



Introduction

- MIFA
- COAG—Addressing Social Exclusion?
- Recovery concepts, research and partnership
- Engaging the ‘Lived Experience’

A Better Way?

COAG reforms

- Commenced under Howard govt.
- Now Minister for Social Inclusion

recognition of:

- Current need and easy access
- Real potential for recovery
- Significant impact on whole family
- Clinical services one small component
- Service linkage essential

Risk – a major factor from 1990s

‘Risk has entered private and public sector management thinking to become an *organising concept* as never before. Since the mid-1990s considerable effort has been expended on making risk management into a value proposition and in both private and public sectors the concept of risk is being enrolled in a new focus on *outcomes and performance*’

Power, M. The Risk Management of Everything – Rethinking the politics of uncertainty. Demos www.demos.co.uk

Isolation in the land of services - Sue attends the day centre and clinic she has 5 friends she sees at outpatients or the day centre

Outer circle: places where friendships start.
Inner circle: People who matter

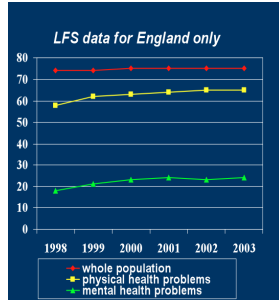
International School for Communities, Rights and Inclusion
uclan
University of Central Lancashire

Exclusion – the evidence

Group	% of employers who would recruit
lone parents	88
long-term unemployed	78
physical health problems	62
mental health problems	37

- Less than 40% of employers would recruit people with MH problems
- Two thirds deterred from applying for fear of unfair treatment but many
 - highly skilled
 - relevant experience
 - able to work with minimal adjustment

Less than a quarter of adults with MH problems are in work



Main barriers:

- fear of losing benefits
- employers' attitudes
- fluctuating nature of condition
- *low expectations of health professionals*



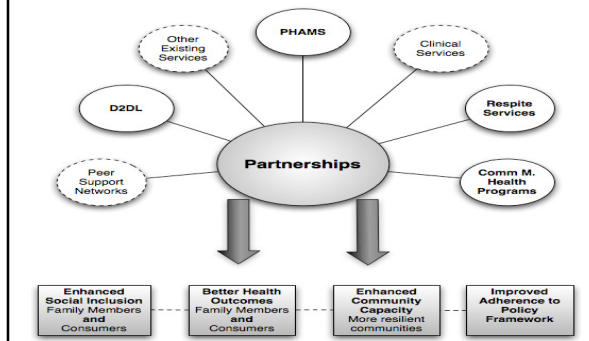
Evidence Base ?

'God help any service without proven outcomes, capable of being encapsulated in half a dozen PowerPoint charts. God help anyone trying to make a case for an innovative service that by definition lacks an evidence base of any kind. God help, above all, any user of services who doesn't fit neatly into an outcomes matrix by responding promptly and gratefully to public investment. This new age of austerity will also be an age of intolerance'

Brindle (D) A precious Window to Save Services, Guardian Society, 29.4.09



A Better Way?



Recovery



Respondent Profiles: Clinical Staff

Psychiatrists

- Brisbane, Southport, Sydney, Canberra, Melbourne, Adelaide, Perth
- Ranging from senior clinicians with teaching roles to solo private practice
- Acute setting staff - major psychiatric referral units
- Multi-centre acute - working across several units
- Community practice - ranging from private practice to Depot Clinic staff

Case Managers / Mental Health Nurses

- Qld, NSW, ACT, Vic, SA, WA
- Ranging from Unit Managers to solo community nurses
- Acute setting staff - major psychiatric referral units
- Community practice - ranging from metro to regional centre to rural

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Recovery Definition

Alignment with Consumers:

Consumer Definitions (at least 'Some Mentioned')	Psychiatrists	Nurses/ Case Mgrs
1. Socialising / Having R'ships	Aligned	Aligned
2. Looking after Oneself	Misaligned	Misaligned
3. Reduced or No Symptoms	Misaligned	Aligned
4. Medication Compliance	Misaligned	Misaligned
5. Community Involvement	Aligned	Aligned
5. Having Hope / Positive Outlook	Misaligned	Aligned
6. Keeping Busy/ Active/ Motivated	Misaligned	Misaligned

- Complete alignment on several psychosocial elements.
- However, many prominent recovery issues for Consumers are not aligned with mental health professionals, particularly Psychiatrists.

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UltraFeedback  Recovery Definition

Alignment with Psychiatrists:

Psychiatrist Definitions (at least 'Some Mentioned')	Consumers	Nurses/ Case Mgrs
1. Reduced or No Symptoms	Misaligned	Misaligned
2. Return to Functionality/Normality	Misaligned	Aligned
3. Community Involvement	Aligned	Aligned
4. Working	Misaligned	Aligned
5. Socialising / Having R'ships	Aligned	Aligned
6. Better Quality of Life	Misaligned	Aligned

- Psychiatrists focused primarily on symptomatic recovery, esp. controlling symptoms.
- Psychiatrists more aligned with Nurses/Case Mgrs than Consumers, but misalignment with both groups for their most prominent issue.
- While aligned with Nurses/Case Mgrs in notion of returning to functionality, this rarely mentioned by Consumers.

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UltraFeedback  Recovery Definition

Alignment with Case Workers/Nurses:

Case Mgr/Nurse Definitions (at least 'Some Mentioned')	Consumers	Psychiatrists
1. Return to Functionality/Normality	Misaligned	Aligned
2. Working	Misaligned	Aligned
2. Community Involvement	Aligned	Aligned
2. Better Quality of Life	Misaligned	Aligned
3. Reduced or No Symptoms	Aligned	Misaligned
3. Having Hope / Positive Outlook	Aligned	Misaligned
4. Socialising / Having R'ships	Aligned	Aligned

- CM/Nurses slightly more focused on a psychosocial issues than Psychiatrists.
- CM/Nurses have slightly more alignment with Psychiatrists than Consumers.

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Care Coordination

SCHIZOPHRENIA AUSTRALIA

The 'Lived Experience'

- Why involve consumers in their own health care?

“Tell me and I will forget
show me and I may remember
involve me and I will understand”

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The 'Lived Experience'

- The Burdekin Report (1993).
- National Mental Health Plan (2003-2008)
- Not for Service: Experiences of injustice and despair in Mental Care in Australia, Summary (2005)
- Senate Select Committee on Mental Health Report (March 2006)
- Let's Get To Work: A National Mental Health Employment Strategy; Mental Health Council of Australia (2007)

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The 'Lived Experience'

Why involve consumers in their own health care services?

- Utilising lived experience – a powerful partnership
- Peer Workers use their experience to support others
- Not a new concept. Peer workers have worked in a range of fields since the 1950s

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The 'Lived Experience'

Why should health services be delivered by consumers (peer workers):

- Fewer hospitalisations
- Reduced use of crisis services
- Improved social functioning
- Reduced substance use
- Improved quality of life

The 'Lived Experience'

Staff who are able to utilise lived experience offer:

- role models for recovery
- different options and solutions
- high level of credibility to consumers
- examples of living well with mental illness
- sound recovery based practice.

The 'Lived Experience'

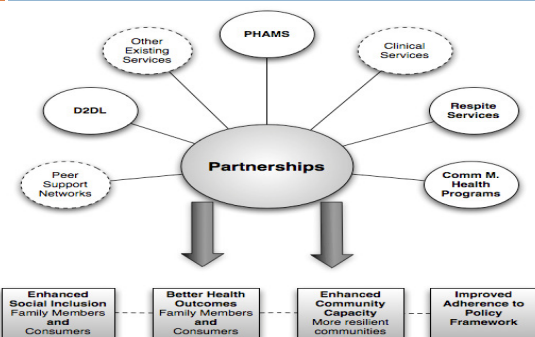
An example of how MIFA member organisations have delivered COAG programs utilising lived experience

- Personal Helpers and Mentors Program
- Support for Day to Day Living in the Community
- Mental Health Community Based Programs
- Respite Programs

The 'Lived Experience'

- Taking the consumer –health service provider partnership to the next level
- The Consumer to Active Participant to Volunteer to Staff Member pathway
- Participant to MIFSA Crew to volunteer to worker

A Better Way?



Conclusion

It's complicated

BUT

It's oh so simple

Questions



PARTNERSHIPS THAT DELIVER