The success of Partners in Recovery: A collaborative approach to mental health.

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Partners in Recovery: Coordinated Support and Flexible Funding for People with Severe and Persistent Mental Illness and Complex Needs

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The Partners in Recovery Organisation Reference Group wishes to acknowledge the contribution of the following individuals:

Judy Bentley
Gary Hubble
Bill Miliotis
Adrian Munro
Anthony Willits

Partners in Recovery capacity building project:

Tania Shelby-James
Katrin Rauter
Jane Clayton
Moira Matheson
Richard Reed

This document also draws on the lived experiences of over fifty PIR participants and carers from across Australia who have shared their stories of recovery for the purposes of this publication. It also draws on the innovations of thirty PIR organisations around Australia who have likewise contributed their stories of system reform to highlight the impact of PIR on a sectoral level. The authors wish to express their gratitude for all stories submitted. For the purposes of this document, the authors have chosen to highlight a selection of examples that best illustrate the principles and success of PIR.
What is the Partners in Recovery (PIR) initiative?

The Partners in Recovery (PIR) initiative aims to better support people with severe and persistent mental illness by providing a more coordinated system response to a person’s mental health needs.

PIR focuses on people with a lived experience of severe and persistent mental illness and complex needs who require support from multiple agencies. Many have become disconnected from social or family support networks and have fallen through system gaps. As such, each individual may require more intensive support to meet the complexity of their needs.

The PIR initiative is administered through a national network of 48 PIR organisations. Each organisation comprises a consortium of service providers who have committed to the implementation of PIR within 48 geographical regions. Support Facilitators within each PIR organisation are responsible for coordinating the services needed by each PIR participant.

The Partners in Recovery initiative commenced in July 2013 and since this time there have been many achievements, particularly by people with a lived experience of mental illness and their families. This paper explores these successes stories and also articulates the work of PIR agencies and other services across Australia that have been instrumental in rolling out this collaborative approach to mental health.
Part One: How has PIR impacted system change and capacity building?

Feedback from the 48 PIR organisations has indicated that the PIR initiative has generated positive system reform and enhanced the capacity of service providers to meet the needs of the PIR target group by facilitating the following:

- Consortium approach to healthcare;
- Opportunities for collective impact;
- Cross-sectoral partnerships;
- Training within and beyond the mental health sector;
- Activities in stigma reduction;
- Focus groups with marginalised populations;
- Networking and knowledge exchange opportunities;
- Ongoing consultation with PIR participants, carers and their families;
- Co-location of PIR Support Facilitators at frontline services;
- Assertive outreach models;
- Coordination by a non-clinical service;
- Creative and innovative thinking;
- Service gap analysis;
- Person-centred approaches to wellbeing; and
- Better coordinated referral pathways.

Consortium approach to healthcare

The consortium model that underpins PIR has united service providers from a range of sectors and professions that may otherwise never have collaborated. PIR also seeks to involve community and family support in recognition of the important part they play in sustaining health and wellbeing. This has given rise to three important changes in the way that healthcare is delivered.

Firstly, consortium partners have been incentivised to facilitate cross-sectoral partnerships and break down the silos that had previously prevented optimal service delivery. The traditional boundaries between healthcare services have now been challenged. Lead agencies within the consortia have been given the resources and the time to overcome traditional organisational boundaries and forge new relationships. Indeed, they are mandated to create a space where partnerships can grow.

Prior to the consortium model of PIR, it was difficult for service providers to develop and maintain strong partnerships across sectors because of differences in operations and funding arrangements. Although organisations may have seen the value in cross-sectoral collaboration, they had neither the funds nor the time to explore this. PIR has given service providers this licence, and in doing so, generated a new and sustainable way of working.

Secondly, consortia partners have been charged with the responsibility of embedding recovery practice, language and promoting hope. PIR has provided a more united approach, operating with a common recovery focus and bringing a new consistency in approach to healthcare.

Thirdly, individuals who are living with severe and persistent mental illness now have access to more holistic healthcare and supports that draw from a range of clinical, social, financial, community services and natural supports. The outcomes for participants and their families are improved by organisations and sectors working more collaboratively as information is shared more readily, they don’t have to repeat their story multiple times and agencies are able to more quickly and easily link...
consumers with the support and services they need. The creation of PIR consortia have provided opportunities for organisations across sectors to come together, learn from each other, learn more about what services other agencies provide, and to build rapport with their staff. It also provides lead agencies the opportunity to update all partner agencies on their systemic change and capacity building plans, how they are progressing, what role partner agencies can play and what benefits their organisations can achieve by participating. This has led to more and stronger partnerships being developed in PIR regions, promoting a more collaborative approach and better inter-agency relationships.

Opportunities for collective impact

The model adopted for many PIR organisations is recognised as consistent with a “collective impact” approach which is designed to address complex social problems through multiple organisations working towards a common agenda, rather than from the own individual organisational agenda. Each of the PIR consortium members bring identified key partners and existing networks and relationships with other (non-Consortium) service providers. These networks are considered integral in addressing regional service gaps through PIR.

Cross-sectoral partnerships

The success of the Partners in Recovery initiative derives from the partnerships it has forged at the national, state, regional and local level.

National partnerships

The PIR capacity building project has two key national representative groups: the Expert Reference Group and the PIR Organisation Reference Group. The Expert Reference Group is made up of 17 members who hold leadership positions within PIR across a range of PIR regions, including participant and carer representatives and who provide strategic direction on the activities of the PIR capacity building project.

The PIR capacity building project is led by Flinders University and it is responsible for facilitating networking and knowledge-exchange opportunities for all PIR staff. In this way, the capacity building project plays a key role in the formation of new partnerships within PIR and fostering understanding and cooperation between partner agencies (see ‘networking and knowledge-exchange opportunities’).

“The benefit for participants and carers is that PIR takes away the stress and fear that can be associated with trying to contact agencies. Many of our participants can find the thought of having to talk to someone daunting, which can affect their anxiety. The fear of rejection by a service can stop them reaching out for help and support. PIR takes this pressure away.”

- PIR Support Facilitator
State partnerships

Some PIR organisations have partnered with other PIR consortia in their state to form a collective response to state-based system reform issues.

An example of this includes the ‘think-tank’ co-hosted by the Central Adelaide and Hills and the Southern Adelaide Fleurieu Kangaroo Island PIR organisations. Held in August 2014 and facilitated by Dr Norman Swan, a health journalist and media personality, the think-tank was attended by over 100 sector representatives. The aim of the event was to generate ideas for improving the recovery journey for South Australians living with severe and persistent mental illnesses. By focusing on the recovery journey of two hypothetical PIR participants, service providers were able to identify systemic challenges and gaps and make recommendations for future reform within the state. They were aided by two panels of experts who helped them explore possible ways forward and who helped lead discussions around current strengths and limitations of the system.

The Queensland PIR organisations arranged a state-wide system reform workshop in February 2015. Six major system reform areas were identified. These included housing and homelessness; service barriers; participants, carers and families; drug and alcohol dependence; continuity of care; and stigma. A draft action plan was drawn up and tabled with the Queensland PIR Managers Group to facilitate the coordination of system change efforts across PIR regions in Queensland.

In addition, many PIR regions now participate in regular inter-organisational meetings aimed at promoting state-wide responses to systemic issues. These meetings also promote a widespread culture of recovery-oriented practice. These state-wide partnerships have also been important in establishing consistency in the implementation of PIR and generating the networks necessary to achieve system reform.

Region-wide partnerships

Across the 48 PIR regions in Australia, new and exciting regional partnerships are also being formed within and beyond traditional sectoral, geographical and professional boundaries. Consortium partners have been working together for almost two years, giving rise to a culture of cooperation that has led to new collaborations between service agencies beyond PIR. These agencies are now coming together to apply for new tenders, undertake shared training and initiate new projects. All of these activities have increased the capacity of service providers to affect systems change and improve recovery pathways for people living with mental illness. PIR has identified that for any change to be implemented, senior managers need to be behind it. To ensure this support, PIR organisations have engaged senior staff across multiple levels of services and delegations in the planning development and implementation of systems change and capacity building activities to build in the level of understanding, commitment and implementation of such change.

Local partnerships

In addition to national, state and regional partnerships, local partnerships within PIR have also contributed to positive systems reform and have greatly enhanced the capacity of the service sector. For example, a PIR Community Forum held in the Cassowary Coast Council area of Far North Queensland in January 2014 has reinvigorated a local community services network. This network has now been restructured to address local system reform issues more effectively.

Crucially, local partnerships are leading to a greater emphasis on recovery-oriented practice within clinical settings, such as the mental health units (MHUs) of local hospitals. For example, the PIR organisation in the Perth North Metro region recently formed an alliance with local health, multi-cultural and housing groups to create an improved discharge process for PIR participants who were hospitalised.
This alliance helps ensure that people who were registered with PIR had a much smoother and more supported transition back into the community.

Another example of local partnerships includes a new alliance between the PIR organisation in the Northern Territory, the Central Australian Mental Health Services - Community team and the National Disability Insurance Agency. This collaboration generated an opportunity for a local PIR participant to undertake a traineeship at a remote cattle station and fulfil an important recovery goal.

Yet another example of local partnerships is the creation of Far North Street Soccer, a soccer program open to Far North Queensland residents with a lived experience of mental illness. The program was developed through a partnership between the PIR organisation in Far North Queensland, the Salvation Army, Stratford Dolphins Football Club and Cairns Hardware. Modelled on the international version of street soccer, the Far North Street Soccer program focuses on recovery through physical exercise and social interaction. This initiative represents the type of non-traditional alliances that are being formed within PIR to help participants lead a contributing life.

“Before PIR I would miss appointments and fall behind on my health regime. Since PIR began to help, I am able to link in and get to all these services. My Support Facilitator has come to appointments with me and advocated for me. My standard of living has improved enormously.”

- PIR Participant
Training within and beyond the mental health sector

As a result of PIR, service agencies within and beyond the mental health sector have been given the opportunity to attend free training in recovery-oriented practice, trauma-informed care, conflict management and suicide prevention. This has increased the ability of service providers to deliver recovery-oriented care and resulted in better supports and outcomes for PIR participants, their carers and families.

By opening up training opportunities beyond the mental health sector, a diverse range of service providers have benefited from new skills in mental health support. These include staff from the housing, youth and employment sectors, as well as services who specialise in addressing the needs of Indigenous Australians, culturally and linguistically diverse (CALD) communities, and people who identify as being lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ).

This is important because individuals requiring mental health support frequently present at these agencies however staff report they are not necessarily equipped to respond appropriately to their needs as mental health services are not the core focus.

The Bentley-Armadale PIR Region has provided mental health training to staff from other sectors to better equip them with the skills they need to relate to individuals living with mental illness. Crucially, this training has helped staff of these organisations approach the needs of participants in a more holistic way and identify when it may be appropriate to refer an individual to a mental health service provider. In this way, individuals living with a mental illness are more likely to receive the support they need when they need it, and staff are more likely to be effective in their support role.

The Western Sydney PIR organisation implemented recovery training that was open to key stakeholders across the region. The aim was to increase understanding of recovery amongst all agencies, particularly those outside of the PIR organisation such as housing and justice services due to the identified needs of PIR participants. Similarly, in the Southern Adelaide Fleurieu and Kangaroo Island region, training was offered to people from multiple sectors as a way to promote recovery principles and recovery oriented practice.

The importance and value of participation by people with a lived experienced and carers is acknowledged by PIR organisations. It is standard in some PIR organisations for PIR participants and their carers to be directly involved in cross-sectoral mental health training. This recognises that the training experience is enriched when the voice of those with a lived experience is present.

PIR staff work across sectors and have found providers differ in their definitions of recovery and are at different stages in implementing recovery-oriented practice. Western Sydney PIR has developed a suite of recovery training opportunities in conjunction with inside out & associates Australia. Their aim was to increase understanding of recovery, in particular within agencies critical to PIR participants, such as housing and justice. Training has been delivered to PIR staff and key stakeholders across the Western Sydney region. The aim was to allow people to explore the concept of recovery-oriented practice, consider how it fits into their daily practice, and take steps to build capability to support people with a lived experience of mental illness. This training has seen a range of positive outcomes that have improved the experience of participants and carers. These include: an improvement of referral pathways and care coordination with participants and between agencies; a greater focus on the participant, care coordination and quality of assistance rather than process; better understanding of complex issues and how current practices may have an adverse impact on participants; improved clarity about the roles of different providers in a complex system; and collaboration to streamline and minimise duplication.
The Southern Adelaide, Fleurieu and Kangaroo Island PIR has conducted workshops on Conceptualising Recovery and Supporting the Recovery Process aimed to improve the ability of workers across a range of sectors to better respond to people experiencing mental distress and to shift language and understanding towards person-centred recovery-oriented practice. By exploring theoretical and practical elements of recovery, workshop participants are encouraged to apply learnings to daily work and reflect on their experiences.

National Mentor Program

The new and unique nature of the Support Facilitator role brings with it many new challenges. The PIR Support Facilitator Mentor Support Program provides support to PIR Support Facilitator Mentors working within their PIR organisation. The aim of the mentoring program is to foster knowledge exchange and problem-solving within the Support Facilitator community, and enable Support Facilitators to benefit from a shared pool of skills and experience.

The PIR capacity building project has a directory of Support Facilitator Mentors. These mentors are Support Facilitators with a broad range of skills who have volunteered to be available to other Support Facilitators to provide on-the-job advice and assist with problem-solving. Support Facilitators are encouraged to contact any mentor in the directory to discuss on-the-job challenges via that mentor’s preferred communication medium. Collectively, the mentors form the Support Facilitator Mentoring and Leadership Group, a vital part of the governance structure of the capacity building project.

“PIR are builders of a network for mental health and seem to have a plan for the future, and want to include consumers and carers in this plan.”

- PIR Carer
Activitie s in stig ma - re duc tion

The National Standards for Mental Health Services (2010) describe six guiding principles for recovery-oriented mental health practice, of which dignity and respect is one. Recovery oriented mental health practice involves challenging discrimination and stigma within the service sector and the broader community.

Stigma is detrimental to the recovery process. Stigma by others and the internalisation of stigmatising messages about mental illness can inhibit help seeking behaviour, increase distress and adversely impact upon recovery and achievement of educational, vocational and life goals. Initiatives such as SANE Stigma Watch and organisations such as Beyond Blue are endeavouring to reduce stigma in Australia and whilst promising gains have been made, further change is needed.

“I don’t feel lost in the system anymore.”
- PIR Participant

In line with the National Mental Health Statement of Rights and Responsibilities (2012), the PIR initiative has implemented a sustained and comprehensive strategy to reduce stigma and discrimination for people with a lived experience of mental illness. This strategy comprises a number of stigma-reducing activities, including:

- the recruitment of peer workers to identify with, and provide support to PIR participants during their recovery journey;
- the involvement of PIR participants and carers at all levels of PIR governance and in the delivery of processes and supports; and
- the creation of community events and road shows that challenge views about mental illness and educate the service sector about PIR’s aims and objectives.

Reducing social stigma is crucial to recovery and can start when people with a lived experience and carers have the opportunity to be involved in the education of the community and other service providers. This may include activities such as school education programs, public information nights and joint initiatives developed with other agencies.

Champions4Change campaign

The PIR organisation in the Far North Queensland region is developing an effective vehicle for reducing stigma in the community through the Champions 4 Change campaign.

The campaign asks people to decide which mental health issues are most important to them and then stand up and become a spokesperson for those issues. The campaign is gaining traction in the Far North Queensland region and some compelling messages have already been produced by local ‘champions’ including by people with a lived experience of mental illness, local members of parliament and NRL players.

Mental Health First Aid training

Courses in Mental Health First Aid have become prevalent across PIR regions and have proven to be an effective way of educating carers and community members about how to recognise and respond to a mental health crisis.

As an example, the Central Coast NSW PIR used flexible funding to deliver Mental Health First Aid training within the local community. The aim was to equip community members to identify signs of distress and locate appropriate mental health services. In addition to increasing awareness of the damaging and long-term impact of stigma, the training led to the creation of new support networks within the community.

1 Australia Government 2010, National Standards for Mental Health Services 2010, p. 43.
2 Australia Government 2012, Mental Health Statement of Rights and Responsibilities
Adelaide mental health ‘think-tank’

The Central Adelaide and Hills and the Southern Adelaide Fleurieu Kangaroo Island PIR organisation hosted a think-tank in 2014 to foster inter-agency collaboration. The think-tank involved people with a lived experience and representatives from the mental health, housing, disability, community and general practice sectors. It created an important opportunity for service staff to discuss ways they could improve pathways to recovery (for further information, see ‘state partnerships’). Discussions indicated that while stigma has decreased over the last 20 years, there was still much work to be done in breaking down myths and unfounded fears about mental illness. A commitment to reducing stigma in South Australia emerged as a key action item, to be achieved through provision of ongoing training with service providers, community members, and people with a lived experience of mental illness.

Key learnings included the fact that people living with mental illness usually required support long before they reached a crisis point, and that service providers needed to exercise more caution and sensitivity around the exchange of personal information with other agencies, as this often led to discrimination ‘down the line’. For example, stigmatisation could occur when an individual was attending a health service for a physical health condition, and that stigma often had a negative flow-on impact on many parts of a person’s life, such as employment and obtaining insurance.

‘Mustering WeIlness’ initiative

The PIR organisation in the Far North Queensland region has also partnered with the Gulf Cattleman’s Association to help reduce the stigma of mental illness among north Queensland’s cattle farmers. The ‘Mustering WeIlness’ initiative promotes resilience and hope for farmers experiencing drought in north Queensland and the Gulf. PIR is working with the Association to open a dialogue about mental illness, suicide and stigma and develop new content about these issues for the Northern Gulf Resource Management website. It is hoped that the Mustering WeIlness initiative will also be taken right across the top end, with cattlemen’s associations in the Northern Territory and Western Australia also interested in the concept.

Focus groups with marginalised populations

PIR focuses on engagement strategies for reaching people with high and complex support needs. Marginalised groups in Australia have additional levels of complexity which, at times, create further barriers for access to services. Marginalised groups include Indigenous Australians, the culturally and linguistically diverse (CALD), and those that identify as being lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ).

These focus groups provide an opportunity for service providers and people with a lived experience, their carers and families to discuss the system barriers that relate to their community. As the needs of specific populations may differ from each other and from the broader population, the focus groups enable targeted needs to be identified and an action plan created.

Government representatives and community organisations have been invited to attend focus groups: this has helped educate policy makers and community decision-makers about the specific service needs of marginalised groups.

PIR recognises the unique needs of Australia’s first people. Aboriginal Elders in a number of PIR regions have been invited to contribute to focus groups on the mental health needs of Indigenous Australians. This has created a feeling among Indigenous Australian communities of being heard and understood, instead of being ‘lumped’ together with other minority groups. By incorporating the wisdom of Aboriginal Elders to inform recovery practice, PIR is developing culturally safe and appropriate services and is starting to reach Indigenous Australians that had “fallen through the gaps”.
An example is the Looking Forward project in Western Australia. The goal of the project is to develop a culturally safe mental health framework that will benefit the community and provide a benchmark for services to follow. The Looking Forward project has started linking service providers with Aboriginal Elders in order to develop a culturally safe mental health framework for Indigenous Australians. As a result of this initiative, referrals of Indigenous Australians to PIR in the Bentley-Armadale region have increased significantly.

Networking and knowledge exchange are core principles of PIR and have been instrumental in the formation of inter-organisational alliances and the delivery of collective impact strategies.

“I have been treated with respect and honesty.”

- PIR Participant
The PIR capacity building project

The PIR capacity building project has been the formal mechanism through which state and national networking opportunities have been facilitated.

The capacity building project promotes knowledge exchange between PIR organisations through the following means:

- **PIR capacity building portal**
  Provides PIR organisations with a central point of access to the tools and resources that have been developed to implement and evaluate PIR. The portal contains online forums which provide a ‘share-point’ for PIR members to blog about news and experiences, share best practice approaches to PIR, and ask questions of the wider PIR network.

- **National meeting**
  Held once a year to allow PIR organisations to review the ‘big picture’ of PIR, build networks, and collectively address challenges and opportunities of national relevance.

- **State workshops**
  Held twice a year for each state/territory to allow PIR staff to focus on matters of regional importance and reinforce state-based relationships.

- **Meetings within each state**
  Held on a regular basis to allow PIR managers the opportunity to learn from the activities of neighbouring PIR regions and collaborate on state-wide system change initiatives.

- **Online training modules**
  These are intended to equip PIR staff with basic knowledge in key areas of service coordination. Topics covered to date include recovery principles, needs assessment, action planning, support facilitation, partnerships, eligibility criteria and systems reform.

- **Webinars**
  Provide an opportunity for PIR staff from all over Australia to meet in a ‘virtual’ environment and discuss the matters of key importance to PIR. Topics to date have included support facilitation, flexible funding, assertive outreach, systems reform and working with marginalised groups.

- **Support Facilitator teleconferences**
  Held monthly for all Support Facilitators to share experiences, establish new contacts and ask questions of each other and the capacity building project.

- **Email updates**
  Circulated weekly to keep PIR staff abreast of upcoming events, trends and outcomes within the national PIR community.
There are many examples of how networking within PIR has increased the capacity of the service sector and helped identify key areas for reform, some of which are outlined below:

Recovery event for Stolen Generations

On National Sorry Day on 26 May 2015, the PIR team in the Sydney North Shore and Beaches region partnered with the local First Australian community to co-host an event on trauma recovery for members of the Stolen Generations. The event helped to increase community understanding about the intergenerational trauma caused by past removal policies. The event also helped to educate service providers and policy-makers about the complex social and emotional recovery needs of Australia’s First peoples. Importantly, the event demonstrated how First Australian philosophies of wellness could inform mainstream services.

Community Services Network on Kangaroo Island (South Australia)

The PIR organisation in the Southern Adelaide Fleurieu Kangaroo Island region has helped formalise a network of community service providers in the remote region of Kangaroo Island (KI). As a result of this initiative, the network has grown to 30 members and newly recruited staff are more quickly inducted into the service system without lengthy transition periods. The network has also allowed knowledge to be transferred more efficiently between service providers on KI and the mainland, which has significantly improved the level of care received by PIR participants.

Community Services Network in Far North Queensland

The PIR organisation in the Far North Queensland region has established a Community Services Network to improve collaboration between clinical and community-based services. This has contributed to considerable system improvements in the Far North Queensland region, including a perceived increase in the quality of local services offered to PIR participants and carers.

Bentley-Armadale networking event

The PIR organisation in the Bentley-Armadale region of Western Australia routinely creates opportunities for service providers and community groups to network with public mental health providers. The purpose of these events is to improve working relationships between services and create more connected service pathways for PIR participants and carers.

Northern Territory networking event

The PIR organisation in the Northern Territory has twice facilitated a two-day workshop for partner agencies and members of the service sector to discuss the diversity of service needs across the Territory. Guest speakers presented on topics such as partnerships, cross cultural awareness, intergenerational trauma and collective impact which has led to improved understanding of current support and gaps and generated the networks necessary to initiate appropriate systems reform.

Rural and Remote Dinner, Albury NSW

The PIR capacity building project sponsored a dinner in regional NSW, providing a networking opportunity for nine rural and remote PIR organisations. While a scarcity of services in regional Australia poses a challenge, PIR organisations are focusing on building community capacity to address the issues of people with mental illness living outside capital cities. This may include providing an alternative support structure for participants by tapping into natural supports such as family, friends, cultural and community groups in the absence of formal structures, and promoting the concept of recovery to local health services and community members. The importance of building collaborative, working relationships with
Aboriginal Elders in order to deliver culturally safe and appropriate services was raised. The potential of technology, such as videoconferencing, to complement face to face meetings so that participants in remote areas was also highlighted.

Ongoing consultation with PIR participants, carers and their families

Increasing the involvement of participants and carers in governance

Partners in Recovery organisations have ensured that people with a lived experience and carers sit on the Governance Panel in each region. Under the National Mental Health Standards, the importance of participant and carer involvement in development, planning, delivery and evaluation of services is recognised (Standard 3: Consumer and Carer Participation).

The inclusion of participants and carers has enriched the delivery of the PIR initiative and has ensured that participant and carer needs, hopes and aspirations are represented at every level, and throughout every stage of service delivery.

Voice of participants and family members involved in planning and implementation

Partners in Recovery acknowledges the substantial contribution that families, carers and significant others make in supporting a person with mental illness on their recovery journey and promotes and supports their involvement.

Participants and carers have been involved in each step of the process of planning and implementing PIR in their regions. This has included participation in creation of PIR resources such as flyers, brochures, website logos, website information and in networking meetings. This involvement moves past the superficial to a meaningful contribution and immersion in the development, planning, delivery and evaluation. This involvement supports the desire of participants and consumers to ensure information is readily understood and recovery goals are achievable.

A consumer advisory group in Central North West Queensland identified as a gap the availability of user friendly information about services in the Mount Isa Region. The consumer advisory group, in conjunction with Central and North West Queensland PIR and Centacare North Queensland are working to develop the Mount Isa Community & Health Services Booklet.

The booklet aims to help participants better understand how to navigate and access services.
Participant and care involvement in nurse education sessions within a mental health unit in the Far North Queensland PIR region enabled participants and carers to share suggestions on how to work collaboratively to improve services. The sessions helped mental health clinical nurses to see service provision from the perspective of participants and carers. The accounts from a participant and carer perspective enabled nurses to see participants in a holistic manner, rather than just a number in the system and helped them to recognize the impact of a loved one’s mental illness on carers. This kind of involvement helps in the promotion of positive images of people with a lived experience of mental illness and enables unique and valuable knowledge insights to be incorporated in strategies to improve mental health services and related community supports.

Through PIR, participants and carers have been supported to attend training, enabling access to upskilling opportunities for people that may otherwise not have had the opportunity to attend. Improving the knowledge base of carers has resulted in carers reporting they feel better equipped to respond to the needs of their loved one, and they felt more informed on available services and how to access these. Central Adelaide and Hills PIR organisation facilitated a series of workshops undertaken by the Australian Borderline Personality Disorder Foundation. The workshops provided resources, discussions and strategies to participants, carers, PIR Support Facilitators and staff from Housing, Disability and Mental Health services. More learning opportunities are planned for later in the year.

Involving carers and family members in recovery plans

The New England PIR organisation has developed Recovery Integration Plans to share goals and help evaluate progress. The involvement of family members, developing trust and maintaining hope are central features of the plans.

Co-location of PIR Support Facilitators at frontline services

As Partners in Recovery has continued to gain momentum, many PIR organisations have looked at creative and innovative ways of facilitating wrap around services for PIR Participants. PIR Support Facilitators and staff have reported that co-location is forging strong working partnerships across sectors and is improving the referral process for PIR participants. Co-location is a strategy that assists with a number of challenges associated with external service collaboration. PIR’s have found that co-location contributes to more effective working relationships with partner organisations and key stakeholders. For example in the Northern Territory PIR, the co-location of PIR Support Facilitators one day per week in a psychiatric inpatient unit has improved discharge planning processes.

PIR organisations have also reported that co-location is increasing the cultural competence of PIR staff who work with Indigenous and CALD populations, and is helping raise awareness of PIR in the community. Co-location has also enabled PIR staff to model a collaborative approach to service provision and has helped encouraged co-located organisations to use recovery oriented practice.

Examples of co-location from PIR organisations

Housing issues are identified as one of the top 5 unmet needs for PIR participants. Western Sydney PIR has placed staff in the offices of Housing NSW in three regions to enable a streamlined process of integration between the two agencies. Tied with Centrelink and homelessness providers, PIRs created a “hub” of essential services on set days in each office. This co-location also enables organisations to identify challenges and work together to better understand how the operational policies and practices of each organisation impact on outcomes for service users.
Positive outcomes include increased referrals to PIR, opportunities to raise awareness of recovery-oriented practice and better housing outcomes for PIR participants. These have been achieved through PIR staff having greater understanding of what Housing NSW requires for applications, enabling better support to complete forms and navigate the application process. Additionally, supporting PIR participants through tenancy management has increased the likelihood they will sustain their tenancies.

Central Adelaide and Hills (CAH) PIR organisation has co-located Support Facilitators at welfare, accommodation and health agencies; locations where people with mental illness are regularly present, but whose mental health needs are not assessed or met. This has enabled the introduction of a wrap-around service model and has helped to prevent outcomes such as imprisonment or homelessness. The CAH PIR organisation also works with staff and participants at locations such as the Hutt Street Centre, with a range of domestic violence services and various other social and health services. Similar strategies are also utilised in Victoria and Tasmania and a range of other PIR regions in order to better engage in interagency collaboration.

The Northern Territory PIR organisation has co-located with community organisations and government agencies in remote areas such as the Barkly Region and Tennant Creek. Services in these regions often have to travel vast distances to visit remote communities. Support Facilitators have coordinated visits to remote townships and carpooled with staff from other services, providing opportunities to share how PIR can assist and to learn what each service can offer in terms of wrap-around care to communities with limited service options. Another advantage of this approach has been improved communication with communities; this model has seen communities know who is coming and when. Elders are also involved, and have assisted in coordinating PIR participants to be available when visits occur. Once in a community, PIR and service providers share an office and may conduct joint home visits.

Assertive outreach models

The Fourth National Mental Health Plan 2009-2014 (The Plan) has identified as a priority the development of an integrated approach between sectors to facilitate access to services. The Plan notes that intervening to address needs may require assertive and flexible models of care, and engaging the person at a time and location that best meets their needs, and in a way that supports continuity through key transition periods.1

One way to achieve this aim is through the use of assertive outreach. Assertive outreach focuses on outreach and flexibility; that is, thinking and doing things differently. Assertive outreach has been identified as a unique approach to meet service-user needs, which cannot be replicated or successfully delivered through other models or a rigid set of predefined outcomes.

Assertive outreach has been predominantly delivered via ‘teams’ comprising of various clinical and non-clinical staff. PIR has highlighted the absence of a ‘leader’ in coordinating care and support. PIR has successfully bridged this divide, and has created capacity in services to think and do things differently. The PIR approach is to build a ‘team’ around the person where the team is not a collection of staff from one service, but rather staff from multiple services that will help to meet the needs of the participant, with the PIR Support Facilitator acting as the ‘leader’ of the ‘team’.

A key element of Partners in Recovery is its capacity to invest the time and flexibility to engage with people with a lived experience of mental illness, to understand their needs and hopes, and to invest in getting the right services at the right time.

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PIR has identified three crucial factors for successful assertive outreach:

1. **Find the people who need and want support in their recovery**

   Utilising existing networks is the most effective way of finding people who may be in need of PIR support. Council services, public space liaison officers and homelessness programs are rich sources of information about where potential participants might be found.

2. **Build the trust of potential participants**

   Building trust and credibility in their eyes of potential participants is paramount to a successful outreach relationship. Rapport can be built by:

   • Treating the person and their home with respect: he or she may be sleeping ‘rough’, but it is important to behave like a guest and ask permission to enter the person’s space;

   • Having person-centred conversations about what is important and work with their values and priorities, not your own;

   • Achieving “quick wins” by addressing immediate, short-term needs such as food, income, or reconnecting with family as a precursor to identifying medium and longer-term needs;

   • Making sure needs can be met: don’t promise things you can’t deliver, and

   • Giving the person the choice of when to be involved: simply plan to revisit again in the future (you don’t have to ‘win’ someone over on the first try).

“I feel hope and validation.”
- PIR Participant
3. Create a network of support

Central to sustainable wellbeing is a web of support giving participants more than one person or service to turn to in times of distress. The first step is establishing if the participant has any pre-existing supports that can provide the foundation for a larger support network. These supports may include service workers past and present, family, friends or associates.

The second step is to engage these support people in the participant's recovery journey, so that they have a community to offer security and assistance. Where no supports exist, new ones will need to be forged.

In addition, PIR organisations have undertaken assertive advocacy on behalf of clients and services, particularly in negotiating boundary/eligibility issues. PIR Support Facilitators are 'brave, creative, resilient and have energy and curiosity.' They meet people where they are and go out and generate work – PIR is not a passive receiver of referrals, it is a driver.

For example, the Eastern Sydney PIR organisation has developed Way2Home, an assertive outreach program as a means to address homelessness. By sending out outreach workers to engage with rough sleepers and bring housing services to them, PIR have reported increased success in reaching vulnerable people, built trust and better managed care. Further, by securing private rentals when no public housing stock was available, Way2Home is able to provide immediate housing solutions and a greater variety of location and property type for participants.

The ACT PIR organisation has been attending Canberra Uniting Church’s Early Morning Centre regularly and is working with a number of people, including participants with a long history of significant mental ill health and chronic homelessness. This collaboration has improved linkages via a ‘drop in style’ service to facilitate access to mental health and physical health services. This collaboration has tapped into an unmet need for people experiencing homelessness and provides a safe and supportive environment. This has been established through high quality rapport created by PIR and other workers developed over time and has improved trust in the mental health system and improved coordination of care between the clinical and community sectors.

Participant feedback highlights the significant role and impact PIR is having for people experiencing homelessness:

"My Support Facilitator got to know what my needs could be and this was then acted upon... I am certain I would not be in the position I am now without her and not to mention the PIR team. She reconnected me with a community organisation and I am now residing at one of their residences."

- PIR Participant

Coordination by a non-clinical service

The PIR initiative has demonstrated that individuals living with mental illness can be effectively supported in the community without necessarily having this role performed by a clinical staff member. This has shown to ease the pressure on public mental health services and has also shown that the expertise of community based organisations adds a new dimension to the care coordination of the individual. Community based Support Facilitators are well networked in community based services across a range of sectors, which means referrals are holistic in nature, rather than focused on clinical services. This complements the clinical services the participant is receiving and builds on the strengths of this support to assist the individual in their personal recovery.

1 Lowe, J; The Progress of Assertive Outreach Services: Reflections and Examples. The Mental Health Review, Dec 2003; 8, 4, 31-33, page 33
Creative and innovative thinking

Since inception of the PIR initiative, each region has developed tailored, creative and innovative ways to achieve the goals of the initiative and importantly, to assist the facilitation of recovery goals requested by participants and their carers to create longer term wellbeing and resilience.

PIR organisations take into account the geographic and demographic factors and services available in the region, identify gaps and incorporate community feedback to developing a model of practice to best meet local need, whilst also upholding the purpose and intent of PIR. The systems reform projects and activities developed and supported by PIR vary greatly between regions, however the commitment to reform is consistent.

A number of factors have required strategic and creative thinking and planning to develop PIR within the regions to deliver support facilitation for participants and systems reform such as:

- Remote/rural areas
- Low socio-economic areas
- Limited availability or access to services
- Resistance to change
- Culture/language
- Complex needs
- Limited transportation
- Limited understanding of recovery
- Stigma
- Clinically focussed services as primary care

This is not an exhaustive list and each region has identified both commonalities and differences in the challenges they face and innovative and creative ways these have been overcome.

The national and state PIR workshops assist in the sharing of information and the unique ways these challenges have been minimised or eliminated in the context of ongoing systems reform. Many of the PIR stories report positive changes within the lives of individuals, carers and within services. Participants have stated: “They [PIR] try to get me the best help and don’t just fob me off with what’s easy or obvious”, and “I have learned more about myself in the past 10 weeks than in the previous 59 years”. These comments are indicative that PIR is giving participants the opportunity to embark upon a unique recovery pathway, working in a way that is different to previous initiatives and is improving system collaboration and response.

Flexible funds are an important component of PIR. The flexible funding pool differentiates PIR from other networking or coordination models in that Support Facilitators are able to purchase services and appropriate supports to reduce barriers to recovery when participant needs are identified but cannot be met through normal channels. This has enabled Support Facilitators to creatively address needs which may have otherwise been regarded as too challenging or beyond the scope their services’ capacity. Support Facilitators have identified that it is often the ‘little things’ that proved the turning point for participants, and that this was contributing to a positive culture of recovery, in which participants are supported for personal success.

In the Northern Territory, a Support Facilitator has worked with an Indigenous participant to identify culturally appropriate recovery goals, including employment and has used flexible funds to remove barriers to participation. The participant’s brother was part of the participant’s recovery journey and has also reported that his mental health has improved. The participant’s mother has also reported an improvement in her quality of life due to her son’s being less reliant on her.

“PIR is great, I would recommend it to anyone.”

- PIR Participant
Also in the Northern Territory, meeting short term need has led to significant long term change. A PIR participant had exhausted the few services that were available in the Northern Territory before he was accepted as a PIR participant. Referred by the National Disability Insurance Agency under a community treatment order, the participant expressed a strong desire to work on a cattle station as one of his recovery goals. The local Support Facilitator arranged for him to meet with a local station-owner to discuss a possible traineeship. Impressed by his work ethic and ability, the station-owner took him on as a trainee. Flexible funds were used to pay for work clothes and accommodation for two weeks. This opportunity led to a traineeship with a view to employment, at which time the participant will be in a financial position to start managing his own expenses.

The flexible funding pool enables PIR organisations to buy in services that would otherwise unavailable and supports the component of building system capacity for the benefit of PIR participants. Building system capacity refers to the importance for PIR participants to access or continue with services available from a range of existing service providers, rather than build a reliance on the flexible funding. An example would be assisting a participant with the cost of medications while any issues regarding access to a health care card or Medicare are being resolved. In doing so, the participant maintains their medication requirements, continues links with medical professionals and is supported to sustain the service links once the barrier has been resolved, without the assistance of ongoing flexible funding.

The PIR capacity building project website serves to share examples of the potential of flexible funding to build sector capacity by addressing needs in new ways. Country North SA PIR contributed some of their regional flexible funding to the creation of a Facebook-type phone application (‘app’) to help PIR participants and their support networks stay in touch. The app enables participants to nominate people to become a part of their ‘online community’. The ‘community’ might include clinicians, family members, friends and/or PIR staff. Participants can then share important milestones and general updates on health and well-being with those they trust most. The app also records key appointments so that everyone is on the ‘same page’ and knows what is happening and when. The app can be retained beyond involvement in PIR, so participants can sustain a community of support, and families can be kept in the loop regarding the health and well-being of their loved one.

Some PIR organisations are allocating peer workers to help waitlisted participants start their recovery journey prior to being accepted into PIR as part of an ‘active waitlist’ program. This also helps to ensure that changes in need are regularly assessed and that those on the waitlist can be monitored in terms of need rather than becoming ‘lost in the system’.

“I felt like a speck in the ocean. I felt like I was going in circles as I got no answers. I have turned around since PIR has come in. I’m accessing an occupational therapist, speech therapist and a dietician, starting fishing again as well as going to church. I am about to start seeing a counsellor. I don’t feel so isolated now.”

- PIR Participant
Service gap analysis

Partners in Recovery organisations undertake detailed service mapping and gap analysis across both mental health and the broader health service systems in the region. The process helps inform health and support needs faced by people with a mental illness and establishes a profile of the potential barriers, capacities, and gaps within the service delivery systems in the region. Service mapping helped to identify specific regional strategies with the aim of achieving sustainable system improvements. Importantly, PIR organisations built on previous population health planning and mapping data to identify priority target groups, services and strategies. These target groups may vary for each region and include (but are not limited to):

- Aboriginal and Torres Strait Islander people;
- People who are homeless or living in insecure accommodation;
- Ex-offenders;
- Carers;
- Isolated farmers;
- Refugees;
- People with co-morbid issues; and
- Unemployed people.

PIR organisations work at the system level and are the mechanism to drive collaboration between relevant sectors, services, and supports within the region to ensure the range of needs of people in the target group are met. PIR has improved:

- Access to appropriate health and community services;
- Communication and collaboration between services;
- Suitable supported accommodation;
- Education and understanding of mental illness;
- Access to GP's and GP visiting services;
- System/service navigation; and
- Knowledge of community and health services.

Strategies:

Integration within and between services regarding capacity building and workforce development has been the focus of many PIR organisations. PIR has successfully integrated services to complement each other, filled gaps, avoided duplication and subsequently addressed participant needs. The right mix of services, inter-agency collaboration and partnerships has led to coordinated support and streamlined referral pathways. PIR organisations are utilising existing networks to influence change and creating new partnerships to better coordinate services and identify opportunities for improved support.

Coordinated Support:

To collectively address a participant's legal matters, The Northern Territory PIR organisation has coordinated services between Mission Australia, Central Australian Mental Health Service, Papunya Clinic, Royal Flying Doctor Service Remote Mental Health Team, Community Corrections and Aboriginal Legal Aid. The participant was facing a possible custodial sentence, but as a result of advocacy and coordinated assistance, this was avoided and instead the participant needs were addressed and supports put into place to address the issues underlying the offence.

Central Adelaide and Hills Partners in Recovery organisation successfully coordinated a joint community plan which saw a public hospital medical ward, state funded disability and mental health services and an NGO transition a participant out of a medical ward into her own accommodation (with appropriate community supports). The participant had endured over 1000 days in the medical ward, not because she needed care but because 'there was nowhere for her to go'.
The PIR organisation in Perth North Metro, has championed the My Home program to help long term residents of the Graylands Hospital. My Home has created the opportunity for six participants to move into private rental homes with good access to facilities.

The Sunshine Coast PIR organisation, Lutheran Community Care, Coast2Bay Housing and the Sunshine Coast Hospital and Health Service have secured short-stay accommodation for up to eight people at risk of homelessness upon discharge from hospital. While staying in the temporary accommodation facility, residents have access to a PIR Support Facilitator who helps them connect with employment support, welfare services, ongoing mental health care and permanent housing, putting in place the foundations of their recovery journey. It is hoped this project will also improve system capacity by ‘freeing up’ beds for acute patients in urgent need of hospital services.

In South Australia, the Southern Adelaide, Flinders and Kangaroo Island SA KPIR has provided opportunities for isolated and visiting workers to collaborate and share information about the services they offer, and the range of services available in the region. This collaboration has enabled better care coordination and linked people to resources needed for the recovery journey.

Streamline referral pathways

Hunter PIR is undertaking a GP Project to increase the involvement of GPs. The aim is to improve the provision of ongoing care for Hunter PIR participants and maximise access to primary care services in order to enhance health and wellbeing. Hunter PIR documented the range of barriers, at both a practice and system level, that discourage GP’s involvement, and upskilled participating GP’s to improve their expertise and confidence in supporting patients with a lived experience of mental illness. Whilst this project is in its infancy, the aim is to reduce demand for Emergency Department presentations and relieve pressure on often stretched mental health services in the region.

The Bentley-Armadale PIR organisation is a member of the Looking Forward Project. Twelve organisations from the mental health and drug and alcohol service sectors have made a commitment to work constructively with a group of 15 Nyoongar Elders for the next three years. Participants have committed to developing culturally safe work practises so as to markedly improve service provision for Nyoongar families living with mental health and drug and alcohol issues in the southeast metropolitan region of Perth.

Further ideas to strengthen the PIR response include working with community groups to create weekend support programs when regular services are closed; enlisting the support of Lions and Rotary groups to provide recreational outlets for participants; establishing a Facebook community for Support Facilitators; and acquiring the services of a community bus to help participants travel to bigger towns to shop or connect with other services.

The Metro North Brisbane PIR organisation has pooled regional flexible funds to establish the North Brisbane Partners in Recovery Innovation Fund, to address key reform issues in the Brisbane North and the Moreton Bay regions. Extensive consultations were undertaken over six months to identify the key system reform issues with the aim to ensure that the mental health system can better support the recovery of people with a mental illness. Projects funded thus far include a pilot program to tackle hoarding and squalo; programs for employers and employment services providers to improve recruitment and retention of employees living with a mental illness; peer support programs; and Mental Health First Aid training.

Gold Coast PIR has used flexible funding to pilot the Voicebox Project aimed at helping people with a lived experience of mental illness develop skills in advocacy, public speaking and peer support. Participants were part of project development,
contractor selection process and the steering group. The goal was to contribute to a stronger and more skilled consumer/patient-driven voice to inform and drive improvements in access to health and community services. Thirty people participated in 18 workshops resulting in the production of 17 videos and two showcases.

Sustainability has been the key factor in developing projects and undertaking system change. Flexible funding is unique and has been successfully utilised by PIR organisations to address system gaps, facilitate system change and support capacity building.

Person-centred approaches to wellbeing

The healthcare system in Australia has typically operated under block funding, guaranteed over a period of time. Funding has typically required the application of strict eligibility criteria for services. This has resulted in a model that potentially makes it difficult to take into account individual needs and circumstances, particularly of marginalised groups and has contributed to people ‘falling through the gaps’. In contrast, recovery-oriented services are centred on and adapt to participants’ aspirations and needs, rather than requiring the participant to adapt to the requirements and priorities of the service.

PIR has been an avenue for systemic change towards a person-centred approach which looks for ways to include consumers and provide a service. This approach enables services to better respond to need by tailoring services which ensures people receive the support they desperately need.

“I feel like a person rather than someone with a mental illness.”

- PIR Participant
Part Two: How has PIR advanced recovery practice?

“PIR is different because it helped me to set goals, respect myself as a human being, I feel trust and I feel valued as a human being. Now I have hope.”
- PIR Participant

The National Standards for Mental Health Services (2010) state:

The purpose of principles of recovery orientated mental health practice is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers.

Recovery principles require a philosophy or a set of values that encapsulates hope as a primary focus and that recognises uniqueness, provides real choice, ensures respect, and promotes and protects the rights of the individual. Recovery orientated practice is a truly collaborative process with personal choice, dignity, partnership, communication and trust underpinning the relationship.

PIR uses recovery orientated language

Language plays an important role and systematically assists in changing the beliefs and assumptions of service providers, people with a lived experience of mental illness and their carers. Partners in Recovery utilise language that promotes and communicates recovery principles, individuality, strengths and wellness. Recovery language focuses on non-labelling and away from diagnoses for individuals and instead includes and encourages participants and their carers to take the lead on conversations that are related to their needs or wants and follows the principle “nothing about you, without you”.

“PIR is effectively and systematically developing language within the sector that promotes wellness, reduces stigma and encourages participants to be change agents of their own lives.

PIR fosters empowerment and resilience, enables participants to identify strengths and utilise language that encourages and promotes recovery.

“I have lifted my self-esteem, respect, pride and confidence. PIR offers me a safe place to speak my mind without judgement.”
- PIR Participant

Building a recovery mindset within the mental health sector and the broader community is a substantial undertaking and requires system reform activities that reach not only a significant number of people but that also influence decision makers who can build a framework that will continue into the future. Doing so will support the longevity and effectiveness of recovery practice.

To encourage change in the longer term, PIR organisations work with communities, individuals, carers and professionals to identify areas of the system, both formal and informal, that could benefit from improved collaboration, resource sharing and information on recovery orientated principles. Projects and activities have been developed around these needs and delivered by multiple stakeholders to encourage collaboration. These projects have seen agencies and organisations...
working alongside consumers and carers in a positive manner and in a way that seeks to value all contributions.

**PIR brings together the services needed to support recovery**

PIR has successfully brought together agencies that have not historically worked together. These system reform projects have brought together resources, idea sharing, contributions and improved communication across the region as well as beginning a process of change for the future. Some of these new collaborations include individuals and agencies from less traditional sectors, which is opening up new ways of approaching entrenched issues. For example, one Queensland PIR organisation has enlisted the head coach of their local NRL team to work with service providers in a project to prevent suicide among NRL players and the broader community.

**PIR better coordinates referral pathways**

The PIR initiative has a no wrong door approach which links participants into services participants identify as important to their recovery. Service mapping, effective networking, co-location, knowledge exchange and the development of sustainable relationships has resulted in better coordinated referral pathways between services. As a result, participants and carers have access to a better connected service pathway resulting in a model of wrap around care.

Support Facilitators have reported that feedback from referees indicates that PIR organisations have responded in a timely manner in making initial contact and following up with potential PIR participants, and that this timely response has been instrumental in creating better referral pathways.

A key strength of the PIR initiative has been a reduction in the number of times a participant has to retell their personal story in order to access services. As most participants and carers have had contact for some time with a plethora of different services, frustration levels are usually high when it comes to having to retell their story time and time again. Through the coordination of services by the Support Facilitator, PIR has created a smoother pathway for participants. This has created a palpable sense of relief for the participant and carer once there is a realisation that the Support Facilitator is there to help coordinate and access the services that are required. One young carer in the Northern Territory summed it up as follows:

“When Mum was sick and there was only myself and my younger sister to care for her it was like living in a dark room. When PIR came along it was like they opened the door and let the light in and helped Mum, and my sister and I, access the services that we needed.”

- PIR Carer

By utilising a person centred approach and tools based on a recovery model, Support Facilitators have found that they are able to comprehensively explore and gain a better understanding of a person’s needs. Additionally, a holistic approach takes into account the needs of the carer to access support for themselves, have their own peer support or advocacy for their own needs.

“Finally there is someone in our lives who wants to work with us to achieve the best possible outcome for my son. Our Support Facilitator listens to me and understands my fears. I am not alone any more.”

- PIR Carer
PIR has introduced a new role: the Support Facilitator

“If it wasn’t for the support of Partners in Recovery generally, and my Support Facilitator specifically, my life wouldn’t be moving forward as smoothly as it is now.”

- PIR Participant

The Support Facilitator role is new to the mental health workforce in Australia and is pioneering a significantly new way of working in the mental health landscape. Unlike direct case management or service provision, which involves providing immediate resources such as counselling or accommodation, Support Facilitators aim to coordinate (not supply) these resources on behalf of a participant. Support Facilitation has been described as the art of making things possible. Support Facilitation takes a step beyond care coordination to include the system reform and capacity building synonymous with the PIR approach.

David Meldrum, CEO of the Mental Illness Fellowship facilitated a session on the Support Facilitator at the Victorian and Tasmanian PIR workshop in 2015. Delegates determined that the key responsibilities of a Support Facilitator were:

• Care coordination utilising a recovery approach;
• Engaging with the participant and family to identify their priorities and meet their needs;
• System change within the Support Facilitator role to meet consumer and carer needs; and
• Creating more effective interagency and community relationships.

People with complex needs often require multiple services that individually provide specialised knowledge, skills, and services. Support Facilitators play a pivotal role in enabling effective coordination and decision making to provide a comprehensive, coherent, and continuous response to an individual’s unique circumstance.

The main components of the Support Facilitator role are as follows:

- Takes a partnership approach: participant driven;
- Supports people in their recovery;
- Links participants to the supports they need;
- Undertakes advocacy, as identified by the participant;
- Models care coordination to other services;
- Undertakes service liaison;
- Ensures interagency accountability;
- Builds relationships with services and participants;
- Identifies gaps in services;
- Advocates for system reform; and
- Implements systems change;

A number of the unique characteristics of the Support Facilitator role that advance recovery oriented practice are elaborated below:

Encouraging recovery oriented practice

Effective Support Facilitators look past a participant’s illness and connect with the person underneath and hold onto hope until the participant is in a position to take it back for themselves. In Western Australia, the Perth Central and East Metropolitan PIR organisation have assisted Brinley in getting his life back on track. Brinley has shared a truly inspiring story; his story and journey to recovery. Brinley’s story can be found on the Perth Central and East Metropolitan Medicare Local YouTube channel at PIR Personal Story with Brinley.

“Before PIR, I didn’t have the confidence to reach out for support, I didn’t feel strong. Now I have a voice in my life.”

- PIR Participant
Taking a person centred approach to engagement and intake

Most services have restrictions on the time allocated to work with a person and a number of key performance outcomes which limits how a service can work with a participant. PIR has flexibility in how individuals are supported on the recovery journey and this has allowed Support Facilitators to spend time with engaging people with a lived experience of mental illness. People with a lived experience have indicated that distrust of the system has been a major barrier to their engagement. Participants indicate that taking time to build trust and truly listening to the needs of the person has been a positive feature of the PIR initiative. Support Facilitators have reported that the ability to listen is more beneficial than the ability to ‘manage’ the recovery process. This is considered to be especially true for people whose past experiences of ‘authority’ has been negative.

Ensuring a person centred approach to recovery

Support Facilitators actively engage with participants, their networks and other agencies to offer and seek solutions to complex issues in a resourceful manner. Using a recovery-oriented, person centred approach, Support Facilitators help participants identify their individual goals and needs and help link them to the services, community and natural supports that can support their recovery journey. This plan is developed in partnership with the participant, their carers and family (at the person’s request). Support Facilitators encourage self-advocacy and ensure people can access support in a coordinated and integrated way. Support Facilitators help to ensure the delivery of the right services in the right order, at the right time.

Support Facilitators take a strength-based approach, focusing on the needs of participants and adding to their existing competencies. PIR organisations believe people are the experts and change agents of their own lives and promote a person’s self-determination. Support Facilitators discuss with the person their needs, hopes and aspirations and assists the person to discover what recovery means to them. PIR assists with linking the person to the support and services they have identified as important to their recovery, as well as assisting with the coordination of the support required. PIR works with the person to achieve the maximum level of independence that is possible. This is driven by the person, and PIR organisations actively believe in “nothing about you without you”.

PIR across the nation is promoting a community-based recovery model by involving natural supports where appropriate; respectfully challenging organisations where appropriate; researching community organisations and building relationships across sectors.

Support Facilitators are not clinically focused

Support Facilitators do not need to be clinically focused as they are working in a recovery orientated practice framework and work in collaboration with clinical and other teams to support participants. Recovery orientation involves a holistic approach that addresses a range of factors, including social determinants, that impact on the well-being and social inclusion of people experiencing mental health issues and their families, including housing, education, employment, income, isolation and geographic distance, relationships, social connectedness, personal safety, trauma, stigma, discrimination and socioeconomic hardship. In terms of clinical services, the role of the Support Facilitators is to work in partnership with the clinical experts within the field.

Focusing on identifying gaps and barriers

Support Facilitators work to identify and find ways to reduce system barriers through “bridging gaps” and improving communication. Support Facilitators develop partnerships and relationships required at the local level to support the delivery of PIR. Support Facilitators also have a community development approach, building local knowledge of various clinical and community support services and resources and encouraging integration of services and local responses. Support Facilitators play a key role in creating links between services and building the capacity of both participants and the community to sustain long-term well-being outside of PIR.

Measuring recovery impact

In developing a person-centred approach, PIR organisations have access to a range of tools to not only promote recovery, but to also measure the progress of an individual’s recovery journey. These tools also help guide and assess an agency’s uptake of recovery-oriented practice.

Camberwell Assessment of Need (CANSAS)

Each PIR organisation is required to guide and assess an individual’s recovery needs through the Camberwell Assessment of Needs Short Version (CANSAS), developed by the Royal College of Psychiatry (London UK). The CANSAS is used to understand the health and social needs of people with a lived experience of mental illness and include domains such as accommodation, food, self-care, daytime activities, symptoms, childcare, money, physical health and relationships.

PIR was granted approval from the Royal College of Psychiatry to add three further domains to the CANSAS, thus enabling a more comprehensive assessment of an individual’s needs.

Support Facilitators have been trained to assist PIR participants in self-assessing their needs using the CANSAS. By enabling self-assessment, an emphasis is placed on self-determination and supporting people and their family members and carers to be decision-makers in their recovery process. In addition, de-identified data collected through the CANSAS assists in analysing the collective need of PIR participants and informs each region of the priority area of needs that might also be addressed through systemic reform activities. The CANSAS can also be reviewed with participants to provide data that reflects the meeting of needs over time.
Recognising that recovery progress can be varied depending on an individual's situation and level of well-being, the Recovery Star assists participants to better understand their recovery progress and the stages that many go through during recovery. The recovery star focuses on ten different life domains and each is scored by either the person or their Support Facilitator to indicate where the person feels they currently are and what the next step might be. A key value of the Recovery Star is that it provides a person-centred approach to establishing and tracking recovery goals over time. The tool also provides participants and Support Facilitators with a means to measure and assess the progress of change (recovery) and provides a visual representation of that progress.

Recovery Assessment Scale - Domains and Stages (RAS-DS)

Another self-assessment tool, the RAS-DS can be used to assist not just the participant to understand their own recovery, but also assist the agency to break down the person's recovery self-assessment into four domains: Functional; Personal; Clinical; and Social recovery. The RAS-DS has a particular emphasis on hope and self-determination and contains a range of statements that describe how people sometimes feel about themselves and their lives and is scored by the participant according to how they feel at the time.

Recovery Oriented Service Self-Assessment Toolkit Version 2 (ROSSAT)

The Recovery Oriented Service Self-Assessment Toolkit (ROSSAT) provides a tool for organisations and workers to identify the extent to which recovery-oriented practice is embedded into the various components of the organisation. The ROSSAT can be used as: a guide to the implementation of recovery practice; an audit tool; and a mechanism to identify training and development needs. The ROSSAT is a tool that can be used by agencies to implement recovery-oriented practice regardless of direct involvement with PIR, making it part of the recovery-oriented legacy of PIR.

The above mentioned tools (amongst others) have assisted PIR regions to more effectively roll out recovery-oriented practice with partners and other agencies. The tools support the efforts of PIR to ensure a person-centred approach that assists participants to not only self-determine their recovery, but also provide a means of monitoring their own recovery progress. The tools also provide some formality in assessing the progress of PIR participants recovery and can be used (with permission and de-identified) as part of the evaluation of PIR success.
Summary

During the first two years of Partners In Recovery a range of data has been collected through formal and anecdotal means demonstrating that the initiative has been successful. We have heard from participants, carers, workers and community members alike, stating that PIR has not only been a new model of care coordination, but has in fact been life changing.

System change and capacity building

While PIR has a national approach with coordinated capacity building, the initiative is unique in its freedom to flexibly roll out service delivery tailored to each region. The inclusion of the flexible funding component has provided opportunity to address unmet need and barriers to recovery specific to each region. System reform, which can seem like an insurmountable task, is being achieved. Local issues are being tackled in a collaborative manner, leading to innovative and new ways of working. At the state and national level PIR Regions are cooperating to transform systems or advocate for widespread reform.

PIR is based on solid research into the needs of people with a lived experience of mental illness and their carers.

PIR embodies the recovery orientation elements of the National Standards for Mental Health Services (2010), providing a tangible example to other providers of a shift in practice that is built on equal partnership, listening to the needs of participants, hope-promotion and facilitation of self-determination. Recovery and resilience are being embedded into agency values and practice. PIR takes a person-centred approach to wellbeing, harnessing a person’s strengths, preferences and motivations to support recovery and linking participants to the services and supports they identify.
Recovery orientated practice

PIR has an emphasis on embedding recovery orientated practice and marks a move away from a narrower focus on clinical treatment as the route to wellbeing. Agencies, workers, individuals and family members partner together to implement recovery orientated practices. Care coordination is supporting people to access services more readily and in a manner directed by the needs and aspirations of participants. PIR supports people by breaking down service silos and taking a consortium approach, placing a greater emphasis on services such as housing, friends and social networks, education and employment alongside clinical care and treatment. PIR has utilised community resources, peers with lived experience, members of the community and other natural support to promote inclusion and social connection. This approach has seen agencies that have traditionally not worked together collaborating, resulting in system change and capacity building and ultimately a higher quality of service and support for participants.

Organisations become more aware of the use of recovery language, and more reflective regarding recovery-orientated practice alongside clinical care and treatment.

Training

In response to identified regional gaps, a range of training has been implemented across sectors with the impact of not only increasing knowledge but initiating or further developing network and partnership opportunities. Also resulting from training has been the organic development of learning circles and formal/informal mentoring of staff across agencies and professions.

Recovery orientated tools

Rather than just assuming that recovery orientation has been embedded into everyday practice, there has been an increase in the use of measuring tools (e.g. ROSSAT) that not only provide evidence of practice, but also guide further professional and agency development opportunities.

Involvement of families and carers

Families and carers can often be the forgotten partners in recovery yet their involvement in ongoing support can be crucial elements that affect a person’s long-term recovery. PIR was predicated on the wisdom of people with a lived experience and the families. PIR has stayed true to its original intent to not just have people driving their own recovery, but as far as possible include carers and family members as active participants in their loved one’s recovery. Families and carers also have their own needs, that when met, enable them to be effective partners in supporting recovery. This has proven to be a significant change supported by PIR and has been beneficial to all stakeholders.

The importance and difference that involving people with a lived experience of mental illness and their carers can make to services planning and development is recognised in government policy. Mental health services and systems benefit from their inclusion. They can influence and change service culture and practice, and bridge gaps between other professionals. The principles of user participation also help to address wider issues, such as the rights of people with mental illness to self-determination and respect. Inclusion of people with a lived experience and carers also provides services with an informed viewpoint of the dynamics of recovery and enhances staff understanding and awareness of the importance of person-centred practices. Further involvement in governance and service planning should be encouraged to help support positive change in organisational culture and an improved recovery focus.
The National Disability Insurance Scheme (NDIS) represents a long-awaited and significant reform to the nature, focus, and funding of disability support services in Australia. Services for people living with disability have been fragmented, have generally been block funded and the support provided has varied depending on location, type of disability and when, where and how a disability was acquired or developed. The NDIS represents a differing approach, and will provide lifetime support to people affected by disability, based on a person’s individual needs. It has great potential to improve the lives of people with psychosocial disability associated with mental illness. Importantly, NDIS will put the person at the centre, supporting choice for people with a lived experience of mental illness, their families and carers, and put people in control of the care and support they receive to participate in the social and economic life of their community.

A fundamental principle of the NDIS is to consider a person’s care and support needs over their lifetime. Taking a long-term view of people’s care and support needs will help ensure that people get the right support earlier, rather than waiting until they reach a crisis point.

Psychosocial disability was added to the NDIS relatively late in development of the scheme. A number of the aspects regarding eligibility criteria and the definition of ‘permanent’ have been raised by organisations representing and promoting the views of people with a lived experience, carers and the mental health sector. The National Disability Insurance Agency (who will implement the Scheme) has recognised the need to integrate the principles of mental health recovery described in the National Recovery Framework with the need to demonstrate that a person’s psychosocial disability is, or is likely to be permanent in order to access individualised funding through the

NDIS. The experience of PIR organisations highlights the importance of not withdrawing support when a person is well in order to maximise wellness and recovery across a lifetime.

Furthermore, the transition to the NDIS will require careful implementation to ensure the scheme delivers the most effective and sustainable outcomes for participants, providers, and governments. Some other key principles that have contributed to positive outcomes in PIR, and could be considered in the transition to the NDIS include the importance of:

• Flexibility in implementation;
• Maintaining a focus on recovery and wellbeing;
• Building capacity, in individuals, the service sector and the broader community; and
• A workforce with recovery-oriented mental health skills.

System reform projects over the next 12 months

Across the country, PIR regions have commenced many and varied system reform projects and activities. Many of these projects will continue in the next year and will have significant influence on system reform.

While building a coherent system of care has been a challenging task, PIR organisations have developed new and effective ways to coordinate services to better meet the needs of people with a lived experience of mental illness. PIR organisations have undertaken projects, developed procedures and concepts which have contributed to meaningful system reform. Documenting these initiatives, and the lessons learned (both positive and negative) could represent an important legacy of PIR, and ensure the living knowledge within PIR organisations is not lost but instead continues to inform
change and build capacity beyond the end of the initiative. The creation of a national bank of resources could help disseminate best practice across Australia, inform future practice and enable decisions to be based on practical experience. This information, once captured, can be used to streamline future projects.

Potential for extension of the Partners in Recovery Initiative

The first two years of PIR have had significant and positive impact on the lives of people with a mental illness, their carers and families. The PIR model of care coordination has proven to be effective and the final year of the initiative will build upon this success. However, there remains many people who have not accessed PIR that may also benefit from the unique form of recovery support.

Addressing the needs of people living with a severe and persistent mental illness requires a complex system of care and support, requiring the engagement of multiple areas of government, including health, housing, income support, disability, education and employment. In an interim report on the implementation of the National Disability Insurance Scheme commissioned by the Board of the National Disability Insurance Agency, it is noted that work is ongoing on how the NDIS will link to mainstream service provision (e.g. health, criminal justice, education, child care/protection). To do so may take time. PIR could help fulfil an important need for a vulnerable cohort of people while the NDIS develops the capacity and capability to fulfil this function.

1 KPMG (2014) Interim Report: Review of the optimal approach to transition to the full NDIS, p. 8
Conclusion

At the time of writing, the Partners in Recovery Initiative has one year left in its current funding cycle. It would be fair to say that the initiative has in many ways exceeded the expectations of participants and their carers. Also, despite its short existence, PIR has significantly and positively impacted the mental health sector. We look forward to the next year as we anticipate further consolidation of the model and the many system reform activities that are underway across Australia. People’s lives have been changing. Practice frameworks have been changing. Systems have been changing. Many people and agencies across the country have been privileged to be part of this change. This is their story.