

## BEST PRACTICE MODELS

### BEST PRACTICE MODELS for Continuing Care of Persons with Mental Disorders

#### [8] Long-term care

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

### **[8 b ] Occupational and ancillary supports**

The literature 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. The findings 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.

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. Additionally, they meet commonly expressed goals and preferences for participants. 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. Further interventions that more clearly meet participant needs such as the challenge of loneliness and isolation should also be considered.

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.

Non-government agencies, such as 'MIND', may assist in coordinating provision of these services.

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