

August 2015

# White Paper preview

From where we are now to where we want to be:  
Insights from Victorian Partners in Recovery  
programs on mental health systems reform.



*towards stronger more caring communities*



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This White Paper preview seeks to demonstrate the alignment between the systemic reforms suggested by the National Mental Health Commission's 'National Review of Mental Health Programmes and Services' and the transformational change currently being achieved in Victoria. This paper briefly summarises some of the key themes emerging from the Australian Government-funded Partners in Recovery (PIR) experience in Victoria, ahead of the publication of a full White Paper later in 2015.

The Victorian PIR Organisations believe that the first two years of the PIR program have already driven improvements to people's lives, and have set out to capture and share the promising outcomes and lessons learnt from the program's effect on local systems. This White Paper seeks to synthesise the multiple and diverse systems change activities across Victoria in order to better understand - What is it about the models that is driving change? What indicators will be most influential in achieving systemic change to improve people's lives going forward?

Based on the PIR experience in Victoria, insight has been gained into a reform agenda which:

- focuses on the needs of users rather than providers (redesign)
- produces positive measurable results and outcomes (redirect)
- achieves system reform in line with the ambitions stated in the Report of the National Review of Mental Health Programmes and Services (reform).

The PIR program's reform goals articulate a local approach to achieving system change. Seeking change in complex systems is not easy, but an essential element of PIR. Early analysis of the work of the Victorian PIR programs has identified key elements that contribute to achieving system reform. These are:

A partnership approach - Each PIR was established utilising a consortium model which glues together all the services and supports within the region that an individual may require. These arrangements have been highly beneficial in delivering reform, through shared ownership and understanding.

A local approach - PIR models are locally implemented. This has been of critical importance in identifying local systemic issues (for example, through consultation and data analysis) and in identifying effective activity to address these issues.

A worker to champion recovery and coordinate services - In PIR, the main workforce is comprised of Support Facilitators. Benefits have been documented at the individual and systems level of this focused role to coordinate person-centred wraparound services in a recovery context.

The use of system reform projects - Victorian PIRs have supported targeted system reform projects in accordance with local need. Many of these have been successful in bringing about sustainable system reform in a local context.

The PIR initiative has acted as a catalyst in supporting system change processes, and has proven to be a dynamic model that allows carers, consumers and local service provider experts to actively engage in the larger system redevelopment process. This has enabled systemic change that bridges the gap between state and national systems and has resulted in more efficient and effective service provision for the consumer. The co-design elements in the model allow stakeholders to enthusiastically engage with and deliver innovative services.

The success of the PIR model in affecting system change is attributed to flexibility, strong partnerships, strong leadership and peripheral vision, which work together to overcome immediate service barriers that inhibit recovery while continuing to build capacity within the sector at large.

PIR is being formally evaluated at a national level and early findings have shown promise and highlighted the value and positive impact of the program. In July 2015, the national evaluation reported that PIR is reaching its target population of people with a serious and persistent mental illness who are disengaged and disadvantaged, though with some room for improvement regarding equity groups (for example, culturally diverse populations). Consumers value PIR, and participant feedback is positive and consistent.<sup>1</sup> While the national evaluation of the program has documented some strong system reform activity underway, its explicit focus remains on consumer outcomes and the final report may inadvertently miss some of the most meaningful and innovative system-based gains.

The full version of this White Paper will demonstrate the ways in which PIR is working, and value-add to the credibility of other systems that are complementary in nature to the mental health service system. It is the Victorian PIR Organisations' vision that by providing this White Paper, we will assist governments in their vision for a cohesive, functional mental health service system which will be the difference that carers and consumers have been seeking for many years.

The White Paper will explore in detail the key elements that contribute to achieving system reform. A brief overview of each element is provided here.

### **A partnership approach and a local approach**

Strong partnerships are a significant feature of system reform and are evident in PIR consortia across the state of Victoria.

Developing cross-sectoral service partnerships, especially with mainstream services such as education, health care, public housing, transport, justice, GPs, child protection, disability programs and employment services, requires a multi-staged approach to building trust, and results in practice and systems that can be truly multidisciplinary and genuinely collaborative.

Victorian PIR programs have employed strategies within their local consortia to address challenges inherent in this partnership work. These include co-locating staff (which facilitates pathways and engages previously unengaged consumer and service provider cohorts), developing and resourcing interagency reference groups and issue-specific working groups, and supporting regular cross-sector networking events.

Opening communication pathways, for example with centralised intake services, and developing a common language between clinical and community service providers, has helped to build local partnerships with the mainstream service system, in ways which model shared vision and shared authority. Finding new and effective ways of working collaboratively with partner organisations can be as simple as resourcing projects that require cross-sectoral collaboration in order to succeed. Most critically, the PIR experience has demonstrated the importance of engaging with consumers and carers as partners in their own recovery, and in engaging others who also genuinely want change to achieve the best outcomes for the client.

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<sup>1</sup> Urbis, July 2015

## **A worker to champion recovery and coordinate services**

Support Facilitators interact with frontline services to coordinate supports, championing a recovery-oriented approach towards person-centred wraparound care, whilst maintaining a philosophical bent towards system reform within their practice.

Service coordination requires an investment in time, where the smallest of gains need to be acknowledged as individual pieces of a jigsaw to be cultivated into collective benefit. The PIR experience in Victoria has seen success with many organisations and groups demonstrating an increasing commitment to recovery and collaborative ways of working as the journey of PIR has progressed. The strong promotion of the shared agenda of PIR being the 'best outcomes for the client' has been pivotal to the success of organisations working cohesively. The Support Facilitator as a resource has been integral to this success.

## **The use of systems reform projects**

There are a number of key features to PIR system reform projects. These include:

- Distribution of leadership and responsibility for the sustainability of solutions in supporting people with severe and persistent mental illness, their families and carers.
- Supporting peer-led projects. This allows for an opportunity of greater buy-in to the service system, greater opportunity for consumers and carers to have a genuine say in the systems that support people who have a serious and life impacting mental illness, and a significant opportunity to contribute to the planning, implementation and evaluation of mental health services.
- Flexibility. Projects have been successfully undertaken and are underway to bring about systemic change in areas as diverse as transport, social inclusion, physical health, dental health, mental health awareness, strengthening consumer/carers voices, improving access to housing, and improving access to mental health services, particularly for vulnerable groups.

## **Concluding comments**

Victorian PIR Organisations have identified an opportunity to provide an account of their work in bringing about system reform. This document provides a preview of the forthcoming White Paper and of its report on these system reform activities.

The coming White Paper will analyse the impact that the PIR initiative has had on systems reform, and will review the successes, challenges and insights that have been gained through the different ways that PIR partners have come together to affect local area systems change. It is the ambition of the Victorian PIR Organisations that this document will be valuable to informing the mental health systems change activity necessary to deliver the better client outcomes outlined in the National Mental Health Commission review.

The White Paper will be released in November 2015.

Prepared for the Victorian Partners in Recovery Organisations by Larter Consulting.