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Conference Abstract

Integrating care for chronic mental ill-health: the Partners in Recovery Western Sydney Study

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Abstract

Our paper focuses on the implementation in practice of an integrated care policy for severe and complex mental ill-health: Partners in Recovery. In order to be effective care for people experiencing chronic and complex mental ill-health must be supported by a framework which takes in multiple services whose focus extends throughout and beyond the health system (for example, targeted mental health, medical care, social care, housing). In Australia this landscape is populated by services whose priorities and policy frameworks are disconnected. Services working within the same policy environment also frequently compete with each other for funding, further complicating the integration of services for the benefit of consumers.

Objective of the policies and targeted population: Partners in Recovery (PIR) is a national initiative designed and funded to improve the system response to, and outcomes for, people with severe and persistent mental illness who have complex needs through better coordination of clinical and other support needs for individuals and at the system level.

PIR was funded by the Federal Gillard Government at \$430 million over 2012-2016 and was implemented by Lead Organisations in 48 Medicare Local regions across Australia. Lead Organisations are designed to “work at a systems level and be the mechanism to drive collaboration between relevant sectors, services and supports within the region to ensure that all relevant needs of people in the target group are identified and met.” This study focuses on two Lead Organisations in the Western Sydney region – covering a population of more than 1.4 million and with a concentration of some of the largest unmet needs in Australia.

Methods: PIR is a case study in integrated care in a ‘difficult’ setting.

Our study is a prospective evaluation of three elements of PIR: 1) recovery based outcomes for individual consumers, 2) recovery orientation of service delivery and processes and 3) outcomes in relation to system integration.

We are collecting cyclical qualitative and quantitative data over a three year period, comprising of interviews with service providers, mapping of referral patterns and service connections,

quantitative measures of need and recovery collected from PIR participants and quantitative measures of service recovery orientation. Interviews with service providers focus on enablers and disablers of service collaboration, the use of knowledge in service design and the development of new knowledge through the PIR collaboration.

The evaluation has developed concurrently with the PIR initiative and organically in collaboration with the Lead Organisations. Our research is led by a project advisory group comprising researchers, service providers and consumer advocates.

Highlights: The evaluation is set in the context of two significant policy and implementation limitations: there are currently no accurate ways of measuring the scale of either the target population or the issues they encounter. This knowledge is only being discovered through actually rolling out services. A second corollary is that the services needed by the PIR target population will only be identified as work with the consumers progresses. This is thus the enactment of integrated care in an unknown setting which can cause difficulties for implementation. However, there are benefits to this situation as it is possible that the practice-based enactment of the policy will have the potential for positive innovation and adaptive regional variation.

Conclusions: We will present preliminary findings from the first year of the study. We will describe what indications we found of system integration, what factors have facilitated the process of integration and what barriers or challenges have impeded the process.

Keywords

mental health; recovery; innovation; policy implementation; complex systems

PowerPoint presentation

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