Australian Psychosocial Alliance

General Foundational Supports

About the Australian Psychosocial Alliance

The Australian Psychosocial Alliance (APA) includes Flourish Australia, Mind Australia, Neami National, One Door Mental Health, Ruah, Stride Mental Health, Open Minds and Wellways Australia. We are specialist providers of community managed mental health and wellbeing services in Australia, with most registered as NDIS providers with a particular focus on psychosocial disability.

Members of the APA have extensive experience providing recovery-oriented care and support which focuses on personal goals, participation and living a meaningful life. We have evidence of what works, and combine this with service delivery wisdom, to provide recovery-oriented services that support people to manage their mental health and wellbeing and build their capacity to participate in society and manage their lives. This includes support to sustain a tenancy, build the skills to live independently, find fulfilling work, and build social connections.

The people who access our supports come from diverse communities across Australia, with each of our organisations having a clear commitment to promoting community inclusion and participation. We have experience providing services to at risk groups, such as LGBTIQ+ individuals, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander people, as well as young people. We recognise the value of lived experience and seek to co-design services and approaches wherever possible.

Executive Summary

The APA urge the government to acknowledge and address the support needs of people with psychosocial disabilities, ensuring these are meaningfully integrated across the tiered continuum of support proposed in the National Disability Insurance Scheme Review. This work must be undertaken to create an equitable ecosystem of supports connecting mainstream services, General and Targeted Foundational Supports, other psychosocial and mental health supports, and the National Disability Insurance Scheme (NDIS).

Importantly, the reforms to the NDIS are occurring alongside considerations of how to meet the significant unmet need for psychosocial support outside the NDIS, and for which foundational supports should be part of the response.

We urge the government to recognise the work of MHA and NMHCCF in their paper - [Advice to governments on evidence-informed and good practice psychosocial services - psychosocial services to fund outside of the NDIS](#) and build on a foundation of evidence informed supports in their design of GFS.

In this submission we make two overarching recommendations:

1. **Ensure equity and connected pathways for people across an ecosystem of support**

This recommendation calls for the design and delivery of GFS in close collaboration with people with psychosocial disability and the broader mental health lived experience community.

Furthermore, GFS must be designed and implemented as part of a connected system, rather than in isolation. Without addressing broader support availability and accessibility, GFS risks becoming a 'bridge' to supports that simply do not exist or becoming increasingly difficult to access.

We call for GFS to 'build on what already exists' through defining mainstream psychosocial supports and building on them through the rich learnings of supports that were previously funded.

2. **Designing psychosocial inclusive General Foundational Supports**

This recommendation talks to the design features of GFS and how they can be developed to ensure they are inclusive of psychosocial supports. Key features include:

- a 'no wrong door approach'
- information in language that people use and located where people go to find support
- information and referrals underpinned by genuine collaboration
- flexible referral pathways that ensure choice and control
- relational supports centered around connection and community
- recognition that families and cares need support in their own right
- supporting the wider community to a welcoming and inclusive space

Acknowledgements

We wish to sincerely thank the participants, consumers, family members, carers and supporters who provided input into this submission. We acknowledge how difficult it to engage and consult with a system that has not always supported you and advocate for its improvement. We deeply appreciate the generosity of those who shared their own experiences to guide and inform our submission.

Consultation process

At the centre of our submission are the voices of people who have engaged directly with supports for themselves or a family member experiencing disability arising from mental health challenges. We held 4 consultation sessions co-facilitated by Wellways Lived Experience Leaders; three for individuals and one for families, supporters and carers. Peoples' experiences reflected the incredibly challenging environment that many have faced when seeking support. From this experience people shared their ideas for how GFS should be designed to be accessible and create supportive connection from mainstream services to disability supports.

Key themes about GFS from the consultations included:

- Concern that the proposed supports are so narrow in scope and are meant to connect to supports that just don't exist.
- Language should reflect people's experiences or the way they seek support.
- Trust and opportunity to build relationships need to be central to available supports and referrals.
- A huge disconnect between mental health system and disability support makes it hard for to know what is available and how to find the right support.
- The profound harm that has been caused by the mental health system for some people and the need to recognise psychosocial disability is not the same as mental illness.
- Concern and mistrust as NDIS support are increasingly wound back whilst no new supports are available.

A note on language

We value and uphold the right for people to choose how they identify and to reclaim language. We acknowledge and respect different preferences for describing experiences and the meaning and connection language holds and how it changes and evolves with time. For the purposes of this submission, we want to clearly articulate what we mean when we use certain words or phrases and have therefore defined the following key concepts.

Psychosocial disability

Psychosocial disability is a disability arising from mental health challenges. The term can mean a lot of different things to different people, but it is often described by the effects of a mental health challenge on a person's ability to do or participate in everyday activities. This is compounded by the social and economic environment that presents barriers for people resulting in inequitable access due to psychosocial experiences such as; a reduced ability to function, think clearly, experience full health and manage social and emotional aspects of life.

Psychosocial support service

Psychosocial supports help people with mental health challenges in their personal recovery, to connect with their community and what's meaningful to them. They are non-clinical support services and are provided most frequently by community-based organisations. These support services include care coordination, personal recovery, accommodation, education, employment, social and community connection among other supports. They also enable carers, family and kin to participate in employment and engage with the community.

Carer

Many people who provide unpaid support to their loved ones do not identify with the term carer, they see themselves as family (of birth, choice or origin) or supporters giving support and caring for each other. At the same time, it is important to acknowledge that for others the term carer provides an important part of their identity and a platform from which to advocate for support and justice in the care and support systems.

To honour both perspectives we will use the term families and carers throughout this document. This term is intended to be inclusive of carers, families, children, supporters and kin.

Recommendation 1:

Ensuring equity and connected pathways for people across an ecosystem of support

1.1 Design and implement new supports with the psychosocial disability lived experience community

We urge the Government to acknowledge and address the support needs of people with psychosocial disabilities, ensuring these are meaningfully integrated across the tiered continuum of support being proposed. This must include pathways connecting mainstream services, General and Targeted Foundational Supports, and the National Disability Insurance Scheme (NDIS).

There are significant structural barriers that disproportionately impact people with psychosocial disabilities, often limiting their ability to access appropriate support[1]. These structural barriers are well documented across the NDIS and the broader community mental health system and include barriers from workforce capability to access pathways.[2]

These complex system problems can only be improved by working closely with those living with psychosocial disability and the broader lived experience community to design and implement the support services.

Concerningly, this did not seem to be the case for GFS with the consultation paper and consultation sessions failing to reflect an inclusive approach for people with psychosocial disability. Critical considerations around accessibility were noticeably absent from the proposed design of GFS and the APA called upon government and the consultants leading the consultation to provide an accessible format for people with psychosocial disability to engage. We encourage this still to happen and would be more than happy to support the consultation in any capacity we can.

1.2 General Foundational Supports must be a 'bridge' to real support

The Government must ensure that GFS are designed and implemented as part of an interconnected system, rather than in isolation. Without addressing broader support availability and accessibility, GFS risks becoming a 'bridge' to supports that simply do not exist or becoming increasingly difficult to access.

This concerning trend is highlighted in recent NDIS quarterly reports with declining access to the scheme. People experiencing psychosocial disabilities as their 'primary disability' are being disproportionately impacted and rejected from the scheme at higher rates than those with applying with other 'primary disabilities'[3]. In the third quarter of 2023/2024 year, only 34% of people with a 'primary psychosocial disability' were approved for access.

This was further evidenced by the stories shared throughout our consultation with people receiving psychosocial support through the NDIS having their packages being reduced.

"They are making it very difficult for people on NDIS – cutting plans and reducing supports."

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[1] Mental Health Victoria. (2022). *Stage 3 report: Roadmap for reforming the public mental health system in Victoria*. Retrieved from https://www.mhvic.org.au/images/PDF/MHV%20ROPDS%20Stage%203%20Report%20FINAL%2003_03_2022.pdf

[2] Harvey, C., Zirnsak, T.-M., Brasier, C., Ennals, P., Fletcher, J., Hamilton, B., Killaspy, H., McKenzie, P., Kennedy, H., & Brophy, L. (2023). Community-based models of care facilitating the recovery of people living with persistent and complex mental health needs: a systematic review and narrative synthesis (Version 2). La Trobe. https://doi.org/10.26181/24242107.v2

[3] National Disability Insurance Scheme. (2023). *Quarterly report 2023–24 Q3*. Retrieved from https://www.ndis.gov.au/about-us/publications/quarterly-reports/archived-quarterly-reports-2023-24#quarterly-report-2023-24-q3

"It's so hard for getting psychosocial because the threshold to qualify is higher than for other disabilities"

The recent Unmet Psychosocial Needs report[4] also shows that there are 230,500 people experiencing "severe mental illness" and a further 263,100 people with" moderate mental illness" in Australia who need psychosocial supports but do not have to them. Important programs such as the Commonwealth Psychosocial Support Program which accounts for x% of current met demand outside the NDIS have no guarantee of ongoing funding.

1.3 Build on what already exists

If we are to create a genuine ecosystem of support for people with psychosocial disability it is fundamental that we examine what already exists, what has previously existed and learn and build on that. Foundational Supports are not a 'new' concept and there are rich learnings from previously funded support that can be built and expanded on to achieve a truly connected system of support.[5]

The NDIS Review identified the need for prioritise general foundational supports for people psychosocial disability, including peer support, Recovery Colleges and psychoeducation for families and carers. The Review findings reflected significant consultation with service users and providers, and consideration needs to be given to how these can be implemented rather than re-inventing the wheel.

It is also important to first define what we consider 'mainstream' services so that we can develop GFS to connect and build on that. There are very few genuine psychosocial supports available in 'mainstream'. Mainstream services often direct people into the public mental health system, which for many have caused profound harm and are no longer an option people want to engage with.

"Lots of people have been harmed by the mental health system."

We want to see an ecosystem that recognises the solution to mainstream mental health system challenges is to build a suite of supports that are co-designed with lived experience and underpinned by a human rights focussed and a holistic recovery model. There are encouraging signs from Government with recent investment in what could be considered mainstream supports. In Parliament last week the Hon. Emma McBride, Minister for Mental Health and Suicide Prevention outlined her vision for a stepped model of mental health support:

"In closing, my hope is that our work to introduce the national early intervention service; to set up perinatal mental health centres, kids hubs and new headspace centres; to establish Medicare Mental Health Centres and to build the workforce will bring us closer to being a country where everyone can get the mental health support they need."

Examples of where these new supports align to models of psychosocial support should be expanded to create the basis of a psychosocial support ecosystem that GFS, Targeted Foundational Supports and the NDIS can be built on. The Medicare Mental Health Centres, and in Victoria the Mental Health and Wellbeing Locals are early in their implementation with a new front door 'walk-in' style service. They are staffed by a multi-disciplinary team of mental health workers ranging from peer workers, occupational therapists to psychologists and in places incorporate a peer-led recovery model of
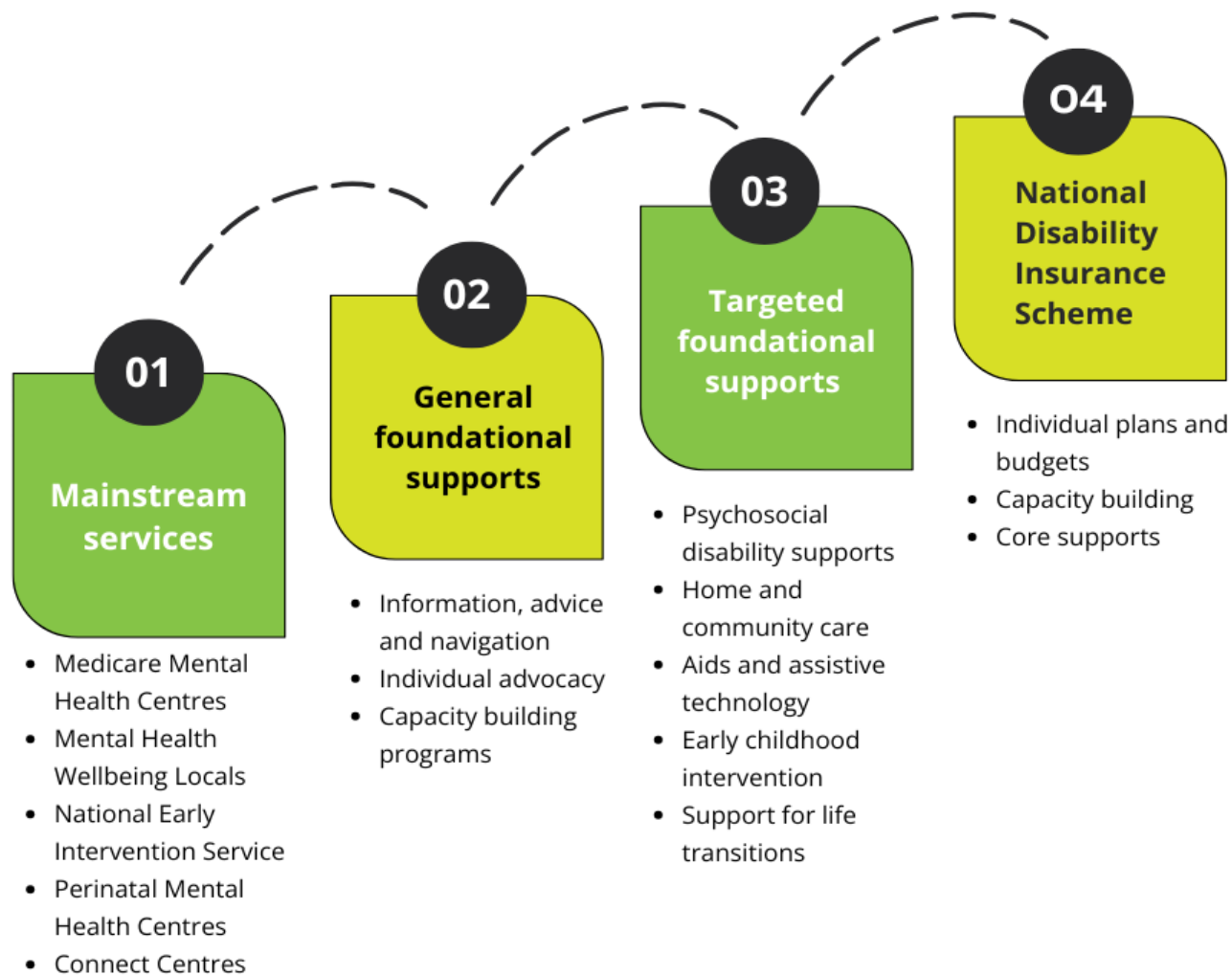
[4] Department of Health and Aged Care. (2024). *Analysis of unmet need for psychosocial supports outside of the National Disability Insurance Scheme: Final report*. Retrieved from https://www.health.gov.au/sites/default/files/2024-08/analysis-of-unmet-need-for-psychosocial-supports-outside-of-the-national-disability-insurance-scheme-final-report.pdf

[5] Mental Health Australia and National Consumer and Carer Forum. (2024). *Advice to governments on evidence-informed and good practice psychosocial services*. Retrieved from https://mhaustralia.org/submission/advice-governments-evidence-informed-and-good-practice-psychosocial-services

support. Early evaluation show a promising mainstream model that is truly and underpinned by "choice in the type of support". [6]

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[6] ALIVE Network. (2004). *Head to Health implementation co-evaluation*. Retrieved from https://alivenetwork.com.au/our-projects/head-to-health-implementation-co-evaluation/

Image 1: A proposed ecosystem of psychosocial supports

01 Mainstream services
- Medicare Mental Health Centres
- Mental Health Wellbeing Locals
- National Early Intervention Service
- Perinatal Mental Health Centres
- Connect Centres

02 General foundational supports
- Information, advice and navigation
- Individual advocacy
- Capacity building programs

03 Targeted foundational supports
- Psychosocial disability supports
- Home and community care
- Aids and assistive technology
- Early childhood intervention
- Support for life transitions

O4 National Disability Insurance Scheme
- Individual plans and budgets
- Capacity building
- Core supports

This image is based on what is recommended in the NDIS Review - a tiered model of support.

Recommendation no.2:

Designing psychosocial inclusive General Foundational Supports

Principles for design

The APA joins Mental Health Australia and the National Mental Health Consumer and Carer Forum in calling on the government to design psychosocial supports in line with the following 10 principles:

1. Be co-produced, or failing that, co-designed with people with lived experience of mental ill-health, carers, family and kin

2. Be human rights focussed, recovery-oriented, trauma informed, strengths based, person-led, focus on capacity building and be holistic

3. Be accessible

4. Be inclusive and culturally safe

5. Facilitate integration of supports

6. Be time unlimited and flexible enough to respond to need and choice

7. Develop the peer and non-peer psychosocial workforce

8. Be evidence-informed, include robust evaluation and foster innovation

9. Be relational (as opposed to transactional) and, in doing so, be inclusive of carers, family and kin

10. Include supported decision making and safely support dignity of risk

2.1 A 'no wrong door' approach

A core principle to the design of the GFS should be 'no wrong door'. The fragmentation of the support system often means people with psychosocial disability interact with multiple systems before finding support, with many entering through often bio-medical led spaces like the public healthcare system. As someone in our consultations shared "[finding the right support] *is like being in a pinball machine and interactions with the public health system just adds additional trauma*".

A 'no wrong door' approach would ensure individuals are supported to access the right supports of their choosing, no matter where they first seek help. People shared that their mental health experiences often led to them being labelled 'too complex' to qualify for the support. However, when their referrals were rejected, no alternative pathways or options were provided, leaving them back searching for alternative support.

This highlights the critical need for GFS to serve as a genuine bridge between mainstream services and an ecosystem of support. GFS must facilitate an integrated service network that follows individuals throughout their journeys, ensuring choice and control over the types of supports they want to access.

2.2 Information in language that people use and located where people go to find support

Throughout the consultations we heard the importance of language, and the power language can have when people seek and engage with supports. For example, we heard the term 'capacity building' can feel like it puts the onus back on the individual to 'fix a problem'. We also consistently heard that people do not use the term 'psychosocial disability' when searching for support but have come to learn the term through ongoing interactions with the system.

"Most people don't know what psychosocial disability is... I didn't hear about psychosocial until interacting with the NDIS."

GFS must ensure that they work with the lived experience community in their design of information and advice to ensure it reflects the language that people use and trust. Throughout our consultation people offered alternatives like 'mental health' and 'mental health support'. However, it was noted that search for these terms often only bought up crisis services only making it difficult to find appropriate long-term psychosocial disability supports.

Another person shared that they found information at *"the head to health website – lots of broad info but not specific to you or your local area"*. This highlights an opportunity to build on 'mainstream' platforms where people already go to find information.

We encourage the government to build on trusted places where people go to seek information in accessible and trusted language. To ensure broad accessibility information should be provided in multiple ways, including online, via phone and in-person.

2.3 Information and referrals must be underpinned by genuine collaboration

We heard consistently throughout our consultation that people spend a huge amount of time researching available support and often end up educating their professional teams that are meant to support them about what is available, demonstrating the emphasis placed on community to navigate a fragmented system in periods of distress. Information about available supports should not be this hard to find.

GFS must shift this narrative to a system of information and referrals that is underpinned by collaboration. Collaboration between the government, service providers and the community to ensure information and referrals are easy to navigate.

Key features of a collaborative information and referrals system should include:

- **Location information:** Enable people to find programs and supports in their local area.
- **Language:** As stated above, language must reflect language that people use when searching for support.
- **Detailed eligibility criteria:** Clearly outline any eligibility and what people will need to access the support.
- **Step-by-step access instructions:** Provide straightforward information on how to access each program.
- **Multiple contact options:** Offer a different way to communicate (phone, email, online, in-person) to accommodate accessibility needs and communication preferences.
- **Real-time updates:** Ensure the database is regularly updated to reflect changes in support availability, waiting lists, or eligibility criteria.
- **Feedback:** A trusted way to provide feedback and recommend quality support to peers who may also like to access the support.

"Eligibility criteria and ways to access services would be helpful along with the service contact details."

2.4 Flexible referrals pathways that ensure choice and control

Referral services must be flexible to meet people where they are at. As was shared in our consultations - "We can't have a one size fits all". Significant barriers across the system limit people's ability to find smooth and supportive referral pathways. This includes things like complex paperwork, reliance on diagnosis, cost associated with obtaining diagnosis, unclear eligibility and long waitlists.

Considerations for referral design should include:

- Multiple pathways for referrals such as self-referrals, trusted family or friend referrals, and those supported by service providers with the consent of the participant.
- Simplify and streamline referral processes.
- Remove cost barriers and reduce admin burden.

2.5 Relational supports centered around connection and community

GFS capacity building supports for people with psychosocial disability need to be underpinned by all 10 principles shared above. They need to be integrated into spaces that people go to for support and connected to an ecosystem of support beyond the program.

Ideas people had in our consultation included:

> "Could see something that builds relationships with community like social prescribing. Promoting wellbeing factors, reducing isolation and connection with people."

> "Link people into community connection… stuff that is happening already. Need those community touchpoints."

> "Day to day living programs are great."

Also important was the support length, people shared that relationships are central to capacity building and take time to build. Often short-term programs do not enable meaningful connections and relationships to be established and this should be considered in the design of GFS.

Mental Health Australia (MHA) and the National Mental Health Consumer and Carer Forum (NMHCCF) have developed a report to advise governments that examines evidence-informed and good practice psychosocial supports. The full paper can be found here: *Advice to governments: evidence-informed and good practice psychological services*.

The APA joins MHA and NMHCC in calling on the Australian Government to recognise and implement evidence informed psychosocial supports in the design of the new GFS.

2.6 GFS must recognise that families and carers need support in their own right.

Family and Carers are often relied upon to navigate and provide support due to our fragmented and failing systems of support. This puts huge pressure on families and carers which is only being compounded by the current economic, social, and political conditions. The recent 2024 Carer Wellbeing Survey revealed that while 76.2% of Australian adults report good wellbeing, this drops to just 42.3% for carers[7]. The people who are providing the unpaid care our society relies on, are far less likely to be healthy and well compared to other Australians and we know this disproportionately impacts women[8]. It's an indication that more needs to be done to support families and carers.

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[7] Carers Australia. (2024). Caring for others and yourself: Carer Wellbeing Survey 2024 report. In *Carers Australia*. https://www.carersaustralia.com.au/wp-content/uploads/2024/10/Final-CWS-2024-Report-compressed.pdf
[8] Women's Health Victoria. (2024). *Towards a gendered understanding of women's experiences of mental health and wellbeing*. Retrieved from https://www.whv.org.au/resources/whv-publications/towards-gendered-understanding-womens-experiences-mental-health-and

Evidence shows that addressing these challenges requires a coordinated whole of service system approach spanning across the health, disability, ageing, social service and education portfolios[9] and it is encouraging to see the recognition of family and carer support in the GFS consultation paper. However, this must be strengthened and integrated right across the continuum of support.

Families and carers must be recognised with supports that are tailored to their needs, through providing lived experience led design for peer support programs.

2.7 Wider community

Accessibility and inclusivity capacity building must acknowledge the needs of people with psychosocial disability.

This could include ideas around reducing stigma, mental health awareness and response programs. They must be underpinned by trauma informed care and supported decision making. Training should be part of the toolkit to assist mainstream organisations better recognise and support experiences of mental health and trauma.

By building the capacity of the wider community-based services we can build welcoming and inclusive spaces for all.

2.8 Service sector sustainability

The implementation of new supports through the investment in GFS should also consider supporting service providers to ensure that they are well positioned to deliver high quality and community focused supports quickly and efficiently.

Key considerations to enable this are:

- **Workforce**: Invest in the growth and uplift of the disability and community mental health workforce, including peer and non-peer work roles. This should include workforce professional development, good wages that attract workers to the sector and professional supervision.
- **Sector capacity building**: Ensure GFS's are truly inclusive of psychosocial disabilities by building the capacity of all providers delivering GFS. Funding must ensure the sector is equipped the skills and capabilities to support people with psychosocial disabilities.
- **Sustainable funding models**: Consideration of sector sustainability built into contracting of new services through longer-term funding arrangements, ensuring indexation reflects the true cost of delivering services and the ability to respond to complexity.

The sector is working through multiple reforms, including in response to the NDIS Review. The uncertainty of this environment puts a strain on participants we support as well as our workforce. Foundational supports policy needs to be mindful of nurturing the sector and communicating clearly about change.

Conclusion

The APA calls on the government to develop an ecosystem of support that meets the unique needs of people with psychosocial disabilities. To succeed, GFS must act as a genuine bridge between mainstream services, foundational supports and the NDIS, ensuring no one is left behind due to systemic barriers, fragmented services, or inaccessible pathways.

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[9] Funk, L. M., Dansereau, L., & Novek, S. (2019). Carers as system navigators: Exploring sources, processes and outcomes of structural burden. *The Gerontologist*, *59*(3), 426-435.

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