

CONFERENCE ABSTRACT

An early evaluation of an integrated, recovery orientated approach to severe and persisting mental health problems.

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Jennifer Reath, Steven Trankle

Western Sydney University, Australia.

Introduction: Partners in Recovery (PIR) is a national program run in 48 Australian local areas from 2012 until 2016. PIR aims to better support people with severe and persistent mental illness who have chronic and complex needs, through integrating health and other services in a recovery orientated approach aimed to be embedded in future practice through systems change. Recovery orientated practice recognises the strengths of service users and empowers them within the mental health system, emphasising shared decision making and respecting the self-determined goals of the consumer.

We undertook a multiple methods evaluation of the early implementation of this program in an area to the west of Sydney. We worked with a Reference Group to develop a Program Logic Model (PLM) and assigned indicators. Using a combination of document review, surveys and interviews with consumers, carers and service providers and managers, we measured success in achieving the agreed indicators.

Short description of practice change implemented

With funding from the Australian government, the Nepean Blue Mountains Medicare Local (a primary health care organisation west of Sydney) joined in a collaboration with partner organisations as well as consumers with severe and persisting mental health problems and their carers. PIR aims to improve outcomes through better coordination and integration of health and other services. A key longer term aim of the program is enduring systems change, both in terms of promoting recovery focussed care and improved and lasting collaborations across organisations to better achieve the consumers' goals for recovery.

Memoranda of Understanding and inter-organisational agreements assisted in aligning goals and priorities between the different agencies and regular meetings facilitated planning and review of activities across partner organisations. Care Facilitators were employed to assist consumers to access the required support available through the various participating organisations. Training was provided for staff of all partner organisations.

Key findings: At the time of our evaluation PIR had been in operation for two years. Organisational structures had been developed and staff were employed according to the needs identified. Enrolment in the program initially occurred more rapidly than anticipated as consumers responded to promotional activities. Many of those enrolled reported improved

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access to services, although transport, housing, social opportunities and access to some specialist mental health services were noted particularly by staff, to remain challenges for some. Certain population groups in the area, including those living at a greater distance from urban centres, the homeless, those with drug and alcohol as well as mental health diagnoses and culturally diverse groups including Aboriginal and Torres Strait islander peoples appeared to be less well served by PIR.

Highlights: This approach to integration of services for those with severe and persisting mental health problems was facilitated by the strong leadership provided by the Primary Care Organisation and the alignment of vision between most of the partner organisations. Challenges occurred where partner organisations were less familiar with and committed to a recovery approach to care. Though training was provided, organisational culture made change difficult in some organisations. Support Facilitators from one organisation will be placed in another organisation in an attempt to influence culture and understandings of participating organisations. Consumers and carers reported improved access to services and were keen to participate in leadership and peer support roles in the future. Staff and management of partner organisations reported improved access to services for their clients as a result of enhanced referral pathways and establishment of collaborative partnerships. However PIR was said to be a “work in progress” and many expressed concern about the short term nature of the current program.

Conclusion: PIR in the Nepean Blue Mountains area of Sydney has provided an integrated client-centered service which has relevance in other settings. The PLM approach provided a useful framework for describing the program as well as for conducting an early evaluation of the program and indicating potential opportunities for further development. Our evaluation continues to inform program development.

Keywords: evaluation; mental health; integration; community; recovery
