that the program is responsive to the unique needs, preferences, and cultural contexts of the communities it serves.
2. **Enhancing relevance and effectiveness:** By involving a diverse range of stakeholders in the co-design process, the program can benefit from their collective expertise, insights, and experiences. Stakeholders bring different perspectives and knowledge that can enhance the relevance and effectiveness of the program. They can provide valuable input regarding service delivery models, intervention strategies, accessibility, cultural considerations, and systemic barriers that need to be addressed. Co-designing ensures that the program is better equipped to meet the needs of its target population and achieve desired outcomes.
3. **Building ownership and accountability:** Co-design fosters a sense of ownership and accountability among stakeholders. When individuals and communities are actively involved in shaping the program, they feel a greater sense of investment and responsibility. This can lead to increased engagement, commitment, and collaboration in implementing and evaluating the program. Stakeholders become advocates and partners, working together to ensure the program's success and sustainability.
4. **Promoting transparency and trust:** Involving stakeholders in the co-design process enhances transparency and builds trust. When individuals and communities see that their perspectives are valued and integrated into the program, it fosters trust in the decision-making process and the intentions of the program. Transparency in the design and evaluation processes helps maintain credibility, fosters open communication, and reduces potential scepticism or resistance.
5. **Facilitating continuous improvement:** Co-designing the program's evaluation allows for ongoing feedback, monitoring, and refinement. By engaging stakeholders in the evaluation process, the program can gather diverse perspectives on its effectiveness, identify areas for improvement, and make necessary adjustments. This iterative approach enables continuous learning, adaptation, and enhancement of the program's impact and outcomes over time.



Co-producing the program's design and evaluation with people with lived experience, family/carers, representatives of diverse communities, service providers, and key stakeholders ensures inclusivity, enhances relevance and effectiveness, builds ownership and accountability, promotes transparency and trust, and facilitates continuous improvement. This collaborative approach empowers stakeholders, aligns the program with the needs and preferences of the community, and enhances its overall impact and sustainability.

6. Outreach. T2-PSP should incorporate outreach in **two ways**:

Why these outreach approaches are crucial:



1. **Proactive Outreach:** Proactive outreach aims to locate and connect with individuals who may be eligible for T2-PSP but are isolated and not actively seeking help. This approach recognizes that some individuals may face barriers to accessing services, such as homelessness, social isolation, or limited awareness of available supports. By actively reaching out to these individuals, the program can ensure that support reaches those who need it most, even if they are not actively seeking help. This approach has been piloted in programs like Mental Health Australia's Community Connectors program for people experiencing homelessness and Community Mental Health Australia's Assisting Communities through Direct Connection (ACDC) Project. Proactive outreach helps to bridge the gap between service providers and vulnerable populations, promoting inclusivity and ensuring that no one falls through the cracks.
2. **Assertive Outreach:** Assertive outreach involves maintaining connection and providing support to T2-PSP participants in the community or at their homes. Instead of requiring individuals to visit a centre, the program takes a flexible approach meeting individuals in the context of their lives. This approach recognizes that some individuals may face significant barriers to accessing services due to factors such as mobility issues, transportation challenges, mental health symptoms, or social anxiety. By providing support in familiar environments, the program can enhance engagement, build trust, and better understand the unique barriers and opportunities individuals face. This approach increases the program's ability to address those barriers effectively and tailor support to individual needs.
3. **Improved understanding of barriers and opportunities:** Both proactive and assertive outreach approaches offer valuable insights into the barriers individuals may encounter when accessing services and the opportunities that exist to overcome these barriers. By actively engaging with individuals in their communities or homes, service providers can gain a deeper understanding of the challenges they face, such as geographic or cultural barriers, stigma, or lack of awareness. This knowledge enables the program to adapt and develop strategies that effectively address these barriers, ensuring that services are accessible and relevant to the target population.
4. **Enhanced impact and effectiveness:** Incorporating proactive and assertive outreach into T2-PSP increases the program's impact and effectiveness. By reaching individuals who may not typically seek help or face significant barriers, the program can provide support at critical points and intervene earlier. This early intervention can prevent the escalation of mental health challenges, reduce the severity of symptoms, and improve overall outcomes. Additionally, by meeting individuals in their own environments, the program can provide more personalized and tailored support, leading to greater participant satisfaction and engagement.

Incorporating proactive and assertive outreach approaches within T2-PSP is crucial to ensure that support reaches isolated individuals, reduce barriers to accessing services, improve understanding of unique challenges, and enhance the program's impact and effectiveness. These outreach strategies foster inclusivity, early intervention, and personalized support, ultimately promoting better mental health outcomes for individuals who may not have otherwise engaged with traditional help-seeking avenues.



7. Outcomes:



T2-PSP program should be designed around an outcomes framework that prioritizes whole health and wellbeing and be individually adaptable, allowing for the inclusion of valid and reliable evaluation tools that accommodate the unique circumstances, needs, and goals of participants. An example of such a model is the Commonwealth Department of Social Services (DSS) SCORE framework, which also incorporates a measure of the experience of service, such as the Your experience of Services Measure (YES-CMO). Some of the reasons why:

1. Whole health and wellbeing focus: Mental health is interconnected with physical health, social well-being, and other aspects of an individual's life. By considering a comprehensive range of outcomes beyond just mental health symptoms, such as physical health, social connections, and overall well-being, the program can better capture the broader impact it has on participants' lives.
2. Individually adaptable framework: Each individual accessing the T2-PSP program has unique circumstances, needs, and goals. An individually adaptable outcomes framework allows for the customization of evaluation tools to suit the specific requirements of each participant. This flexibility ensures that the program can capture meaningful and relevant data that accurately reflects the progress and outcomes of individuals. It enables a person-centered approach, empowering participants to define their own goals and track their progress based on their individual circumstances, preferences, and aspirations.
3. Valid and reliable evaluation tools: The outcomes framework should incorporate a range of valid and reliable evaluation tools. These tools should have established psychometric properties, ensuring that the data collected is accurate, consistent, and meaningful. By utilizing validated tools, the program can assess the effectiveness of interventions, track progress over time, and make informed decisions about service delivery and resource allocation. Valid and reliable evaluation tools provide a solid foundation for evidence-based practice, program improvement, and accountability.
4. Measurement of service experience: In addition to outcome measures, it is essential to include measures of the experience of service within the outcomes framework. This allows for the evaluation of participant satisfaction, engagement, and the quality of service delivery. Measuring service experience, such as through the YES-CMO, provides valuable insights into participants' perspectives, preferences, and satisfaction levels. It enables the program to continually improve service quality, address any gaps or issues, and ensure that participants feel heard, supported, and empowered throughout their journey.
5. Utilizing established frameworks: Drawing from established frameworks like the Commonwealth DSS SCORE framework and incorporating measures such as the YES-CMO brings the advantage of utilizing existing knowledge and resources. These frameworks have undergone development and validation processes, ensuring their reliability and relevance. By leveraging established frameworks, the program can build upon existing practices and contribute to a standardized approach to outcomes evaluation within the sector.

This approach ensures a holistic assessment of participants' progress, accommodates their unique circumstances and goals, utilizes evidence-based practices, and incorporates their experience of service. By capturing comprehensive and meaningful data, the program can continuously improve its services, demonstrate effectiveness, and enhance the overall experience and outcomes for participants.

8. Open Door for entry with delayed eligibility testing.

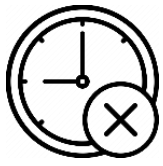


This approach allows individuals to access services and support while still having eligibility criteria in place. For instance, it proposes a "getting to know you" period, like the one implemented in the Personal Helpers and Mentors (PHaMs) program, where eligibility screening occurs over a three-month period rather than for example using a one-off Functional Assessment Eligibility Tool during the initial encounter that was rightly criticised and rejected when it was proposed for the NDIS. Here are the reasons why this approach is beneficial:

1. Reducing barriers to access: Implementing an open-door entry pathway lowers the barriers for individuals seeking support. It acknowledges that eligibility criteria and assessments can sometimes create hurdles for individuals in need, potentially deterring them from engaging with services. By providing an initial period where individuals can access support and build a rapport with service providers, the program becomes more inclusive and ensures that people can receive assistance even if they may not initially meet all eligibility requirements.
2. Building trust and engagement: A delayed eligibility testing approach allows for the establishment of trust and rapport between participants and service providers. This initial period, often referred to as a "getting to know you" phase, allows individuals to feel comfortable, share their experiences, and express their needs and goals. By fostering a relationship based on trust, participants are more likely to engage actively in the assessment process and continue their involvement in the program. It also provides an opportunity for service providers to better understand participants' unique circumstances and tailor support accordingly.
3. Comprehensive and accurate eligibility assessment: Conducting eligibility screening over a longer period can result in a more comprehensive and accurate assessment of an individual's eligibility for the program. This approach recognizes that mental health conditions and related challenges can be complex and may not be fully evident during an initial encounter. By allowing for a longer observation period, service providers can gather more information, consider the individual's progress and response to support, and make a more informed determination of their eligibility. This leads to a fairer and more accurate assessment of individuals' needs and ensures that those who genuinely require support can access the services they need.
4. Flexibility in determining eligibility: A delayed eligibility testing approach provides flexibility in determining eligibility criteria. It acknowledges that individuals' circumstances may change over time, and mental health challenges can fluctuate in severity. By allowing for ongoing assessment during the "getting to know you" period, the program can capture these fluctuations and make more nuanced decisions regarding eligibility.
5. Person-centred approach: The open-door entry pathway recognizes that individuals have unique journeys, and their readiness and engagement with services may vary. It prioritizes meeting individuals where they are at and tailoring support to their specific needs, rather than solely relying on rigid eligibility criteria. By embracing a person-centred approach, the program can enhance participant satisfaction, engagement, and ultimately, outcomes.

Implementing an open-door entry pathway with delayed eligibility testing reduces barriers to access, builds trust and engagement, allows for a comprehensive eligibility assessment, provides flexibility in determining eligibility criteria, and aligns with a person-centred approach. This approach can ensure that individuals receive the support they need while still maintaining eligibility standards and providing a fair and accurate assessment of their needs.

9. No inbuilt time limit.

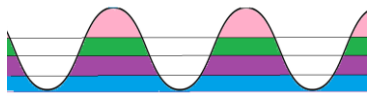


Time limits on the length and availability of support should not be included within the T2-PSP program. As with the NDIS, most of those individuals who will be eligible for T2-PSP will also have mental health issues that can be episodic but with an underlying permanent vulnerability. T2-PSP should be available for as long as deemed necessary for an individual for the following reasons:

1. **Episodic nature of mental health challenges:** Mental health issues often have an episodic nature, meaning that symptoms and challenges can vary over time. Individuals may experience periods of stability and well-being followed by episodes of increased support needs. By acknowledging the episodic nature of mental health challenges, the T2-PSP program can ensure ongoing availability of support, even during periods of stability. This prevents individuals from falling through the gaps in support and ensures continuity of care throughout their mental health journey.
2. **Addressing underlying permanent vulnerability:** Mental health conditions can represent underlying permanent vulnerabilities that require ongoing support. While symptoms may fluctuate, individuals with mental health challenges often require long-term assistance to manage their condition effectively and maintain stability. By providing support without time limits, the program acknowledges the need for ongoing assistance and ensures that individuals have access to the necessary resources and interventions when required.
3. **Reassurance and stability:** Knowing that supports are available when needed can provide individuals with a sense of reassurance and contribute to their ongoing stability. Mental health conditions can be unpredictable, and the fear of being left without support during challenging times can exacerbate symptoms and hinder recovery. By offering a support system without time limits, individuals can have confidence that assistance is accessible whenever they face difficulties, promoting a sense of security and overall well-being.
4. **Preventing relapses and crisis situations:** Limiting the availability of support based on time constraints can increase the risk of relapses and crisis situations. When individuals do not have access to timely and ongoing support, their mental health can deteriorate, leading to a worsening of symptoms and potential crisis situations. By providing support for as long as necessary, the T2-PSP program can help individuals maintain their mental health, prevent relapses, and minimize the likelihood of reaching crisis points that may require more intensive interventions.
5. **Individualized approach:** Mental health challenges are highly individualized, and the duration of support needed can vary significantly from person to person. Imposing time limits may overlook the unique circumstances and needs of individuals, potentially resulting in premature termination of support. By adopting a flexible approach without time limits, the program can ensure that individuals receive support tailored to their specific requirements, allowing for personalized care and maximizing the potential for positive outcomes.

Not imposing time limits on the availability of support within the T2-PSP program recognizes the episodic nature of mental health challenges, addresses underlying permanent vulnerabilities, provides reassurance and stability, prevents relapses and crisis situations, and allows for an individualized approach. By offering ongoing support, the program can better meet the evolving needs of individuals with mental health conditions, promote long-term well-being, and ensure that necessary resources are accessible whenever they are required.

10. Levels of support.



Various levels of support can and should be available within the T2-PSP program, allowing participants to modify their support as their needs change. Here are some reasons why:

1. Flexibility and responsiveness: Mental health needs can vary over time, and individuals may require different levels of support at different stages of their recovery journey. By incorporating various levels of support, the T2-PSP program can be flexible and responsive to the changing needs of participants. This allows for personalized care and ensures that individuals receive the appropriate level of support at any given time, promoting their overall well-being and recovery.
2. Empowerment and choice: Providing participants with the opportunity to modify their support levels empowers them to take an active role in their own recovery. It recognizes that individuals are the experts of their own experiences and needs, allowing them to make informed decisions about the level of support that best suits their current circumstances. By offering choice, the program promotes autonomy, self-determination, and a sense of empowerment for participants.
3. Preventing dependency and promoting independence: Allowing participants to transition to lower levels of support when appropriate helps prevent dependency on higher levels of intervention. It encourages individuals to develop and utilize their coping skills, resilience, and support networks, promoting their independence and self-reliance. This approach aligns with the principles of recovery-oriented practice, fostering individuals' abilities to manage their mental health and well-being with decreasing reliance on intensive support.
4. Cost-effectiveness and resource allocation: Incorporating various levels of support can contribute to cost-effectiveness and efficient resource allocation. Not all individuals require the same intensity of support at all times, and providing higher levels of support to those who may not need it can strain resources. By offering the option to transition to lower levels of support, resources can be allocated more efficiently, ensuring that those with greater needs receive the appropriate level of assistance while freeing up resources for others who may require higher levels of support.
5. Learning from NDIS incentives: Examining the lessons from the NDIS can inform the design of incentives within the T2-PSP program. It is essential to understand the unintended consequences of incentives that may discourage transitioning to lower levels of support. By learning from the NDIS experience, the T2-PSP program can design incentives that align with the principles of recovery, choice, and empowerment, ensuring that participants are not discouraged from transitioning to a lower level of support when appropriate.

Incorporating various levels of support within the T2-PSP program allows for flexibility, empowerment, and choice for participants. It promotes personalized care, prevents dependency, supports participants' recovery journeys, and enables efficient resource allocation. By learning from the NDIS experience, the program can design incentives that align with recovery-oriented principles and encourage participants to make choices that best suit their evolving needs. This ensures support is tailored to the individual and promotes their overall well-being and autonomy.

Final Note: As said above the above these draft principles are by no means exhaustive. Other principles such as localisation, inbuilt innovation, better addressing social determinants, etc also need to be explored and discussed. The intention of setting this list out here is to stimulate discussion about these matters regardless of who or how the commissioning for a future PSP occurs.