

**The Inaugural MNCLHD Rural Innovation & Research Symposium
Integrated Care: One Health System – For You
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PAPER

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TITLE: Creating and sustaining a person-valuing integrated care continuum in Community Mental Health in a regional and rural setting

TOPIC: Integrated Person-Centred Care

Background & Rationale:

This paper outlines progress in a multi-faceted community mental health and disability support pilot program being conducted in Port Macquarie on the NSW rural & regional mid north coast. Based in Port Macquarie Community College and its partner NGO Endeavour Mental Health Recovery Clubhouse of the Schizophrenia Fellowship of NSW, the scheme has five main elements which are designed to be person-centred, collaborative, integrating care and community-building.

For reform of mental health and disability support to achieve sustainable change, it will require much more hands-on, community-based and mainstream engagement for participants living with challenges, their carers and families. Moving out of clinically-dominated settings into community engaged and socially inclusive environments is a major new step for Australia, so we need pilots modelling approaches that work, while amending those that don't. Hence this combined set of activities creating alternative pathways to agency for participants and hands-on opportunities for leaning and life development for consumers and carers alike, including work experience and jobs, and even the possibility of small business development. The scheme also uses Participative Action Research and Appreciative Inquiry to have participants recording a continual Evidence Based Research databank as an integral part of these activities.

A foundation framework for the program is collaborative partnerships between clinicians, NGOs, consumers and carers. The model is still being trialled, but basically it combines the elements of case assessment, individual development planning, holistic pastoral care to ensure social and emotional wellbeing of all involved, ongoing learning and life development into pathways to community & workplace integration.

Aims:

To have participants as key decision-makers in the design, implementation, researching and evaluation of this community MH program, through a hands-on Community Steering Network.

To involve all parties in an integrated referral & support program that allows choice and enhances wellbeing, while maintaining ongoing care, with monitoring & research occurring in a continuous feedback process.

To provide hands-on, experiential learning that builds confidence, creates a community of belonging for social inclusion, and helps participants to choose their own paths to recovery and life development.

To achieve work experience, job placements, social enterprise and small business development by those participants who desire those sorts of choices.

To develop sustainable partnerships to support an ongoing program involving local businesses, community groups, clinicians, carers and families.

Problem Identified:

Siloes of self interest have developed among clinical and NGO sectors, breeding separation.

Non communication or exchange of information between services does not help clients find the full range of choices available.

Not sharing support strategies across agencies fails to create seamless care pathways, while adding to frustration levels for consumers and carers.

Lack of integrated pathways from clinical settings to community recovery and then mainstream means that clients don't progress into community engaged living, jobs or their own businesses.

Diagnosis of the problem:

Boards, Managers and Staff of government agencies and NGOs don't talk to each other and fail to develop mutual client-focused understanding and collaborative strategies.

Partnerships don't exist in practice although they are spoken of rhetorically by management.

Community settings and opportunities for recovery and life development are not understood by clinicians so they don't relate to them in terms of care path planning and referrals.

Consumers and carers don't feel confident of getting anywhere when they raise concerns, so they give up.

Everyone is being told "wait for the NDIS" as if this will solve everything with "individual choice," but that will not fix the problems outlined above.

Changes made:

The Mid North Coast Human Services Alliance tries to bring everyone together among the NGO sector, holding workshops; practical training sessions to building collaboration across ageing, disability and mental health; and advocacy with government.

The Port Macquarie Community College and Endeavour MH Recovery Clubhouse model illustrates partnerships that create an integrated, holistic approach to recovery-based rehabilitation.

Ongoing communication and networking aims to sustain this network of practitioners into a Community of Practice across the Mid North Coast.

Building research into all activities as a valued activity in itself is a double benefit – empowering consumers' and carers' agency in determining service development, and creating a "live" evidence base to feed into a Continuous Improvement cycle.

Results:

- The *Absolutely Everybody Choir* of the *School of Hard Knocks* (SOHK) Port Macquarie Hastings is a creative arts for recovery program for disadvantaged people, run by the Port Macquarie Community College in association with Dr Jonathon Welch's national SOHK network. This scheme provides weekly rehearsals in the company of volunteer choir buddies, social inclusion over a shared lunch after each session, and ongoing disciplined singing in a choir that aims of professional standard concerts. It is aimed to expand to include creative writing, percussion, and musical performance writing and presenting in future.
- *Moving Forward With Confidence* (MFWC) small group narrative sharing sessions run over six weeks for each series, creating a safe environment for those just coming out of home and feeling stigmatised and withdrawn after lacking company for long periods.
- The *Life Skills Express* (LSE) hands-on experiential learning program is an eclectic range of facilitated learning sessions, covering subjects as diverse as video and social media, animal companioning, bush visits with The Nature School, horticulture & permaculture, and any number of Vocational Education & Training (VET) courses.
- The *House with Many Stories* (HWMS) older people's MH and AOD & Gambling project, with Panthers Club Port Macquarie, the Rural Adversity MH Program and the MNC LHD is a community-based intervention that addresses chronic issues in an invisible and engaging way.
- Creating a new range of consumer choices by partnering with the *Endeavour MH Recovery Clubhouse's* (ERMHC) community-based, member-run rehabilitation program in Port Macquarie, providing a day program with food preparation, communications and assertiveness training, and a vocational work preparation & job placement program.
- Providing holistic, wrap-around *Wellbeing Team* case management meetings, borrowed from the Kidsmatter national MH program in primary schools, gives a regular combined pastoral care & case management monitoring and intervention approach, supporting all participants in the college's programs.
- *Participative Action Research (PAR)* and *Appreciative (AI)* are being developed to involve all participants in being their own researchers, to create a strengths-based (cf. pathology focused) contemporary, ongoing and empowering evidence base collection process. Fourth Year Medical Students from the UNSW Rural Clinical School at Port Macquarie Base Hospital are also being offered opportunities to work their compulsory research unit into this community MH setting within these programs.

Plans to sustain change:

- All the above programs are currently being supported through eclectic combinations of funding which have no recurrent guarantee.
- Submissions to the current MH Innovation and Reform rounds have been “in the system” for some time, awaiting responses.
- Liaison with the MNC LHD is ongoing, with evidence being collected of the efficacy and cost benefits of these programs, which it is hoped will attract mainstream support.
- Philanthropic sources are being approached continually for support, but that market is flooded with requests due to the abandonment of previously publicly funded programs.
- Potential to develop Train The Trainer, Workshop Facilitation, and “Franchise-style” services is being explored with the MNC Human Services Alliance, to seek more sustainable income sources while still maintaining an investment in the common good.

Plans to spread/share the changes:

- Networking, mainstream media & PR, social media and community of practice approaches are emerging to share these approaches more widely.
- The proponents are represented on the MNC LHD Community Reference Group (CRG) and seek every opportunity to share these approaches with MNC LHD peers.
- The MNC Human Services Alliance is a major source of distribution and communication across the state.
- The IMHpact collaborative network in the North Coast LHD is a major source of information distribution and skills sharing in community mental health.
- The Agency for Clinical Innovation (ACI) is being approached regularly to help in sharing these sorts of approaches across its network and through its workshops and conferences.
- The Adult Community Education (ACE) sector is a collaborative network across Australia and they are being informed regularly of these developments, and the proponents’ enthusiasm to share these collaborative strategies. Community Colleges Australia (CCA) is the major ACE peak body for NSW and it is closely linked with the proponents.

Team members: Margaret Bailitis (MFWC), Sue English (LSE), Katrina Humble (SOHK), Rob Moorehead (EMHRC), Adrian Guthrie, Katrina Humble & Belinda Kennedy (HWMS) plus the Community Steering Network, the MNC Human Services Alliance leaders and allied stakeholders.

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