

PROJECT EVIDENCE

PROJECT EVIDENCE for Continuing Care of Persons with Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[8] Long-term care

- a) Residential services
- b) Occupational and ancillary supports

[8 b] Occupational and ancillary supports

The best known summary is the following article from Australasian Psychiatry.

Enabling choice, recovery and participation: evidence-based early intervention support for psychosocial disability in the National Disability Insurance Scheme

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Abstract

Objectives: The aim of this study was to identify the most effective interventions for early intervention in psychosocial disability in the National Disability Insurance Scheme (NDIS) through an evidence review.

Methods: A series of rapid reviews were undertaken to establish possible interventions for psychosocial disability, to develop our understanding of early intervention criteria for the NDIS and to determine which interventions would meet these criteria.

Results: Three interventions (social skills training, supported employment and supported housing) have a strong evidence base for effectiveness in early intervention in people with psychosocial disability, with the potential for adoption by the NDIS. They support personal choice and recovery outcomes. Illness self-management, cognitive remediation and cognitive behavioural therapy for psychosis demonstrate outcomes to mitigate impairment. The evidence for family psycho-education is also very strong.

Conclusions: This review identified evidence-based, recovery-oriented approaches to early intervention in psychosocial disability. They meet the criteria for early intervention in the NDIS, are relevant to participants and consider their preferences. Early intervention has the potential to save costs by reducing participant reliance on the scheme.

The National Disability Insurance Scheme (NDIS) has the potential to lead a significant national reform in the provision of community-based support for people with psychosocial disability. The scheme is designed to enable people with permanent needs due to disability, the opportunity to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.[1]

The National Mental Health Consumer and Carer Forum refer to psychosocial disability as 'the disability experience of people with impairments and participation restriction related to mental health conditions', [2] although the term is contested. For instance, the NDIS refer to 'disabilities that may arise from mental health issues'.[3] Social models of disability also recognise social determinants such as stigma, social exclusion and discrimination as contributing to people's experience of disability.[4] Functions of daily life, participation in community activities including employment, thinking clearly, the experience of full physical health and managing the social and emotional aspects of life may be affected.[2]

Early intervention in clinical mental health practice is well developed, aiming to promote early recovery and minimise and prevent psychosocial disability.[5] Robust evidence now suggests that significant improvements in disability can occur after two years post-diagnosis.[6] The idea that people with severe mental health problems will experience decline in function over time is now discredited as for all fields of disability.

Figure 1 demonstrates the points where early intervention can support psychosocial functioning. The NDIS can provide individualised supports for early intervention that are designed to promote improvement, or prevent decline, in psychosocial functioning for people with a current psychosocial disability or at high risk of developing a psychosocial disability. The NDIS does not provide services that substitute for those supplied appropriately by the health system, but does provide capacity-building supports for individuals eligible for the scheme.[7] Capacity-building supports include a focus on relationships, employment and lifelong learning, enabling eligible participants to build skills focused on social and economic participation. The provision of early intervention support in the NDIS must be "likely to benefit the person by reducing the person's future needs for supports relating to disability".[7]

However, reports from trial sites indicate that few early intervention plans have been developed to support participants over the age of 18 years who are living with psychosocial disabilities.[8] It is unclear whether early intervention has been considered for those who have a current plan to prevent further deterioration in functioning or marginalisation for those with a current plan, and hard to predict who might be eligible for a specific early intervention plan. Despite estimates that 64,000 could be eligible, there are already indications that people with psychosocial disability may have more difficulty establishing their eligibility and may be at risk of poorer outcomes in the scheme compared to participants with other disabilities.[9]

To understand current challenges and opportunities in defining and implementing early intervention within the NDIS, a series of rapid literature reviews were conducted that aimed to identify possible early interventions for adults experiencing psychosocial disability and evaluate the evidence for each.

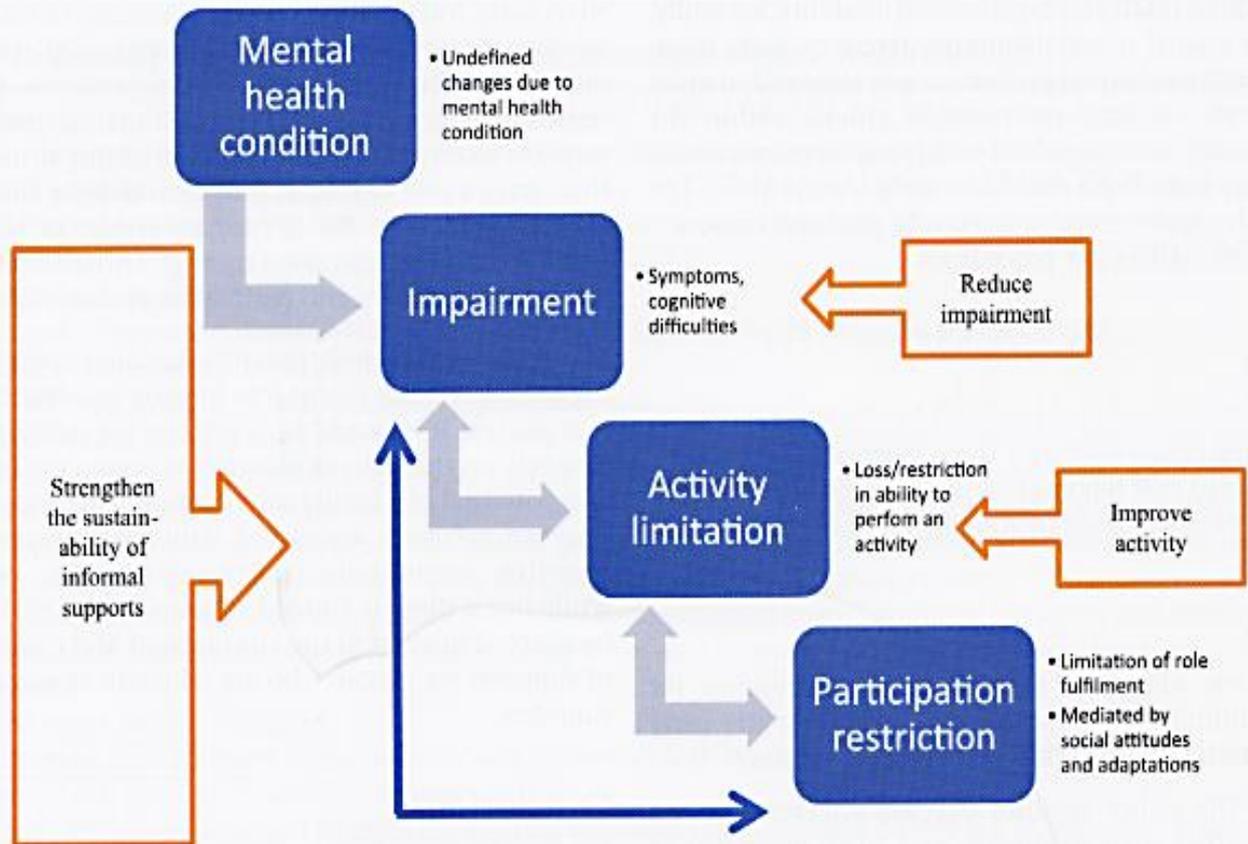


Figure 1. Schematic diagram of the NDIS model of psychosocial disability and points of early intervention.

Method

A rapid review [10] was conducted to provide a timely response for policy development during NDIS implementation.

Firstly, we identified the full range of evidence-based psychosocial interventions for people with severe mental illness (SMI) and psychosocial disability. Secondly, literature related to rehabilitation, recovery, early intervention and participant preference was reviewed in order to elaborate on early intervention criteria within the NDIS. Thirdly, we determined which interventions would specifically meet these criteria for early intervention. The full details are described in a recently published report.[11] Table 1 summarises our procedures.

Results

Step one

Nine publications [4, 12-19] and three Cochrane reviews [20-22] were retained that reported on the range of interventions that are evidence-based treatments for SMI (Table 2).

Step two

This review identified six important approaches for understanding early intervention, including the early intervention criteria within the NDIS guidelines.[11]

Table 1. Summary of methods for selection of early intervention supports within the NDIS

Purpose:

Establish the range of possible evidence-based psychosocial interventions for psychosocial disability.

Research question:

What evidence is available regarding effective psychosocial interventions for people living with SMI and psychosocial disability?

Method:

Database – Discovery Search.*

Search terms – “psychosocial disability” AND “severe mental illness” AND “intervention” in full-text articles in English.

Report types – meta-analysis, review and overview.

Search limits – years 2000–2015, peer reviewed, in English and available online.

Exclusions – articles were excluded if there was not an overview of interventions for SMI or psychosocial disability, interventions were not psychosocial in nature (e.g. psychopharmacotherapies), were not relevant to the population of interest (e.g. interventions specifically for children or older adults) or did not include an assessment of the effects of the psychosocial intervention on functional outcomes, such as social functioning, living independently, employment, housing, general functioning, quality of life outcomes or outcomes for family members or other supports; that is, reviews were excluded if they only reviewed effects on mental illness symptoms.

Results – abstracts were reviewed and eight articles were downloaded and reviewed in detail. In addition, five articles were identified from the reference lists of published papers and other sources. A total of nine were included in the review of psychosocial treatments for serious mental illness.

Additional review database – Cochrane.

Search terms for additional review – “psychosocial”, “early intervention” AND “mental”, “early intervention” AND “psychiatric”, “early intervention” AND “function”, “mental” and “employ”.

Exclusions – articles were excluded if the article was assessing interventions not psychosocial in nature (e.g. psychopharmacotherapies), were not relevant to the population of interest (e.g. interventions specifically for children or older adults) or did not include an assessment of effects of the psychosocial intervention on functional outcomes, such as social functioning, living independently, employment, housing, general functioning, quality of life outcomes or outcomes for family members or other supports; that is, reviews were excluded if they exclusively reviewed effects on mental illness symptoms.

Results for additional review – 20 reviews.

Purpose:

Develop potential criteria for early intervention within the NDIS.

Research question:

What criteria for early intervention in the disability support sector for SMI can be developed?

Method:

Database – Discovery Search (University of Melbourne).

Search terms – Intervention: “priority intervention*”, “early intervention”, “mental health triage” Population: “bipolar”, “schiz*”, “severe mental illness”, “psychosis”, “chronic*”, “depress*”, “mental*”, “psycho*”, “psychiatry*”.

Report types – meta-analysis, review, overview, trial, RCT and quasi-experimental.

Search limits – years 2000–2015, peer reviewed, in English and available online.

Exclusions – articles were excluded if the article was assessing interventions not psychosocial in nature (e.g. psychopharmacotherapies), were not relevant to the population of interest (e.g. interventions specifically for children or older adults) or they were only relevant to “clinical early intervention” exclusively in the first-episode psychosis context.

Results – we found 190 articles (136 after duplicates were removed), 130 were discarded after review of title since they were not relevant and six reviewed in full text versions. In addition, another nine articles were located from bibliography searches.

Purpose:

Determine which interventions meet criteria for early intervention in the NDIS.

Research question:

Which evidence-based interventions meet the criteria established for early intervention?

Method:

Database – CINAHL, Discovery (University of Melbourne), EBSCO, Medline, OVID, PsycINFO.

Summary – details of the individual rapid reviews for each intervention can be found in Chapter 3 of the recently published report.¹¹

*Discovery Search is a University of Melbourne search engine that combines the library resources and many academic databases (including PsychINFO, Medline).

*denotes a truncation operator symbol where a search will find all variants of a word stem.

NDIS: National Disability Insurance Scheme; SMI: severe mental illness; RCT: randomised controlled trial.

Firstly, NDIS policy requires that an intervention is a support rather than treatment, and NDIS principles of citizenship and partnership stress the importance of personal choice in all arenas of life. Secondly, approaches for treating first-episode SMI stress the importance of preserving role functioning and supporting personal goal

achievement. Thirdly, evidence suggests that positive change may occur at any phase of living with a mental illness, especially when interventions are individually tailored. Fourthly, stepped care approaches illustrated the benefits of adequate interventions tailored to the level of need in preventing deterioration in social and economic participation.

The fifth area concerned recovery and rehabilitation, emphasising the wide range of possibilities for everyone with psychosocial disability. Sixthly, participant views indicated the linkage between unmet need and their likely preferences for support. We concluded that three important concepts — personal choice and goals, evidence-based interventions and interventions supporting recovery — were essential features to achieve the goals of early intervention in the NDIS.

Step three

Three interventions (supported employment, supported housing and social skills training) meet evidence base, personal choice and recovery criteria, and are likely to reduce future support needs (Table 3). Additionally, they meet commonly expressed goals and preferences for participants.

Table 2. Results of evidence review for evidence-based psychosocial interventions for SMI

<i>Intervention</i>	<i>Publication/review</i>									
	<i>1.</i>	<i>2.</i>	<i>3.</i>	<i>4.</i>	<i>5.</i>	<i>6.</i>	<i>7.</i>	<i>8.</i>	<i>9.</i>	<i>10.</i>
Supported employment	x	x	x	x	x	x	x	x	x	x
Family psycho-education and support	x	x	x	x	x	x	x	x	x	
Social skills training	x	x		x	x	x	x	x	x	x
Cognitive remediation	x	x		x			x	x	x	x
Mobile support and treatment (MST) or ACT/assertive outreach	x	x		x		x	x	x	x	
CBT for psychosis		x		x	x	x	x	x		
Illness self-management training		x			x	x	x	x	x	
Integrated therapy for alcohol and other drugs		E				x	x	x	x	
Supported education	x	E					E	x		x
Supported housing	x	E					x	x		
Peer support/consumer networks		E	E				x	x		
Physical health management (including weight management)		E				x	E	x		
Token economy (residential)						x				

SMI: severe mental illness; CBT: cognitive behavioural therapy; ACT: assertive community treatment; x: publication has reported strong or moderate evidence for the intervention; E: publication has reported there is promising/emerging evidence for the intervention.

1. Killackey et al.⁴

2. Mueser et al.¹⁹

3. Cochrane reviews: Kinoshita et al.,²⁰ Pharoah et al.,²¹ Pitt et al.²²

4. Addington et al.¹²

5. McGorry.¹⁷

6. Buchanan et al.¹⁴

7. Bond and Campbell.¹³

8. Menear and Briand.¹⁸

9. Corrigan.¹⁵

10. Gibson et al.¹⁶

Table 3. Early intervention criteria and evidence-based psychosocial interventions

<i>NDIS policy criteria</i>	<i>Reduce person's future support needs</i>	<i>Mitigate or alleviate impairment</i>	<i>Prevent deterioration/improve capacity</i>	<i>Participation focus</i>	<i>Sustainability of informal supports</i>	<i>Not better provided elsewhere (not generally a clinical service in Australia)</i>
Supported employment and education	x		x	x		Currently provided by Department of Education and Employment with poor outcomes for people with psychological and psychiatric disabilities. ²³
Family psycho-education and support	x	x	x	x	x	x
Social skills and cognition training	x	x	x		Can reduce demands on carer	x
Cognitive remediation	x	x				Clinical treatment
ACT/assertive outreach and personal assistance			x		Can reduce demands on carer	ACT is a clinical service, but outreach is provided in the rehabilitation sector
CBT for psychosis	x	x				Clinical treatment
Illness self-management	x		x		Can reduce demands on carer	x
Supported housing	x		x	x	Can reduce demands on carer	x
Physical health	x	x	x			Mixed. People with mental illness have significant life expectancy differences to the general population and most excess mortality is physical health related. ²⁴
Peer support/consumer networks	x		x	x	x	x

NDIS: National Disability Insurance Scheme; CBT: cognitive behavioural therapy; ACT: assertive community treatment; x: intervention meets the NDIS policy criteria.

Note: we did not undertake further analysis of the outcomes of token economy and integrated drug and alcohol treatment (even though they appear in Table 2) due to these interventions being most unlikely to be funded by the NDIS.

Discussion

Supported employment, supported housing and social skills training appeared most strongly aligned with NDIS early intervention criteria. Outcomes evidence for another four interventions (cognitive remediation, cognitive behavioural therapy (CBT) for psychosis, physical health management, and illness self-management) indicates they can assist with mitigation of impairment and, thus, have a role to play. It is unclear if these latter interventions would be the immediate choice of NDIS participants, but they can assist through enhancing capacity for chosen activities and participation roles (Table 4).

Table 4. Evidence-based psychosocial interventions and three key essential features of early intervention in the NDIS

<i>Essential features of EI in NDIS</i>			
<i>Intervention</i>	<i>Personal choice and goals</i>	<i>Support and enhance recovery (independence, social and economic participation)</i>	<i>Evidence-based</i>
Social skills training and cognition training	Evidence that it is widely held goal	Direct	Strong
Supported employment and education	Evidence that it is widely held goal	Direct	Strong (employment), emerging (education)
Family psycho-education and support	Can contribute to personal goals, but unclear if participants' preference	Direct	Strong
Cognitive remediation	Enhances achievement of other goals	Through reducing impairment	Moderate
ACT/assertive outreach and personal assistance	Support to participant to enhance goal achievements	Through coordination and engagement with supports	Strong
CBT for psychosis	Enhances achievement of other goals	Through reducing impairment	Moderate
Illness self-management training	Enhances achievement of other goals	Through reducing impairment	Emerging
supported housing	Evidence that it is widely held goal	Direct	Emerging
Physical health management (including weight management)	Evidence that it is widely held goal	Through reducing impairment	Emerging
Peer support/consumer networks	Support to participant to enhance goal achievements	Direct and indirect	Emerging

EI: early intervention; NDIS: National Disability Insurance Scheme; CBT: cognitive behavioural therapy; ACT: assertive community treatment.

The evidence for family psycho-education is very strong, suggesting it has a useful role in early intervention, but it is unclear if it would be a priority for participants. It may rely on the skills of planners in seeing the relevance and potential of a family intervention. Peer support may improve recovery associated with all interventions.[25] Assertive community treatment/assertive outreach, while not a directly funded support of the NDIS, could be adapted to assist in the engagement and coordination of supports for people who are reluctant to engage with supports.

Conclusions

Early intervention is aligned with the underlying principle of the NDIS — being prepared to offer lifetime support while also enabling people to achieve their individual recovery goals.

This literature review provides a strong evidence base for what the NDIS terms capacity-building support for people with psychosocial disability, especially early in their experience of disability or early in the implementation of their plan. While this requires more investigation, the findings of this review 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 or reducing pressure on other health and welfare services. Many people with psychosocial disability could benefit from an early intervention approach, although for how many of the estimated 64,000 entrants to the scheme is unclear.[26]

The results support the value of increased expert knowledge in NDIS planning and a specialised pathway for people with psychosocial disability.[9] The identified supports 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 plans, so should be routinely considered during NDIS planning.

These findings suggest that future research could focus on interventions that more clearly meet participant needs such as the challenge of loneliness and isolation. Interventions may also require re-designing (and re-evaluating) to provide a greater emphasis on recovery, participant choice, personal goals and individualised service provision.

As with all insurance schemes, containing long-term costs to ensure the sustainability of the scheme is a concern for the NDIS and for the Australian people. When this can be achieved through alleviating people's functional loss and building their capacity to participate in society through early intervention, there are potential personal gains for those people, their families and carers.

Limitations

Stream-lining in rapid reviews may mean that not all trials and reviews are located by the literature search. We endeavoured to minimise bias by drawing on recent systematic reviews and meta-analyses.

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