

Psychosocial Navigator role – Key attributes

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Summary of findings

The 2023 NDIS Review recommended the introduction of a specialist ‘Navigator’ role with expertise in psychosocial disability to assist people with disability in a complex support system. Navigators are important for multiple different systems supporting people with psychosocial disability including the NDIS and targeted Foundational Supports for psychosocial disability. Our research team wanted to know what this role should look like. Drawing on a range of extensive data sources (summarised below), we found that navigators were viewed as essential for a reformed system of supports for people with serious mental illness across Australia because they would address many of the operational issues that people commonly criticise: a lack of personalisation, siloing and systems gaps, and a lack of recovery orientation.

The navigator role centres on supporting individuals with serious mental ill-health through personalised, recovery-oriented, and culturally sensitive approaches that foster independence and community connection. Success in the role relies on strong interpersonal skills, mental health knowledge, and local expertise, with lived experience and formal qualifications both valued but not solely sufficient. They need deep alignment and understanding of the core values and practices of recovery and trauma-focused support. Navigators should be embedded within an organisation able to support them in community-based recovery-oriented practice.

The navigator role was viewed as a generic role rather than a system-specific role; equally useful within the National Disability Insurance Scheme (NDIS) as it was outside of it. An example of a previous, similar role, that had been evaluated as effective for this population in an Australian context was that of the ‘support facilitator’ within Partners in Recovery (PIR). An example that interviewees gave of a role that did not currently work well was the ‘support coordinator’ role funded through the NDIS. Evaluation of programs such as PIR which are formed around a navigator-role have shown that they are an effective lower-cost or cost-neutral alternative to moving people into high-cost schemes such as the NDIS.

Specific aspects of the navigator role

Purpose of the role

The purpose of the navigator role is to provide individualised, flexible support to meet needs for psychosocial support. The role would address gaps in the provision of individualised psychosocial supports by:

- Supporting an individual’s recovery journey.
- Supporting capacity-building rather than dependency-building.
- Connect an individual with relevant services and programs to meet their psychosocial supports needs.

Role tasks

Key tasks for the role are dependent on the policy and funding context in which they are working. However, at the heart of the role was viewed to be:

- Building a relationship with the individual with serious mental ill-health in order to understand their needs and the supports needed to address these needs.
- Connecting people with relevant supports that are going to meet their needs.
- Community and family-oriented practice.
- Carrying out recovery-oriented brief interventions.

Personal qualities

Essential soft skills for navigators include empathy, active listening, effective communication, cultural sensitivity, flexibility, creativity, and fostering independence. Key qualities were the ability to establish rapport and create an environment of trust. Other specific qualities included:

- Friendliness, gregariousness, compassion, empathy, communication skills, adaptability.
- Cultural understanding e.g. First Nations cultural knowledge and faith-based support.
- Ability to think outside of standard service options and solutions to meet individual needs.
- Ability to consider personal biases and align values with the individual they are working with.
- Good organisational skills to ensure rapid outcomes where people have immediate needs.

Skill set, including qualifications

Most interview participants emphasised that navigators needed some level of training related to mental health and community work, however many in the stakeholder interviews, particularly those who were allied health professionals themselves, stated that a higher qualification was needed, such as someone with a professional allied health degree. This latter perspective is contrary to the PIR example where people with a broad range of qualifications undertook the support facilitator role. Lived experience of mental ill-health or carer roles was viewed as a highly desirable skill, but interview participants emphasised that this could not be relied upon solely without other training. Specific skills and knowledge viewed as essential to the role are:

- Knowledge of mental health and illness – to ensure that practices are not stigmatising and are built on an understanding of what is likely to work to meet an individual's needs.
- Skills in trauma-informed and recovery-oriented practice.
- Knowledge of a local area – to more effectively support people through connections to community mental health and other supports.
- Culturally-respectful practice specific to particular communities – for example practices relevant to local First Nations communities.
- For First Nations communities; an understanding of social and emotional wellbeing.

Organisational environment

The ideal operational environment for the navigator was seen to be within a team of other navigators based in an organisation with strong mental health understanding and clear connections to the local communities where they were operating. This was to address issues related to the operation of support coordinators in the NDIS who are often working as sole providers in the community and disconnected from 1) communities where the people they support live, and 2) organisations that have experience in offering mental health supports. Situating the navigator within a locally based mental health-focused environment would allow them to draw on the collective knowledge of the organisation, effective supervision and career development, including support for developing further skills in mental health, trauma-informed practice and recovery orientation.

Barriers to overcome

A lack of an existing and available workforce was viewed as one of the biggest barriers to widespread use of navigators in a national program for this group that would meet the level of need identified. There was also a fear that governments would automatically reach for low-cost alternatives that do not address the core essential qualities of the role. Specific situations to avoid were seen as centralised or remote call-centre models that did not allow for a good understanding of the individual and their community and an AI-based or digital navigator tool.

Note on the data:

The data underpinning this description is funded by an Australian Research Council Industry Laureate Fellowship (IL230100154). It comes from a review of the literature and two focused studies 1) a scoping review of the peer-reviewed literature on Partners in Recovery (PIR) and 2) interviews with eighty-six participants, including 30 NDIS participants, 19 carers/informal supports, and 37 'stakeholders'. Stakeholders included peak body representatives, allied health professionals, psychiatrists, care workers, and policy advocates. Every state or territory across Australia was represented by at least one interviewee, and First Nations respondents and those in remote, regional and rural areas were included.