Developments in Mental Health Rehabilitation in the Asia-Pacific Region

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Developments in Mental Health Rehabilitation in the Asia-Pacific Region

- Brief overview of mental health rehabilitation in the Asia Pacific region – some common themes
- Australian situation – research, practice, advocacy and future prospects
  - Recent policy developments
- Rehabilitation: Selected models of care and interventions
- National Disability Insurance Scheme (NDIS)
- RANZCP Section of Social Cultural and Rehabilitation Psychiatry

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REVIEW

WILEY ASIA-PACIFIC PSYCHIATRY Official Journal of the Pacific Rim College of Psychiatrists

A structured review of psychiatric rehabilitation for individuals living with severe mental illness within three regions of the Asia-Pacific: Implications for practice and policy

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Psychiatric Rehabilitation in the Asia-Pacific Region: Rationale and Aim

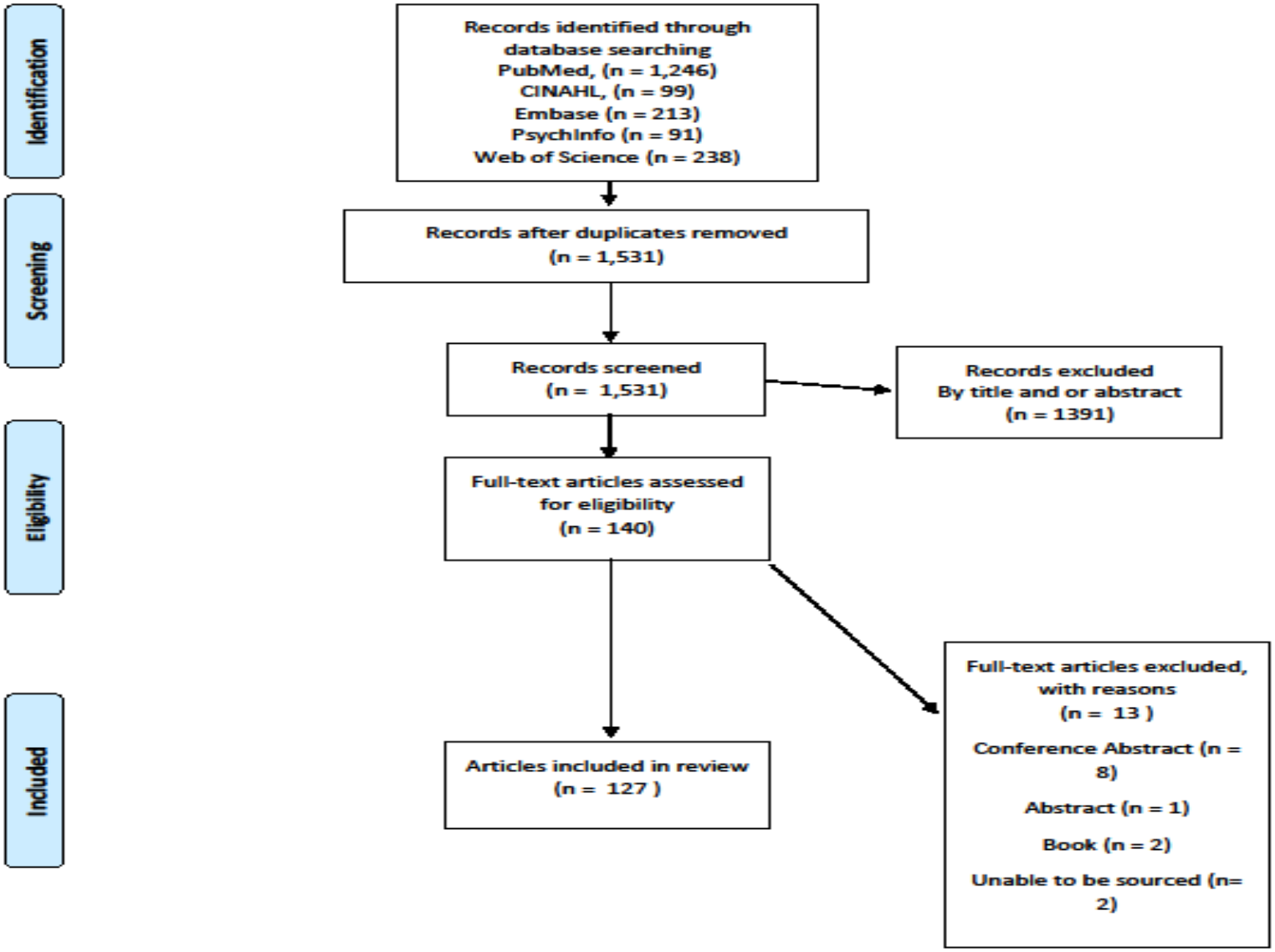
- Despite an established evidence-base, implementation and access to rehabilitation interventions in clinical practice for people with severe mental illness in the Asia-Pacific (A-P) region is low (Jablensky et al, 2017; Nielssen et al, 2017)

- Aim: to evaluate prominent themes impacting on clinical practice and policy and the implementation of psychiatric rehabilitation across the A-P region

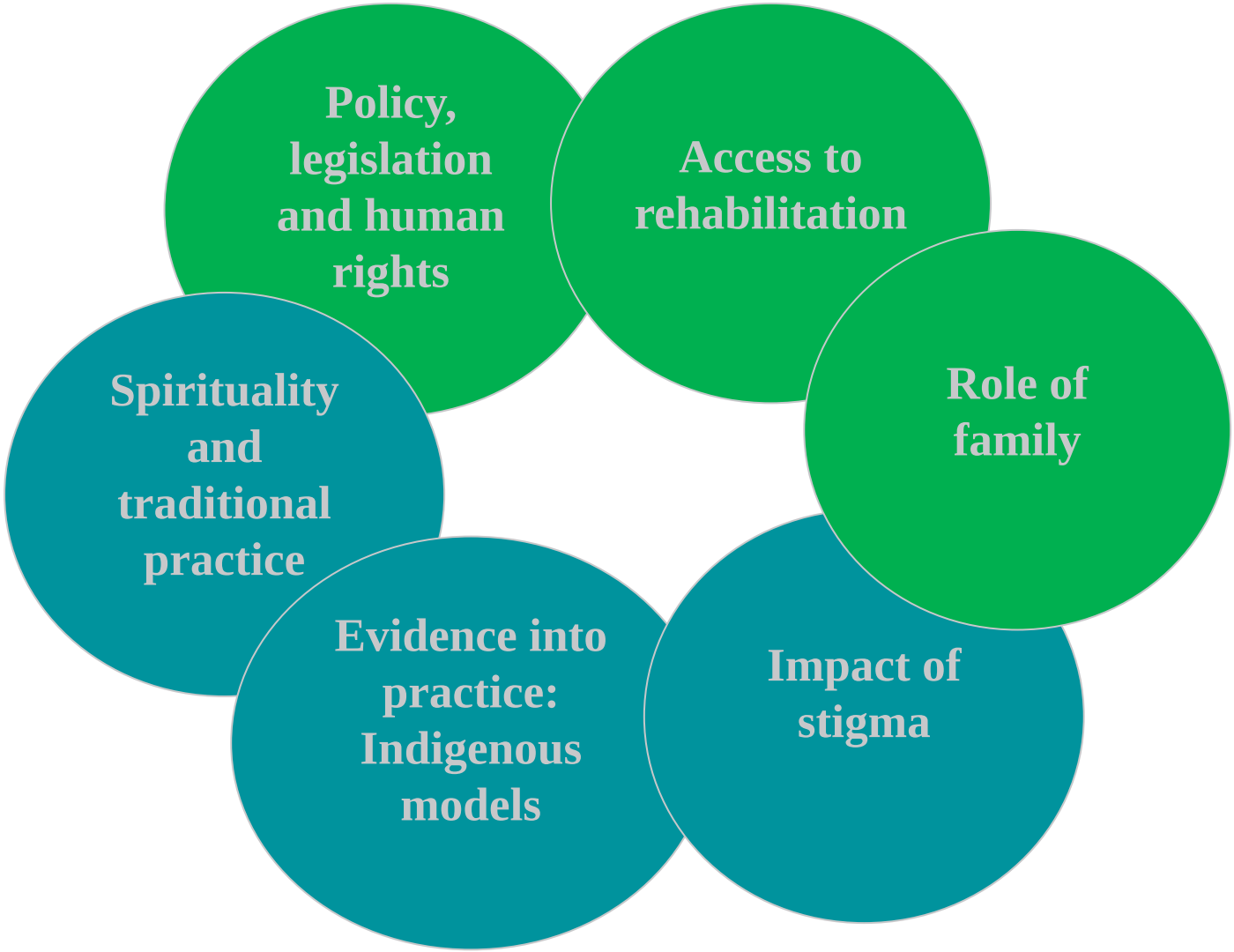
Methods

- Structured literature search focusing on:
  - Exploring successes and challenges in rehabilitation practice and implementation within the region
- Three countries - Australia, Hong Kong and India
  - Represent heterogeneity of the A-P region
  - Pragmatic - access to relevant local experts with good knowledge of the practice and evidence for psychiatric rehabilitation within each country
- English language articles published between 1 January 2013 and 23 October 2017 – 2008 abstracts

Figure 1. Structured literature search. Psychiatric Rehabilitation (Asia Pacific Region).



Main Identified Themes



Policy, legislation and human rights

Structural issue dividing health and disability fields
India – different ministries (Chavan & Das, 2015)
Australia – separate treatment and rehabilitation services (Harvey et al, 2015)

Inadequate policy/implementation
Hong Kong – policy papers on disability fail to include needs of people with SCZ (Tsang et al, 2013)

Access to rehabilitation

India: few rehabilitation services, mostly NGO-run and charge fee for service (Chatterjee & Hashim, 2015; Chavan & Das, 2015)

Australia: people with psychosis and problems with socialising have access difficulties (Harvey et al, 2015)

Role of family

Importance of family – accepted by most of A-P region
Australia: poor recognition despite significant F2F family contact

Family-centred approaches are rare and services struggle to work out how to work with families
Hong Kong: “almost non-existent” (Wong et al, 2015)

The Australian Context

- Federated country – division of responsibilities:
  - state and territory governments responsible for public clinical mental health including hospitals, housing, schools and vocational education
  - federal government responsible for primary care and pharmaceuticals, employment support
- Recently, many federal and state enquiries
  - Productivity Commission (provides independent research and advice to Government on economic, social and environmental issues affecting the welfare of Australians) – Mental Health Inquiry Report
  - Royal Commission into Victoria's Mental Health System
- National Disability Insurance Scheme (NDIS) since 2013
- Impact of Covid-19: recognition of need for economic stimulus

Rehabilitation and Recovery Experienced by Consumers in inpatient Rehabilitation Units

- Retrospective cohort study (pre-post, admission-discharge) within an inpatient rehabilitation unit, NSW (n= 324)
- Treatment model: “intensive, multi-faceted, values-based rehabilitation, promoting goal-striving and autonomy for consumers experiencing treatment-resistant limitations in personally relevant dimensions of activity, participation, and the environment”
  - Significant gains in psychosocial function and daily living skills
  - Reliable and clinically significant changes in one-quarter to one-third

    (*Maxwell et al, 2019*)
- Recovery orientation of service was associated with successful discharge in prospective cohort study of mental health rehabilitation inpatient service users in England (n=329)

  (Killaspy et al, 2012, 2016)
- Improved functional outcomes which are linked with recovery orientation

Consumer Outcomes in Transitional Residential Rehabilitation Programs: Community Care Units

- Community Care Units (CCUs)
  - Typically, 20-bed cluster housing development in a residential setting, staffed on a 24-hour basis by a multidisciplinary team
  - Residence is generally time limited (up to two years, sometimes longer)
- Retrospective cohort study of all consumers admitted to five CCUs in Queensland
  - Significant improvements in mental health and social functioning
  - Reductions in psychiatry-related bed-days, ED presentations and involuntary treatment
- Qualitative study of staff expectations of integrated workforce – most peer support workers, plus clinicians: mostly optimistic about the services' potential; subtle differences in understandings of recovery and recovery-oriented rehabilitation; PSW roles valued by both clinicians and lived experience workers (*Parker et al, 2019, 2020; Meurk et al, 2019*)

Inpatient and Community-based Residential Rehabilitation in Victoria

"The SECU model is run-down, does not work very effectively and is not able to match capacity with demand. SECUs are failing to rehabilitate those who can access treatment. Further, there are currently people living out of hospital in appalling conditions, who have severe mental illness and who avoid or resist treatment. This cohort needs long-term, secure residential care so they can learn how to live in the community"

Professor Richard Newton witness statement, para 101.

- CCUs:
  - Exist in every area MHS
  - Stronger recovery orientation
  - Integrated workforce: clinical, NGO (disability support), peer support workers

Housing First and Supported Housing

- Time-unlimited, self-contained, individual tenancies, with off-site visiting staff support
- Emerging evidence for benefits for consumers with severe and persistent mental illness (e.g. Harrison 2020)
- Effective and cost-effective:
  - Greater housing stability; reduced use of health and homelessness services; improved community functioning and quality of life
- Challenging to implement in Victoria because of insufficient suitable housing and inadequate policy (social housing 1 in 25, versus 1 in 5 in UK)

"We know how to do it. We have very fine examples of it all over the country and the state. The problem is that we do not do enough of it."

Ms Jenny Smith witness statement, para 46

Victorian Government aims to create 43,000 jobs with $5.3 billion public housing spend

Victorian Premier Daniel Andrews says the funding boost will create 10,000 jobs each year for four years.

The Victorian Government has announced it will spend $5.3 billion to build more than 12,000 public housing homes over the next four years.

Key points:

- Of the new units, 1,000 will be for Indigenous Australians, 1,000 for victims of domestic violence and 2,000 for people with a mental illness
- One quarter of the dwellings will be built in regional Victoria
- The Victorian Council of Social Services says the scale of the investment in public housing had never been seen before in Australia

Epidemiology and Psychiatric Sciences, page 1 of 17. © Cambridge University Press 2018
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ORIGINAL ARTICLE

Receipt and targeting of evidence-based psychosocial interventions for people living with psychoses: findings from the second Australian national survey of psychosis

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Research

ANZJP

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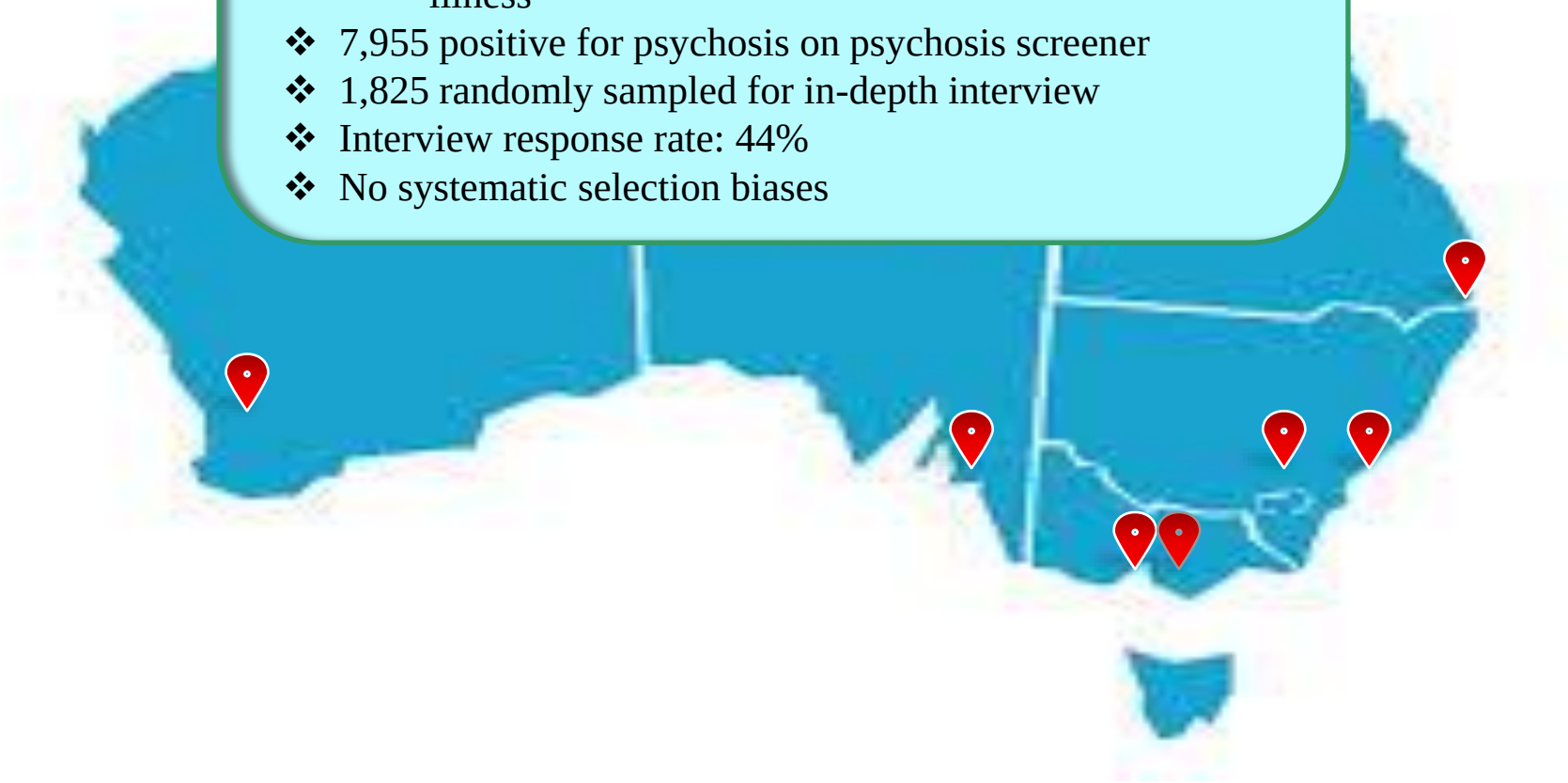
People living with psychosocial disability: Rehabilitation and recovery-informed service provision within the second Australian national survey of psychosis

Editor's Choice

Carol Harvey[1,2], Lisa Brophy[3,4], Samuel Parsons[1], Kristen Moeller-Saxone[5], Margaret Grigg[4] and Dan Siskind[6]

2010 Australian National Survey of Psychosis

- Adults aged 18-64 years
- 7 catchment sites in 5 states
- Coverage: ~ 10% of Australian population aged 18-64
- Treatment services:
  - Public specialised mental health services
  - NGOs funded to support people with mental illness
- 7,955 positive for psychosis on psychosis screener
- 1,825 randomly sampled for in-depth interview
- Interview response rate: 44%
- No systematic selection biases



How Available are Psychosocial Interventions in Public Clinical MHS and NGO services in Australia?

Evidence based psychosocial intervention (EBPI)	Receipt of any level [a]		Receipt of evidence-based (EB) level [a]		EBPI receipt by those eligible	
	n (%)	Total	*n (%)*	Total	*n (%)*	Total
CBT for psychosis	407 (22.9)	1776	180 (10.1)	1776	N/A[b]	N/A
Family psycho-education	208 (11.6)	1783	61 (3.4)	1783	61 (3.6)	1753
Relapse prevention planning	725 (41.3)	1755	369 (21.1)	1746	N/A[b]	N/A
Skills training	268 (15.1)	1777	168 (9.5)	1777	151 (10.1)	1502
Supported employment	88 (15.0)	584[c]	41 (7.0)	584	41 (7.0)	584[c]
Assertive Community Treatment	N/A	N/A	161 (8.9)	1802	148 (8.8)	1678

Key Findings

- Australians with psychosis:
  - Reported limited receipt of evidence-based psychosocial interventions over one year
  - Fewer than half received each intervention
  - Fewer than one-fifth received an evidence-based level
  - Were twice as likely to report receipt of one or more evidence-based psychosocial interventions if accessing an NGO in the past year (according to our hierarchical logistic regression model)

Which Australians with Psychoses are Receiving both Public Clinical MHS and NGO Services?

- Those receiving both clinical MHS and NGO services were significantly more likely:
  - to be never married, living with greater disability, living in group accommodation, to report experiences of childhood trauma
  - to report receipt of rehabilitation/recovery-focussed services (includes: social skills training; supported employment; help to look after self or home)
  - to have participated in a community rehabilitation or day therapy program in the past year
- However, many people living with psychosocial disability did not access NGOs:
  - 42% versus 29%, with continuous illness
  - 28% versus 23%, with significant/extreme disability (MSIF global independent functioning)

National Disability Insurance Scheme: Potential for Bridging Evidence-practice Gaps in Recovery and Rehabilitation?

- Promises access to support for all those with disability (physical, intellectual, psychosocial) regardless of where they live
- Direct funds for support and service packages - emphasise choice and increased control for consumers
- Every NDIS participant has an individual plan that lists their goals and the funding they have received
- Designed to help people get the support they need so their skills and independence improve over time (functional recovery)

National Disability Insurance Scheme: Potential for Bridging Evidence-practice Gaps in Recovery and Rehabilitation?

- The NDIS will only fund “supports” not “treatments” (only a part of psychosocial rehabilitation)
- Many NGO programs and services are required to align with the NDIS to provide individualised support services - so many of their rehabilitation treatments are no longer available to consumers
- Rehabilitation “treatments” (e.g. family psychoeducation) are assumed to be readily available in Australia outside the NDIS, contrary to evidence from the national survey
- Challenges associated with choice – few consumers have chosen supports to get a job despite good evidence for supported employment (or IPS)

Royal Australian and New Zealand College of Psychiatrists (RANZCP): Section of Social, Cultural and Rehabilitation Psychiatry

- Much advocacy, policy and service development work still to do
- Rehabilitation has been incorporated into the RANZCP Section of Social, Cultural – and now Rehabilitation – Psychiatry = SSCRP
- RANZCP has no rehabilitation-specific curriculum or training
- Working party to develop a proposal for an Advanced Certificate in Rehabilitation (within Adult Psychiatry)
  - Credential a group of Australian Fellows with rehabilitation expertise through a RPL process
  - This group will run a 1-year program for a small group of Fellows in which existing EPAs (= Entrustable Professional Activities - summative assessments used to measure competence in the Fellowship Program) will be used to develop our rehabilitation specialist group
  - Identify relevant existing EPAs and group these into a proposal for an Advanced Certificate in Rehabilitation

Conclusions

- Growing evidence for the effectiveness of inpatient and transitional residential rehabilitation programs, especially with strong recovery orientation – likely to influence future service developments
- Need to expand evidence-based models of care in the community
- There has been a relative lack of rehabilitation, including evidence-based psychosocial interventions, in clinical and NGO mental health services in Australia

Conclusions

- The National Disability Insurance Scheme holds promise – but the emphasis on support rather than treatment and on consumer choice and control has not (yet) bridged the gap in provision of rehabilitation treatments and support
- Likely to be an essential role for peer workers across rehabilitation service models, which will contribute to their recovery focus
- The post-Covid policy and economic environment looks promising for improved rehabilitation models and services
- The RANZCP SSCRP is preparing to support these positive developments and welcomes support and collaboration with this Faculty

Thank you

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Hill H, Killaspy H, Ramachandran P, Ng R, Bulman N & Harvey C. (2019) A structured review of psychiatric rehabilitation for individuals living with severe mental illness within three regions of the Asia-Pacific: implications for practice and policy. Asia-Pacific Psychiatry 11, e12349.