

A photograph of a man with dark hair and a beard, wearing a blue jacket and a grey scarf, sitting on a bench. He is looking off to the side with a thoughtful expression. The background is a blurred outdoor setting with a white car and trees.

Factors to consider in the transition to the NDIS

Key learnings from Queensland organisations delivering Partners in Recovery (PIR): Coordinated Support and Flexible Funding for People with Severe and Persistent Mental Illness and Complex Needs Initiative to promote the best outcomes for people with mental illness.

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PiR Organisations



PARTNERS IN RECOVERY
West Moreton - Oxley



Greater Metro South Brisbane Medicare Local is the lead agency for the Partners in Recovery program supported by the Australian Government

1.0 Executive Summary

The Partners in Recovery (PIR) Initiative supports people with severe and persistent mental illness with complex needs, and their carers and families, by getting services and supports from multiple sectors to work in a more collaborative, coordinated and integrated way.

In the first nine months of operation, PIR in Queensland has received over 2500 referrals. Primary referral sources include public-sector mental health services, non-government mental health services and consumers referring themselves.

The PIR Initiative is led by local PIR Consortia comprised of 108 organisations across the State. Through their long history of supporting disadvantaged people, including the collaborative implementation of the PIR Initiative, local PIR Consortia understand the needs of people with severe and persistent mental illness, and understand the gaps that exist in meeting these needs.

The Queensland PIR Managers Group has identified a number of key principles that have contributed to PIR's success, including flexibility in implementation; maintaining a focus on recovery and wellbeing; building capacity in individuals, the service sector and the broader community; and employing a workforce with recovery-oriented mental health skills.

The Queensland PIR Managers Group believes they are well positioned to inform and assist in the transition of people with severe and persistent mental illness to the NDIS, and extends an invitation to the Queensland NDIS Planning and Implementation Group to work collaboratively to assist with this transition.

Specifically, the Queensland PIR Managers Group is interested in:

- Trialling an assessment of eligibility for current PIR clients against the ten NDIS domains of need; and
- Mapping the functions of PIR against the proposed supports under the NDIS.

2.0 Introduction

The National Disability Insurance Scheme (NDIS) represents a long-awaited and welcome opportunity to deliver recovery-oriented services and supports for people with severe and persistent mental illness. The Queensland PIR Managers Group supports the NDIS and the unprecedented increase in choice and control for consumers that it promises.

In support of the best possible outcomes for people with psychosocial disability under the NDIS, the Queensland PIR Managers Group is keen to highlight a number of facets of the PIR Initiative which have worked well and have led to positive outcomes for our clients. The Group believes that they are in an ideal position to inform and assist in the transition to the NDIS, and is keen to capitalise on the work and investment that has occurred over the past 12 months, to ensure this knowledge is not lost, but rather utilised in the transition to ensure positive outcomes.

This Paper provides an overview of the PIR Initiative in Queensland, and then highlights some key principles that have contributed to the achievement of positive outcomes in PIR, and therefore should be considered in the transition to the NDIS. These 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.

2.1 About the Queensland PiR Managers Group

In preparation for PIR implementation, a number of PIR lead agencies saw value in coming together to discuss issues that would impact on all PIR agencies, including information management systems, governance structures, policies and procedures, training and development tools, and cross-border implementation issues. These early conversations lead to significant collaboration and supported the best use of available knowledge, skills and resources. This emergence of need was the impetus for the formation of what is now the Queensland PIR Managers Group. The Group meets regularly, either face to face or via teleconference, and supports open and honest discussion around the challenges experienced in implementing PIR, as well as working collaboratively to develop resources and drive policy development (such as the preparation of this Briefing Paper).

A list of the Queensland PIR Managers is included as at Appendix A, for your reference.



3.0 Background information about PIR Nationally

The Partners in Recovery (PIR) Initiative is funded by the Commonwealth Department of Health through to June 2016. There are currently 48 PIR Initiatives operating nationally, and these are aligned with Medicare Local regions. As outlined in previous papers¹, the Queensland PIR Managers Group understands that, at the Commonwealth level, 70% of PIR is in scope for the NDIS.

The PIR Initiative supports people with severe and persistent mental illness with complex needs, and their carers and families, by getting services and supports from multiple sectors to work in a more collaborative, coordinated and integrated way. The Commonwealth has set a target of reaching 19,000 PIR clients by the end of the Initiative.

The ultimate objective of PIR is to improve the system response to, and outcomes for people with severe and persistent mental illness who have complex needs by²:

- Facilitating better coordination between clinical care and other supports and services to deliver wrap-around care individually tailored to the person's needs;
- Strengthening partnerships and building better links between various clinical and community support organisations responsible for delivering services to the PIR target group;
- Improving referral pathways that facilitate access to the range of services and supports needed by the PIR target group; and
- Promoting a community based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs.

The PIR Initiative also incorporates a limited amount of flexible funding which can be used to purchase services and appropriate supports when client needs are identified but are not immediately able to be met through normal channels.

The implementation of PIR is underpinned by the following guiding principles³:

- **Recovery oriented and client focused** – PIR operates under a recovery framework using a personalised approach tailored to address the specific support requirements of each individual, assisting them to maximise their capabilities through social and environmental opportunities.
- **Flexible in roll out** – PIR operates differently across regions due to PIR Organisations tailoring their model to best meet the needs of people with severe and persistent mental illness, and the existing service delivery systems in their specific region.
- **Complementary to existing service systems** – PIR Organisations assist with system navigation, rather than complicating or duplicating current service systems.
- **Able to better coordinate systems** – PIR does not offer a 'new' service in the traditional sense, but rather it assists with coordination of existing services and supports. PIR 'Support Facilitators' focus on building links and pathways between the sectors, services and supports needed by people with severe and persistent mental illness.

In a nutshell, PIR is concerned with strengthening partnerships and facilitating coordinated care to ensure supports and services are tailored to an individual consumer's needs. This work is underpinned by recovery-oriented, consumer-centred practice, is complementary to existing systems, and is as flexible as is necessary to support the achievement of consumer goals.

Given the focus of PIR (its objectives), and the way it is implemented (its principles), PIR Organisations are well placed to offer suggestions and recommendations to ensure people with severe and persistent mental illness with complex needs are afforded the best possible opportunity for success under the NDIS.

4.0 Background Information about PIR in Queensland

4.1 Establishing PIR in Queensland

There are ten PIR Organisations operating in Queensland. These PIR Organisations have been funded since 1 July 2013, with the first three months dedicated to establishing systems, processes and workforce, before becoming operational and supporting clients from October 2013.

¹Mental Health Council of Australia (Nov 2013), Mental Health and the National Disability Insurance Scheme Position Paper (http://mhaustralia.org/sites/default/files/docs/mhca_position_paper_-_ndis.pdf)

²PIR Operational Guidelines for PIR Organisations, May 2013.

³PIR Operational Guidelines for PIR Organisations, May 2013.

For many PIR Organisations, the establishment phase began at least 12 months prior to this, when work began to formalise a consortia and prepare a submission for PIR.

Partners in Recovery Organisations are made up of localised consortia, representative of the key agencies involved in supporting people with severe and persistent mental illness at the local level. Across the State there are 108 agencies represented on the ten consortia, (with some agencies represented on more than one consortia), as well as a number of mental health consumer and mental health carer representatives. The PIR Organisation is the consortia that collectively implements PIR in the local region, and is made up of a lead agency, and consortia members. A list of the PIR Organisations in Queensland is available at Appendix B, and a list of the consumer and carer involvement in PIR Organisations is available at Appendix C.

4.2 PIR Workforce - 'Support Facilitators'

The bulk of the workforce for PIR is made up of 'support facilitators', whose core role is to coordinate the necessary services for PIR clients. Support facilitators are located in community based services, with approximately 120 currently in place, and planned growth for 2015/2016. This workforce is spread across the State, with support facilitators located as far north as Mossman and Cooktown, with plans to extend to the Torres Strait in the coming months; west to Charleville, all along the East Coast, and a large number in the South East Corner.

Whilst the individual tasks of support facilitators may vary slightly from region to region, the following is a list of usual activities that support facilitators would be involved in⁴:

- Receiving and reviewing referrals;
- Assessing referred individuals against defined inclusion criteria;
- Assessing the needs of PIR clients, including reviewing previous assessments and engaging relevant key stakeholders where appropriate;
- In collaboration with key stakeholders, developing, monitoring and regularly reviewing PIR Action Plans that will guide the necessary engagement and integration of required services identified in the needs assessment;
- Assisting consumers, carers and service providers to navigate the service system;
- In the main, be a 'coordinator' of the service system, not a 'service deliverer' in the traditional sense;

- In working to improve the system response to a PIR client, engaging with, and ensuring services and supports are accountable, and building service pathways and networks of services;
- Being a point of contact for PIR clients, their families and carers, particularly when service arrangements are not working, or if the client becomes disconnected from required supports;

One of the core strengths of the PIR model is the location of support facilitation teams within community based organisations. This, coupled with the flexible way that support facilitators work, has allowed PIR to reach many consumers who have 'disengaged' from formal health or disability services. These 'hard to reach' consumers, who by their own choice, or due to the complexity of their needs, often fall through service system gaps, and consequently require significant support to re-engage and effectively meet their needs. Much of this work is centred around empowering consumers to regain their capacity for self-determination, work that will be crucial in effectively supporting people with severe and persistent mental illness within the NDIS.



⁴PIR Operational Guidelines for PIR Organisations, May 2013

4.3 Working at the Individual and Systems Level

Support facilitators work at two distinct levels to support people with severe and persistent mental illness who are referred to PIR; both directly, and at a systems level.

The following excerpt, provided by one of the Queensland PIR Organisations, illustrates the complexity of some situations and the importance of working at the systems level:

"People with severe and persistent mental illness who have complex needs will interact with multiple health and human service systems (eg health, disability, housing, employment, legal, financial) simultaneously over time. Unfortunately these systems do not work in a joined-up way, with different philosophies, assessment processes, eligibility criteria and other policies and procedures, managed by different Government, non-Government and private providers at the local, State and Federal level. It is understandable that consumers, carers, families and service providers find it difficult to navigate these systems and get the right services, in the right place and the right time."

This systems-level work that PIR Organisations are engaged in occurs at multiple levels, starting with the way support facilitators work with individual clients and their families, through to working with local service providers and then more broadly across an entire region.

For example:

- Where there is a lack of information about service options, the support facilitator may work with service providers to support information provision via a marketing strategy, and target the information to referral points that will have optimal exposure;
- Where there is a lack of coordination and services not working together, the support facilitator may work with a number of agencies to establish case conferencing arrangements, or connect agencies via a mutually beneficial partnership or MOU. The support facilitator may also work to streamline referral protocols between a number of agencies.
- Where there are complex, long-standing issues, such as the effective transition of consumers from facility-based care to community-based care, this requires a multi-partner, multi-action approach over an extended period.

In addition to support facilitators, PIR Organisations employ a range of staff with broader roles, largely focused on quality assurance, systems reform, relationship development and policy.

4.4 PIR Assessment of Needs

All PIR Organisations use the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) to assess the needs of PIR consumers, as required by the Commonwealth Department of Health. The CANSAS assesses the health and social needs of people with severe and persistent mental illness within 22 domains of life. PIR has added an additional three domains, to increase its relevance to the particular PIR target group. A response against each domain is recorded to indicate 'no problem', 'met need', 'unmet need' or 'not known'.

In keeping with the principles of PIR, the administration of the CANSAS is recovery-focused and client-centred. Responses to the domains are sought in a semi-structured interview with the person, rather than simply administering a questionnaire, and responses may be gained over a number of conversations, rather than in a single sitting. This flexibility is imperative, as it allows the person to prioritise certain issues that are important to them, and address concerns in the order and at the speed that suits them.

The 22 CANSAS domains, and the additional three PIR CANSAS domains are included below:

Accommodation	Company (social life)
Food	Intimate relationships
Looking after your home	Sexual expression
Self-care	Dependents (children, parents, siblings, pets)
Daytime activities	Education
Physical health	Telephone (communication and technology)
Psychotic symptoms	Transport
Information on condition and treatment	Money
Psychological distress	Benefits
Safety to self	Employment and volunteering (additional PIR Domain)
Safety to others	Cultural and spiritual (additional PIR Domain)
Alcohol	Other services (additional PIR Domain)
Drugs	

⁵PIR Operational Guidelines for PIR Organisations, May 2013

Data obtained from assessing client need (using the CANSAS), along with information obtained from early conversations with the person, and their families and carers, is used to develop a recovery oriented PIR Action Plan. A PIR Action Plan identifies the areas that a person has agreed to work on, outlines goals for each of these areas, identifies what strategies will be implemented to achieve these goals, and includes any supports and services that will be used to assist in goal attainment. PIR Action Plans are tailored to the specific needs of the PIR client.

4.5 Flexible Funding

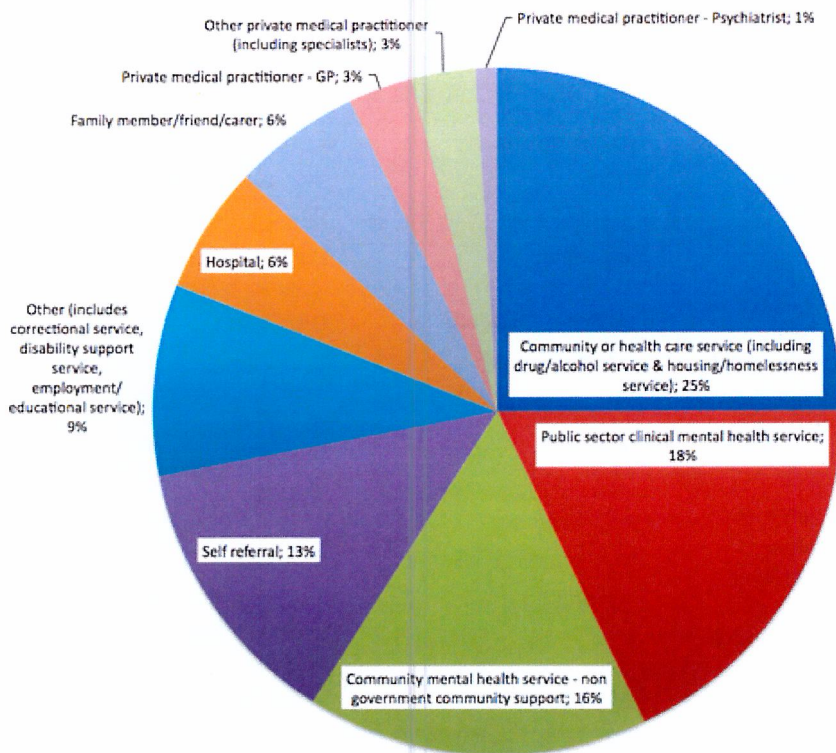
The PIR Initiative also incorporates a pool of flexible funding that can be used to purchase services to support clients to reach their goals, when their needs cannot be met through existing channels. Many PIR Organisations have split their flexible funding into two categories, supporting the purchase of:

- Services and supports for individual PIR clients that assist them to meet needs that cannot be met through existing channels; and
- Services and supports that respond to identified gaps in the service system that are impacting adversely on PIR clients and potential PIR clients.

4.6 A Snapshot of PIR Clients

Partners in Recovery Organisations in Queensland received in excess of 2500 referrals in the first nine months of operation (1 Oct 2013 – 30 Jun 2014). These referrals have come from a range of sources, most notably from:

- Community or health care services, including drug/alcohol services and housing/homelessness services (approx 25% of referrals);
- State-based Mental Health Service (approx 18% of referrals);
- Community-based mental health services (approx 16% of all referrals); and
- Self-referral (approx 13% of all referrals).



A brief analysis of the CANSAS profile of some current PIR clients provides the following information.

- All 25 CANSAS domains have been identified as an unmet need by clients;
- The CANSAS domains most frequently reported as needs that are unmet include:
 - Psychological distress;
 - Daytime activities;
 - Company (social life); and
 - Physical health.
- The CANSAS domains least frequently reported as a problem include:
 - Telephone (including mobile phone, computer and internet);
 - Safety to others; and
 - Basic education (including abilities in reading, writing, and understanding).

In conversations with PIR agencies, this information corresponds to the multiple and complex needs that PIR clients are experiencing.

Figure 1: Sources of referrals to Qld PIR programs from 1 Oct 2013 – 30 Jun 2014.

The following excerpt, provided by one of the Queensland PIR Organisations, demonstrates this complexity:

"A gentleman who had spent several years in the local extended stay mental health facility with a diagnosis of schizophrenia was recently discharged to an 'out of area' supported accommodation facility. He soon left the facility, and found his way back to [the original location] where he was admitted to hospital for a leg infection. He was subsequently discharged to a local caravan park and referred to PIR. The support facilitator was advised by clinical services that the gentleman could not live independently and required a supported accommodation facility. The gentleman wished to live in his own flat with his cat. He did not want to share accommodation. A plan was developed with the gentleman highlighting those activities that would maximise his goal attainment.

A GP appointment was arranged to establish ongoing primary health care. An OT assessment was arranged using flexible funding, and the gentleman was assisted to register for housing assistance and supported to complete an assessment with the Department of Communities – Disability Services. The support facilitator progressively worked through multiple complexities including family relationships, obesity, incontinence, poverty, mobility, disability and anxiety.

This gentleman is now living in his Qld Housing unit with his cat. He is engaged with PHAMS and HACC support. He is considering his options for work and study. The support facilitator continues to monitor the situation."

The work of PIR support facilitators is to facilitate coordinated, wrap-around care that is tailored to the individual needs of each PIR client.

5.0 Important Features of PIR

5.1 Flexibility

In keeping with the principles underpinning the PIR Initiative, remaining flexible and working from a 'whatever it takes' philosophy, has meant that PIR has achieved where others have failed. In many ways, the PIR Initiative has succeeded due to the important acknowledgement that it needs to remain flexible; it needs to be based in a strong local consortium that has collective ownership; and it needs to be responsive to the existing service systems already in place in the region. For this reason, PIR Organisations are not cooker-cutter copies of each other, but have been designed, and are implemented in a way that works for the local community.

This same flexible approach flows through to the way support facilitators work with PIR clients:

- Support facilitators accept referrals via a variety of pathways, but they also outreach to consumers and carers in a range of diverse communities;
- Support facilitators work uniquely with each individual, depending on their needs, priorities, strengths and services that are already in place;
- Support facilitators work with each individual, tailoring a unique PIR Action Plan, addressing their priority needs; and
- Support facilitators utilise flexible funds to respond to the unique needs of individuals, always in a timely manner.

The following excerpt, provided by one of the Queensland PIR Organisations, demonstrates an effective use of flexible funds:

"A woman was referred to PIR. She was diagnosed with schizophrenia. Up until two months ago her primary source of support was her elderly Mother (now deceased). The Woman was left the house by her Mother. The house required significant maintenance. The plumbing wasn't working properly, the wiring was unsafe and the front stairs were rotten and falling apart.

Inside and underneath the house there were piles and piles of old magazines, newspapers, catalogues, stationary and take-away containers that the woman and her Mother had been hoarding for many years.

The woman was very isolated and had no family or friends. She had very little money and was in poor physical health. She was referred to PIR by a Hospital social worker after she was admitted having fallen down the stairs and breaking her right leg and arm.

Due to the nature of the woman's presentation and the complexity of her unmet needs, two support facilitators from different PIR agencies were on the woman's support team. The two support facilitators negotiated and sought approval to pool flexible funds to contribute towards costs associated with a hoarding and squalor clean and getting urgent repairs completed. Additional funds were sought and pooled from other organisations to address other issues."

Based on the success of PIR, the Queensland PIR Managers Group would like to stress the importance of flexibility being a key facet within the NDIS. The Group acknowledges that a 'NDIS Personal Support Plan' is supposed to be built around the client and their individual needs, however there may be a risk of developing a standardised suite of services and/or hours, based on psychosocial disability. Learnings from PIR, and other research⁶, indicate that people with psychosocial disability have the same range of needs and wants as the rest of the population; they want to feel safe, they want to feel listened to, they want things to do, they want to live where they want, and they want to be treated as an individual. Flexibility, and the individual tailoring of PIR Action Plans has been key to the many successes achieved within PIR.

5.2 Recovery Focused

One of the complexities in preparing for the NDIS is that the requirement for 'permanent impairment' is contrary to the concept of 'recovery'. Whilst there are many definitions of 'recovery', the central concepts are person-centredness, self-determination and hope for a meaningful and contributing life beyond the constraints of a diagnosis. In simple terms, people are not defined by their illness, but are empowered, through resilience building, to regain their capacity for self-determination, to maximise their choice and wellbeing.

In reviewing the assessment questions included on the 'My Access Checker', respondents must answer 'yes' to the question 'Is the person's disability likely to continue for the rest of their life?' Whilst a person may need supports and services to stay well for the foreseeable future, recording that they are likely to have a disability for the rest of their life is contrary to the central concepts of recovery.

Further to this, the episodic nature of severe and persistent mental illness means that the needs and impairments of someone with a psychosocial disability can change in severity and nature. A person may, at certain times of their life, require hospitalisation for intensive management of their illness, whilst at other times, manage quite well in their own home in the community with a range of relevant supports. During a workshop with a number of Queensland PIR Organisations, a consumer stressed the importance of not 'pulling out' of a person's life when they were well. Another consumer suggested that when she was well, she was most able to contribute to the discussion and planning about her supports, and this was important to her. She believed that if supports stopped when she was well, she would become unwell again quite quickly.

The requirement for a 'permanent impairment' may mean that a person misses out on services, simply because 'when' the assessment occurred, and 'who' was involved in the discussion.

The Queensland PIR Managers Group appreciates the need to differentiate between those who should receive support from the NDIS and those who shouldn't, but the Group believes that the assessments used and the questions asked, need to be designed for people with psychosocial disability to maximise wellness and recovery.

5.3 Capacity Building

Much of the success reported across the Queensland PIR Organisations has been attributed to the strong focus on building capacity. This includes building capacity of people, their families and carers; building capacity of service providers and the service system, and building the capacity of the community at large. The following points describe some of the activities undertaken by support facilitators to build capacity at various levels:

- Building the capacity of individual consumers and carers, supporting them to engage their peers and advocate effectively to inform future service delivery;
- Work to understand and improve referral pathways for consumers, carers and service providers, improving coordinated, wrap-around support for consumers;
- Support the navigation of the service system, for consumers, carers and service providers;
- Support the building of local partnerships between service providers, improving integrated support for consumers;
- Support building a culture of recovery and resilience in mainstream agencies;
- Support building a common language between clinical and community service providers and sectors;
- Identify service gaps and blockages and work collaboratively to address these; and
- Identify expertise within systems and identify strategies for this to be shared to enhance outcomes for consumers and carers.

Partners in Recovery Organisations utilise flexible funds through grants processes to improve the way the system responds to people with mental illness.

⁶Petch, A., Cook, A., and Miller E. (2013) Partnership working and outcomes: do health and social care partnerships deliver for users and carers?, *Health and Social Care in the Community*, 21(6), pp 623-633

The following excerpt, provided by one of the Queensland PIR Organisations, showcases an example of capacity building work to build community resilience:

“Mental Health Awareness sessions (2-3 hours) and Mental Health First Aid training (2 days) have been delivered previously in this region, however without coordination or efficiency. The delivery is often reactive, for example in response to natural disaster, so there has been an absence of a comprehensive plan to contribute to community resilience.

PIR has facilitated a much better way for this important work to occur, across all communities in the region, using the combined resources of a large number of interested organisations. 13 agencies have so far combined resources to support this community education project, and will deliver sessions across 20 communities by June 2015.

The partnerships with agricultural organisations have increased the profile of PIR and other mental health services, both clinical and non-clinical. The lives of rural men and women are dramatically affected by macro factors, over which they have little control. These organisations want to be part of the solution, and want to harness their communication network among farming families to build resilience and help seeking behaviours.

The expected outcomes from this project include a raised awareness of mental health issues, reducing fear and busting myths around mental illness; reduced stigma, which is notorious in rural and remote communities; and contributing to the shift from mental health as an ‘other’ issue (other people living with it), to an ‘us’ issue (community members have a significant role to play in supporting and information sharing).

Collaborations such as this improve systemic and community level responses to mental health issues.”



The following excerpt, provided by one of the Queensland PIR Organisations, showcases an example of capacity building work to build community resilience, enhance a sense of belonging, reduce stigma and promote recovery:

“Our PIR Organisation is utilising innovation funding to build the capacity of staff and volunteers within community centres to enhance their ability to respond to the needs of individuals who experience mental health issues. Enabling individuals to feel welcomed and experience a sense of belonging within their local community centre is a part of the ‘Promoting Wellbeing’ Initiative designed to reduce stigma and promote recovery.

Through a community development approach, relationships have been developed with key community centres throughout the region to respond to local mental health issues. Mental Health First Aid courses are being run for community centre staff and volunteers to heighten their awareness of mental health issues. This enables community centres to act as responsive ‘soft entry’ points when individuals require support and facilitate appropriate mental health referral pathways. Linkages are being made between community centres and mental health services (both clinical and community) to strengthen referral pathways and community centres are being encouraged to implement activities that encourage mental health and wellbeing.

This work is evolving and will be tailored to the needs of each respective community accommodating urban and rural needs. While building mental health literacy is an underpinning component of PIR, this will be done differently in different parts of the region and requires a flexible approach depending on the knowledge and skills in each area.

In some areas, volunteers are being trained as community connectors to support people with mental health issues connect with more mainstream activities and become more a part of their local community. PIR is helping to facilitate and enhance existing person-centred approaches to enable individuals with lived experience to be matched through volunteers to their recreational and social interests in order to live healthier and more enjoyable lifestyles.

The advantage of PIR is that a flexible approach is possible to meet the diverse needs of different communities. In turn, ownership and delivery of community projects is taken on by community members demonstrating collaboration and a commitment to the wellbeing of their respective communities for sustainable outcomes.”

The following excerpt, provided by one of the Queensland PIR Organisations, showcases an example of capacity building work to build resilience and enhance a sense of belonging:

“Our PIR Organisation is initiating a project that involves seeding 4 mental health self-help groups across the region, which will eventually be self-sustaining. This project seeks to address the service shortfall created by the limited capacity of funded programs both in terms of direct support and in provision of social network interventions. It is based on research and anecdotal feedback that identifies the value of friendship in nurturing the hope and growth potential that are key components of recovery. The self-help groups will be based on the Grow program of recovery. This project focuses on recovery and resilience building, the importance of relationships and capacity building in those with mental health challenges.”

The following excerpt, provided by one of the Queensland PIR Organisations, showcases an example of building the capacity of consumers, with a view to equipping them with the necessary tools to become strong advocates:

“Our PIR Organisation has funded ‘Voicebox’, a peer research project providing training and development for people with a lived experience of mental illness and/or disability. Consumers have been part of the project development, contractor selection process and will be part of the project steering group.

Participants will gain skills in self and systems advocacy and peer research through a workshop program that includes creativity, storytelling, interviewing, public speaking and professional development. Participants will be supported to produce an advocacy outcome aligned with their individual needs, interest and research. These creative outcomes will be packaged as a collection of digital stories incorporating video, photography, sound recordings, animation, visual art and more. A launch event will celebrate the participant’s journeys as well as their creative outcomes and will provide a platform for further professional development and advocacy.

Voicebox aims to equip and support participants to become future consultants and advocates with a strong voice to the health and community services sector in readiness for NDIS rollout in the region.”

Whilst the examples included above provide a snapshot of some of the capacity building work occurring within PIR Organisations across the State, there are many more examples of work that is occurring, and further still, there are many areas that have not been addressed as yet. The dual nature of working both directly with consumers, their families and carers, as well as at the systems level, to improve the way the system responds, means that PIR is in the unique position of understanding what needs to occur across the spectrum of the service system. All PIR Organisations have structures and strategies in place to capture these needs, and will continue to progressively work at both levels, to address them. The Queensland PIR Managers Group would welcome discussions with the Queensland NDIS Planning and Implementation Group to share our knowledge and insights, and plan how we might work together to continue this important work.

5.4 A Workforce with Recovery-Oriented Mental Health Skills

The importance of the people, the way they work and the relationships they form, cannot be underestimated in working with the most vulnerable and disadvantaged populations in our society. Whilst this is certainly the case when working with all people with disabilities, the Queensland PIR Managers Group believes this is even more pronounced when working with people with psychosocial disability, given the added stigma and discrimination experienced by this group.

The Queensland PIR Managers Group believes that the NDIS workforce, including planners, local area coordinators and regional support officers, need to work within the National Framework for Recovery Oriented Mental Health Services⁷, to ensure optimal outcomes for people with psychosocial disability. The Framework was informed by extensive research, submissions and consultations, but most importantly, by the stories, pictures, thoughts and viewpoints of people with a lived experience of mental health issues, both in their own personal experience and in the lives of those close to them.

The Framework describes five practice domains and a suite of key capabilities necessary for a workforce to function in accordance with recovery-oriented principles. For each capability, the Framework details the underlying core principles, values, knowledge, attitudes, behaviours and skills, and provides examples of recovery-oriented practice and recovery-oriented leadership.

⁷Australian Health Ministers Advisory Council (2013), A National Framework for Recovery-Oriented Mental Health Services – Guide For Practitioners and Providers (http://www.ahmac.gov.au/cms_documents/National%20Mental%20Health%20Recovery%20Framework%202013-Guide-practitioners&providers.PDF)

The five practice domains for recovery-oriented mental health practice are listed below.

Recovery Practice Domain	Explanation
Promoting a culture and language of hope and optimism	A service culture and language that makes a person feel valued, important, welcome and safe, communicates positive expectations and promotes hope and optimism.
Person first and holistic	Putting people who experience mental health issues first and at the centre of practice and service delivery; viewing a person's life situation holistically.
Supporting personal recovery	Personally defined and led recovery at the heart of practice rather than an additional task.
Organisational commitment and workforce development	Service and work environments and an organisational culture that are conducive to recovery and to building a workforce that is appropriately skilled, equipped, supported; and resources for recovery-oriented practice.
Action on social inclusion and social determinants	Upholding the human rights of people experiencing mental health issues and challenging stigma and discrimination; advocating the address the poor and unequal living circumstance that adversely impact on recovery.

The following excerpt, provided by one of the Queensland PIR Organisations, showcases some key attitudes, behaviours and skills necessary for support facilitators working in PIR:

“PIR is working with people who may be reluctant to engage with services and supports. There is usually a wide variety of sometimes very valid reasons for this, so establishing rapport, and listening to the person's view of their situation is critical. Listening to the person and their family to help identify what could help can enhance the ability of the person to be in charge of the process, and build confidence in continuing to manage their life. The ability for support facilitators to persevere in assisting the person to navigate the services and supports in the face of what may appear to be overwhelming difficulties is an important element. Some people come into PIR with the service system having 'given up' on them. By listening to and working with the person to find the right supports and services to help them achieve their stated goals, people can and do recover”.



The following excerpt, provided by one of the Queensland PIR Organisations, showcases an example of the success that can occur when recovery-oriented practice is used. This example demonstrates the flexibility that is necessary in connecting with people, the need to outreach to some consumers, the importance of building resilience, and the importance of viewing a person's life situation holistically.

"A gentleman was referred to PIR. He was diagnosed with chronic depression and social phobias of 10 years duration. He also had chronic pulmonary disease and had experienced 4 hospitalisations over the past 12 months for suicidal ideation and serious self-harm. The gentleman had significant substance use issues, and described himself as agoraphobic and a recluse. The gentleman had indicated that previous service responses had not been successful, and although it was initially difficult to engage with him, the support facilitator continued to make contact via phone and face to face visits over a period of 3 weeks. After establishing a good rapport, the support facilitator, together with the gentleman and his daughter, who was his carer, worked to coordinate several responses to meet his priority needs. The gentleman's daughter had recently had a baby, so the informal support that she had previously provided was significantly reduced. As there were no service vacancies immediately available, the following actions were put in place:

- Accessed flexible funding to engage a peer worker to assist the gentleman to leave the house to exercise, addressing his physical health needs. The gentleman plans to self-manage this activity in a month;
- Referred the gentleman onto his GP for a Mental Health Treatment Plan and referral to ATAPS for therapy to address psychological distress, substance use issues and to assist with recovery;

- Linked the gentleman to a substance abuse support group, initially with support;
- Linked the gentleman to a PHAMS worker to assist him to become engaged with suitable social and vocational pursuits in the local community to address his social isolation;
- Supported his daughter to adjust to the changing circumstances of her Father's recovery and referred her onto a Carers Qld Support Group;
- Engaged and funded a non-clinical case management service to support his recovery progress in collaboration with him. Particular attention was focused on his social isolation and community inclusion which he had identified as a threat to his sustained mental wellbeing.

The gentleman is now taking small steps towards building community connection. He has walked to the shops without assistance for the first time in over 12 months, comforted knowing that he could call the case manager if he began to panic. He instead phoned when he got home to report he'd done it, and he was ok.

The gentleman still identifies having a long way to go, and is sometimes tearful, but now has many resources at his fingertips to address his complex needs, including depression, suicidal ideation, social phobias, social isolation, physical health, relationship issues and substance issues."



6.0 PIR Can Assist in the Transition to the NDIS

The Queensland PIR Managers Group is concerned there may be a significant number of people with severe and persistent mental illness who are currently receiving support under PIR, who will not meet the eligibility requirements for a Tier 3 package of support under the NDIS. The Group is also concerned that the intensive assistance that will be required to effectively support this client group, particularly around proving eligibility and assisting to regain the necessary capacity for self-determination, will not be present within the NDIS.

Given there will not be a NDIS trial site in Queensland, the Queensland PIR Managers Group welcomes the opportunity to work with the Queensland NDIS Planning and Implementation Group to support the transition of Queenslanders with severe and persistent mental illness to the NDIS.

The Queensland PIR Managers Group acknowledges there are a range of opportunities where PIR could assist in supporting the transition to the NDIS.

As a starting point, the Group is proposing that the following activities will provide further information about our concerns, and welcomes the Queensland NDIS Planning and Implementation Group's support in implementation:

- Trialling an early assessment of eligibility (for current PIR clients) against the ten NDIS domains of need, to provide an awareness of who may miss out on services under the new Scheme. A clearer understanding of the criteria that will be used to determine if someone with a severe and persistent mental illness qualifies for a funded package of support would be useful, but activities such as this will provide valuable information to guide the transition from the existing service system to the NDIS, and may help to highlight the extent of people who will fall into the Tier 2 category of the NDIS.
- Articulating and quantifying the functions of PIR support facilitators, and making a determination of what functions will be in scope under the NDIS, and also what will not be provided. This will provide information about the types of activities that we know to be necessary to effectively support PIR clients, and will therefore need to be provided by some other system or mechanism (eg Tier 2 category of the NDIS).

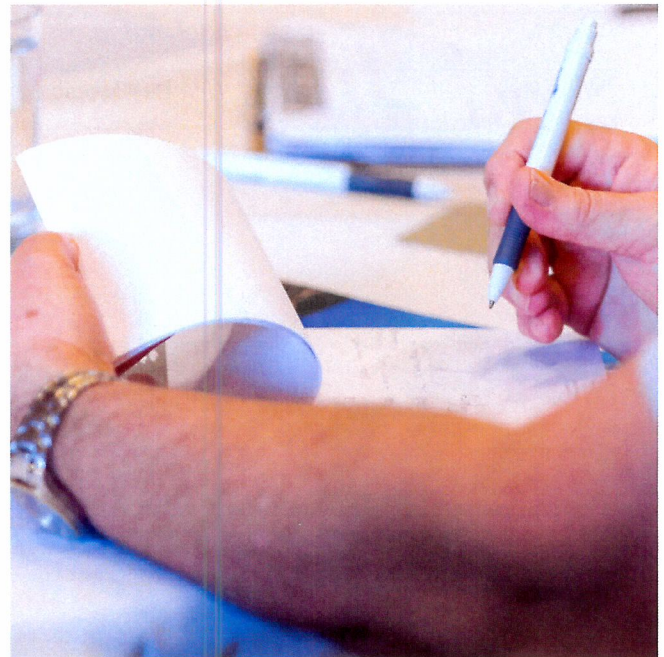
To make contact with the Queensland PIR Managers Group, please contact Ms Pauline Coffey in the first instance:

Ms Pauline Coffey

Manager, PIR North Brisbane

P: 07 3630 7303

E: Pauline.Coffey@mnbml.com.au



Appendix A - Queensland PIR Managers Group

Region	Lead Agency	PIR Manager (or delegate)
Central and North West Qld	Red Cross	TBA
Central Qld	Central Qld Medicare Local	Ms Christine Hollingsworth
Darling Downs South West Qld	Lifeline Darling Downs and South West Qld	Ms Trish Feehely
Far North Qld	Centacare Cairns	Mr Gary Hubble
Gold Coast	Gold Coast Medicare Local	Ms Helen Clifford
Greater Metro South Brisbane	Greater South Brisbane Medicare Local	Dr David Brown-Brulant
Metro North Brisbane	Metro North Brisbane Medicare Local	Ms Pauline Coffey
Sunshine Coast	Sunshine Coast Medicare Local	Ms Michelle McAllister
West Moreton Oxley	Aftercare	Ms Susan Barron-Hamilton
Wide Bay	Wide Bay Medicare Local	Mr Brad Elms

Appendix B - Queensland PIR Organisations

Region	Lead Agency	Consortium Members	
Central and North West Qld	Red Cross	<ul style="list-style-type: none"> Red Cross Centacare Townsville 	
Central Qld	Central Qld Medicare Local	<ul style="list-style-type: none"> Central Qld Medicare Local Anglicare Bidgerdii Centacare Central Qld Hospital and Health Service Community Solutions Central Qld University 	<ul style="list-style-type: none"> Department of Communities, Child Safety and Disability Services Excelcare Ozcare Red Cross Relationships Australia Qld
Darling Downs South West Qld	Lifeline Darling Downs and South West Qld	<ul style="list-style-type: none"> Lifeline Darling Downs and South West Qld Centacare Toowoomba Centre for Rural and Remote Mental Health Ltd Darling Downs South West Qld Medicare Local 	<ul style="list-style-type: none"> Mental Illness Fellowship Qld Qld Alliance for Mental Health Inc RHealth Richmond Fellowship Qld Toowoomba Clubhouse YWCA Qld
Far North Qld	Centacare Cairns	<ul style="list-style-type: none"> Centacare Cairns Aftercare Anglicare North Qld Ltd Australian Red Cross Far North Qld Medicare Local Max Network Pty Ltd Mental Illness Fellowship of North Qld Mission Australia 	<ul style="list-style-type: none"> Ozcare Rights in Action Royal Flying Doctors Service Qld Tableland Community Link Tully Support Centre UCA Assembly Ltd Frontier Services Worklink Wuchopperen Health Service
Gold Coast	Gold Coast Medicare Local	<ul style="list-style-type: none"> Gold Coast Medicare Local Aftercare FSG Australia 	<ul style="list-style-type: none"> Mental Health Association Australia Mental Illness Fellowship Qld Ozcare
Greater Metro South Brisbane	Greater Metro South Brisbane Medicare Local	<ul style="list-style-type: none"> Greater Metro South Brisbane Medicare Local Aftercare (with Access Community Services Ltd & Career Keys) FSG Australia Gallang Place Micah Projects (with the Institute for Urban and Indigenous Health) 	<ul style="list-style-type: none"> Multicultural Centre for Mental Health and Wellbeing Inc (with Karakan & Mercy Family Services Qld) Neami Richmond Fellowship Stepping Stones Clubhouse The Benevolent Society The BrookRED Centre Inc

Appendix B - Queensland PIR Organisations continued

Region	Lead Agency	Consortium Members	
Metro North Brisbane Medicare Local	Metro North Brisbane Medicare Local	<ul style="list-style-type: none"> • Metro North Brisbane Medicare Local • Aftercare • Community • Footprints in Brisbane Inc • Institute for Urban Indigenous Health 	<ul style="list-style-type: none"> • Mental Illness Fellowship Qld • Metro North Hospital and Health Service • Neami • Open Minds • Qld Alliance of Mental Health Inc • Richmond Fellowship Qld
Sunshine Coast	Sunshine Coast Medicare Local	<ul style="list-style-type: none"> • Sunshine Coast Hospital and Health Service • Qld Alliance for Mental Health • North Coast Aboriginal Corporation for Community Health • Steps Group Australia • Mental Illness Fellowship Qld 	<ul style="list-style-type: none"> • Suncare Community Services • Lutheran Community Care • Care Connect Community Focus Association
West Moreton Oxley	Aftercare	<ul style="list-style-type: none"> • Access Community Services Ltd • Aftercare • Drug ARM • FSG Australia • Neami • Open Minds • Ozcare • Qld Alliance of Mental Health Inc 	<ul style="list-style-type: none"> • Qld Government Department of Aboriginal and Torres Strait Islander Affairs • Richmond Fellowship Qld • West Moreton Hospital and Health Service • West Moreton – Oxley Medicare Local
Wide Bay	Wide Bay Medicare Local	<ul style="list-style-type: none"> • Wide Bay Medicare Local • Bridges Aligned Service Inc • Bundaberg Skills Centre Inc • Community Solutions Group Inc 	<ul style="list-style-type: none"> • Wide Bay Hospital and Health Service • Pathways Rehabilitation and Support Services Ltd • Richmond Fellowship Qld • RichmondPRA • Suncare Community Services Inc

Appendix C - Consumer and Carer involvement in Queensland PiR Organisations

PIR Region	Highest level of governance where consumers are involved	Highest level of governance where carers are involved	Other structures where consumers and carers are involved
Central and North West Qld	TBA	TBA	TBA
Central Qld	N/A	N/A	<ul style="list-style-type: none"> Recovery Training workshop Local evaluation process
Darling Downs South West Qld	<ul style="list-style-type: none"> Consortium Management Group Strategic Leadership Panel 	<ul style="list-style-type: none"> Consortium Management Group Strategic Leadership Panel 	<ul style="list-style-type: none"> All training and workshops for PIR support facilitators. 'System Change' project teams State Government Carer and Consumer Advisory Group
Far North Qld	<ul style="list-style-type: none"> Governance Advisory Panel 	<ul style="list-style-type: none"> Governance Advisory Panel 	<ul style="list-style-type: none"> Peer Support Network PIRO Meetings Consumer/Carer Advisory Panel Recruitment of PIR personnel
Gold Coast	<ul style="list-style-type: none"> Independent Quality Reference Group 	<ul style="list-style-type: none"> Independent Quality Reference Group 	<ul style="list-style-type: none"> Advisory Group – Heads Up Regional Flexible Funding Review Group
Greater Metro South Brisbane	<ul style="list-style-type: none"> Consortium Management Committee 	<ul style="list-style-type: none"> Stakeholders Advisory Committee 	N/A
Metro North Brisbane	<ul style="list-style-type: none"> Consortium Management Committee 	<ul style="list-style-type: none"> Consortium Management Committee 	<ul style="list-style-type: none"> Innovation Fund Review Panel Support facilitator induction NDIS Workshop
Sunshine Coast	<ul style="list-style-type: none"> Partnership Council 	<ul style="list-style-type: none"> Partnership Council 	<ul style="list-style-type: none"> Consumer Partners Group (joint reference group with Sunshine Coast Hospital and Health Services) Carer Partners Group (joint reference group with Sunshine Coast Hospital and Health Service)
West Moreton Oxley	<ul style="list-style-type: none"> Consortium Management Committee 	N/A	N/A
Wide Bay PIR	N/A	<ul style="list-style-type: none"> Consortium Management Committee 	<ul style="list-style-type: none"> Networking groups

