

National Disability Insurance Scheme

Psychosocial Disability Recovery-
Oriented Framework

2021

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Acknowledgement

The National Disability Insurance Agency (NDIA) asked for community input into the development of the Psychosocial Disability Recovery-Oriented Framework (Recovery Framework). Many individuals, working groups, and organisations helped in shaping the draft Recovery Framework.

The Recovery Framework is informed by research, submissions, consultations, articles, reports and policy documents, both nationally and internationally. The Recovery Framework is also informed by the experiences of participants and their families and carers, service providers and state and territory governments.

The NDIA would like to thank everyone who has helped with the development of the Recovery Framework, including:

- participants from diverse backgrounds, people with a lived experience of mental ill health and recovery, and their families and carers, your honesty in sharing your experiences and goals were central to this work;
- representative bodies, service providers, partner organisations, clinical services and states and territories for their input; and
- the many individuals and organisations who provided submissions and participated in workshops and other consultation activities.

The NDIA also acknowledges the work of the the National Disability Insurance Scheme (NDIS) Mental Health Sector Reference Group (which includes mental health consumer and family and carer representation), the Psychosocial Disability Stakeholder Reference Group, Independent Advisory Council, the National Mental Health Consumer Alliance, Mental Health Australia and the NDIA Participant Reference Group for their help in developing the Recovery Framework.

The NDIA also acknowledges the Traditional Owners and Custodians throughout Australia and their continuing connection to the many lands, seas and communities. The NDIA pays respect to Elders past and present, and extends this acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples who may be reading this document.

Introduction

The NDIA is committed to improving the lives of people living with psychosocial disability. The Recovery Framework has been developed to ensure that the NDIS is more responsive to participants living with psychosocial disability, their families and carers.

Our vision is that participants living with psychosocial disability are supported in their recovery journey to live a meaningful life in their community and can access and choose supports that enable independence and social and economic participation. The Recovery Framework is intended to support and enhance the self-determination of people living with psychosocial disability. It aims to improve the NDIS experience for these participants, their families, carers and networks.

The national consultations showed that there is strong support for these principles to guide the NDIA in its future management of psychosocial disability in the NDIS.

Feedback also showed the need for effective implementation and this Recovery Framework commits the NDIS to high level implementation strategies for each principle.

A focused approach to recovery for participants with psychosocial disability will help the NDIS make future improvements. This includes improving the way participants with psychosocial disability function and help them better use their plans.

The NDIA will be responsible for the implementation of the Recovery Framework and it will continue to work with people living with psychosocial disability, families and carers and stakeholders including states and territories.

This document sets out the six principles and related actions to be implemented by the NDIA to embed the Recovery Framework in the NDIS.

Purpose

The NDIA wants all people with psychosocial disability in the NDIS to be supported in their personal recovery and to live a life that has meaning for them. They will have access to supports in accordance to the NDIS Act that enable social and economic participation.

The Recovery Framework aims to improve the NDIS experience for participants, their families and carers by:

- setting out principles to guide the NDIS in its understanding of, and improved responses to, psychosocial disability
- applying to all NDIS participants living with psychosocial disability, recognising that many people living with psychosocial disability also live with other disabilities
- applying to NDIA staff, partner organisations, and NDIS funded services.

Definition of personal recovery

People with a lived experience have said that personal recovery is about finding a way to describe recovery that is different to the medical basis of symptoms and cure.

Recovery is a unique and personal experience. Recovery is owned and led by the individual. As people discover and pursue their goals and aspirations that go beyond health outcomes, they may find new purpose and meaning in life. It is a process where the individual is able to make choices and decisions that benefit their life. Recovery is also about the individual being able to join their community, both socially and economically.

Personal recovery relies on a diverse range of social determinants as well as the supports provided through the NDIS in line with the NDIS Act. Many service systems offer support to people with severe mental health challenges and issues of adequate and equitable access to address these social determinants are also factors in shaping participants personal recovery journeys. The NDIA works with and relies on a diverse range other support services in supporting participants. In particular access to social housing and mental health and health services are key factors in participants' personal recovery.

Personal recovery is consistent with the intention of the Convention on the Rights of Persons with Disabilities' (CRPD) to promote human rights of people living with disabilities. The CRPD promotes the rights of people with disabilities to lead an independent life without discrimination of any kind on the basis of disability.

For the purposes of the Recovery Framework, recovery is defined in agreement with the World Health Organisation's definition:

“For many people recovery is about regaining control of their identity and life, having hope for their life, and living a life that has meaning for them whether that be through work, relationships, spirituality, community engagement or some or all of these.”¹

Stigma, discrimination and stereotyping

There is longstanding ignorance and misunderstanding of psychosocial disability that creates barriers to social and economic participation. According to the final report of the Royal Commission into Victoria’s Mental Health System, “people diagnosed with what was termed ‘severe’ mental illness are subject to high levels of stigma”².

Recovery-oriented practice recognises that stereotyping and misconceptions about mental illness is a major barrier to people seeking appropriate and safe services. The NDIA and NDIS-funded services need to actively advocate for strategies that reduce such stigma and stereotyping at both individual and systemic levels.

Responding to diversity

The application of the Recovery Framework principles must respond to the particular characteristics and needs of different population groups. This includes Aboriginal and Torres Strait Islander peoples, people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual (LGBTIQA+), and people from Culturally and Linguistically Diverse (CALD) backgrounds, and people in rural and remote locations. These groups often face significant additional barriers when seeking support.

Implementation of this Recovery Framework needs to respond appropriately to diversity and recognise that there are many sides to identity and individuals may be part of a number of social groups.

The Recovery Framework sits alongside a number of other key NDIA strategies. These strategies include the Aboriginal and Torres Strait Islander Engagement Strategy, Rural and Remote Strategy, CALD Strategy and the LGBTIQA+ Strategy.

¹ World Health Organisation. "Guidance on community mental health services: promoting person-centred and rights-based approaches." In guidance on community mental health services: promoting person-centred and rights-based approaches, 2021.

² State of Victoria, Royal Commission into Victoria’s Mental Health System, Final Report, Volume3: Promoting inclusion and addressing inequities, Parl Paper No.202, Session 2018-21(document 4 of 6) p524.

Families and carers

Families and carers are an important part of recovery for participants with psychosocial disability. The support families and carers provide in helping participants to reach their recovery goals is recognised and valued. Family and carer inclusive practice is an important element of recovery-oriented practice.

The important role of families and carers is featured throughout the Recovery Framework and its six principles.

Principles

The Recovery Framework sets out six guiding principles. The principles:

- Reflect key elements of good recovery-oriented practice.
- Reflect the Australian Government's intention for a future mental health policy to have a strong focus on consumers' lived experience.
- Are designed to facilitate the development of recovery policy and practice in the NDIA. This will help deliver better participant outcomes and contribute to the sustainability of the NDIS.

The six principles are:

1. Supporting personal recovery
2. Valuing lived experience
3. NDIS and mental health services working together
4. Supporting informed decision making
5. Being responsive to the episodic and fluctuating nature of psychosocial disability
6. A stronger NDIS recovery-oriented and trauma informed workforce.

Principle 1: Supporting personal recovery

The focus of the Recovery Framework is to support personal recovery for people living with psychosocial disability. Supporting personal recovery means promoting hope that recovery is possible. It includes supporting a participant to make sense of their experiences and lead a life that has meaning for them.

Relationships are critical to personal recovery and many people describe personal recovery as occurring within the context of trusting and reciprocal relationships. There are a number of important relationships that can support recovery. These include: partner and intimate relationships; connections with community; relationships with family, carers, friends and supporters; relationships with, and between, services.

Recovery journeys reflect cultures, genders, relationships and sexualities and how these factors intersect. For participants from Aboriginal and Torres Strait Islander communities, recovery is often understood as healing in the context of intergenerational trauma through connecting with culture, spirit, land, community, family and kinship.³

Supports that prioritise capacity building, promote recovery and social and economic inclusion.

To embed this principle the NDIA will:

1. Implement service improvements that promote personal recovery. These improvements will be undertaken by the NDIA, its partners and NDIS services. Service improvements focus on building participants' capacity to make decisions, to understand the NDIS and its supports, and linking to services. This work will include:
 - the development of guidance on recovery-oriented practice
 - information for participants, service providers and health professionals

- decision making resources for participants living with psychosocial disability
 - other resources and tools, including innovative use of technology.
2. Promote the guiding principles in the Recovery Framework. This will raise awareness and understanding of the NDIS approach to psychosocial disability and personal recovery. As part of this, resources will be developed on the value of lived experience workers.
 3. Update the current psychosocial recovery coach support item. This will provide revised guidance on the purpose, competency expectations and funding of this role to support participants in their recovery journey.

Recovery is often described as a journey and not a destination. The NDIA is committed to providing supports to sustain participants in their recovery journey in accordance with the NDIS Act.

³ National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2017 – 2023. (Prime Minister & Cabinet).

Principle 2: Valuing lived experience

The Recovery Framework commits the NDIA to implementing policy and practices that are built on the lived experience of those living with psychosocial disability, their families and carers. Lived experience is the experience of living with mental ill health, emotional distress and psychosocial disability. Carer lived experience is the experience of supporting and caring for a participant living with psychosocial disability.

Valuing the lived experience of a participant is critical to understanding a participant's strengths, challenges, including the impact of their disability, and their hopes and aspirations. Valuing lived experience can empower participants to explore their goals and choose services that meet their preferences and needs. The training and development needs of staff required to value lived experience and to work in a family and carer inclusive way is considered in Principle 6 of the Recovery Framework.

It is also important that lived experience is recognised as a form of expertise that informs the way the NDIS works with participants living with psychosocial disabilities. Lived experience roles require staff to primarily draw on their lived experience knowledge and skills to fulfil their role. These roles encompass diverse roles from provision of direct services, to policy and governance and can include both 'consumer' and 'carer' roles.

To embed this principle the NDIA will:

4. Embed lived experience positions in both policy and operational areas of the NDIA to improve practice and provide leadership on psychosocial disability.
5. Set expectations with NDIA partner organisations to embed lived experience workers in the workforce.
6. Inform policy and practice development with input from mental health consumer and carer representatives. This includes the national mental Health consumer and carer organisations being established by the Commonwealth Government.

“We must build a system centred on the experience of those with mental ill-health and their carers. We must value the input of people who have lived that, who understand it better than the politicians, better than the policy makers and administrators and the bureaucracies that do this. The lived experience of mental illness at all stages of planning, commissioning and reviewing services should be paramount in our thinking”⁴

⁴Morrison S. 2020; on the release of the Productivity Commission Report on Mental Health. Speech presented at 28th November 2020; Parkville, Melbourne.

Principle 3: NDIS and mental health services working together

Access to clinical mental services are critical in enabling recovery. Participants are unable to make the most of the NDIS without support from mental health services. Effective collaboration between these services and the NDIA, NDIS partners, and NDIS funded services, is also essential.

Whilst some participants report a collaborative approach between NDIS services and clinical services, this is not the experience of many participants. Collaboration and integration needs to be improved at a systems level to achieve better recovery outcomes for all participants.

The Recovery Framework commits the NDIA to work with public, non-government organisations and private mental health services, NDIS funded services, and other stakeholders to make system improvements to enable services to collaborate at the state and territory and local levels.

To embed this principle the NDIA will:

7. Establish a national working group with representation from NDIA and state and territory Governments. This group will monitor the development and implementation of agreed protocols and improved practices.
8. Work with NDIA service providers, public, NGOs and private mental health services and health professionals on the development and implementation of agreed protocols and practices.

A recovery oriented approach requires a range of supports from different backgrounds and perspectives working together with a participant and their family and carers. This involves support that is coordinated across support systems based on agreed understanding of responsibilities.

Principle 4: Supporting informed decision making

Making informed decisions is important for personal well-being and ensuring our personal preferences, values and desires are put first.

The NDIA recognises that every person, without exception, has the right to make decisions (or contribute to decisions) about things that affect them. Making decisions requires opportunities; information, support and resources to understand and communicate choices; and people who recognise and enable the will and preference of participants in decision making.

Feedback from the consultations has identified that many participants with psychosocial disability are not fully informed about the support options available and the evidence and experience about effective supports.

A recovery framework should strengthen informed decision making for participants through the provision of information and advice about effective interventions for participants with primary psychosocial disability.

In this context, participants must be supported to understand how service offerings relate to their recovery journey. Information and support, including peer support, are important elements of informed decision making.

To embed this principle the NDIA will:

9. Consider the needs of people with psychosocial disability in the development of the NDIA's Support for Decision Making Policy.
10. Develop guides and resources on decision making and evidence-based supports for participants living with psychosocial disability, families and carers.

“People with mental illness are rarely offered the full range of service options and supported to choose between them. ...Knowing you can choose another provider may not assist you unless you have knowledge of how, and or support, to make that decision”.⁵

⁵ Productivity Commission; 2020. Mental Health Inquiry Report: Volume 2, No. 95. Canberra: Productivity Commission; p.458

Principle 5: Being responsive to the episodic and fluctuating nature of psychosocial disability

In contrast to some other disabilities, psychosocial disability can involve episodes of mental illness over a participant's life span. The episodic and fluctuating nature of mental illness can affect a participant's functional capacity at different points in time and will have cumulative impacts over a lifetime.

This means that timely responses and the changing of support levels can prevent or reduce the decline of functional capacity.

The NDIA will recognise the episodic and fluctuating nature of psychosocial disability at all stages of engagement with the NDIS, particularly at access and planning.

Additionally, NDIS supports will respond to the episodic nature of mental illness and collaborate with relevant services to plan and maintain engagement through periods of increased and reduced support needs.

To embed this principle the NDIA will:

11. Review procedures for access and change of circumstances so they are more timely. This is important when there is a significant change in support needs due to an acute episode of mental illness.

"...this time I was able to increase the level of NDIS support for a bit of time that made a huge difference in terms of my steadying myself after a period of being really unwell"
NDIS participant

Principle 6: A stronger NDIS recovery-oriented and trauma informed workforce

Effective recovery-oriented practice requires staff with psychosocial knowledge and skills at both specialist and generic levels. Relevant areas of competency include psychosocial disability, trauma-informed care, family and carer inclusive practice, and cultural competency. Staff personal attributes that enable engagement, building of trusting relationships and instilling hope should be developed. Building organisational competencies in psychosocial disability and personal recovery is a core element of implementing this framework.

The relational nature of personal recovery means that the working relationship between NDIA planners and NDIA partner organisations' staff and participants with psychosocial disability is a key element of the support provided. This requires an intentional approach to building rapport and trust and persisting through the challenges, as well as the successes of working alongside a person.

Improvements in the psychosocial competencies of NDIA and NDIA partner staff will be an organisational priority under this Recovery Framework. Learning and development strategies will be modified in implementing the recovery framework to provide a specification of the particular competencies required for staff at various levels. Learning and development strategies will be developed to deliver specific competencies as well as building on the existing capabilities frameworks within the organisation.

The learning and development strategy for psychosocial disability will include a trauma informed approach. Such an approach is integral to recovery-oriented practice due to

the substantial link between experiences of trauma and psychosocial disability. The learning and development strategy will encourage staff sensitivity to the dynamics of previous trauma during engaging and working with people living with psychosocial disability.

To embed this principle the NDIA will:

12. Develop and implement learning and development strategies to deliver psychosocial disability competencies and skills required for NDIA and partner staff.
13. Work with DSS in their roll out of the NDIS National Workforce Plan on workforce and learning and development strategies for psychosocial disability service.
14. Work with the NDIS Quality and Safeguards Commission to share relevant learning and development resources on psychosocial disability and recovery-oriented, trauma-informed practice.

Service and work environments and an organisational culture that promote recovery is essential in building recovery-oriented practice competencies. Opportunities to recover through social and economic participation are being lost due to the problems in workforce supply, skill base and retention.

Conclusion

This Recovery Framework provides a set of principles for improving the responsiveness of the NDIS for participants with psychosocial disability. There has been considerable community input into the development of these principles. They provide a contemporary approach for the NDIA in their support of participants with psychosocial disability. They offer a pathway for improving the independence and social and economic participation of participants. At the heart of this framework is the recognition of the rights of participants and the ability of participants living with psychosocial disability to lead a meaningful life where they are active citizens in their communities.

The NDIA will develop an Implementation Plan to address the commitments in this Recovery Framework. This Implementation Plan will include a Monitoring and Evaluation Strategy to monitor the changes and evaluate their effectiveness against these principles. The NDIA will use this evaluation to make adjustments to the Recovery Framework over time as required.