Pre Budget Submission

Mid North Coast Community College Ltd.

Modelling successful recovery from mental health challenges and substance misuse

Mid North Coast

STRIVE

RECOVERY COLLEGE

30 June 2019

Prepared by:

Robbie Lloyd

Community Relationships Manager

MID NORTH COAST COMMUNITY COLLEGE

Address
77 Hastings River Drive
Port Macquarie
NSW 2444

Executive Summary

What is Recovery in Mental Health?

"Recovery in mental health services is defined as living a satisfying, hopeful, and contributing life even with any limitations caused by illness."

This quote from the UK's REFOCUS Report into linked research studies, to understand how mental health services can promote recovery, emphasises the positive, strengths-based focus that recovery represents, rather than the illness-focus that most mental health services communicate (1).

Recovery Colleges have existed in the UK and USA for many years, and there is now an International Community of Practice, supported by the University of Nottingham in the UK, which is running a study about Recovery Colleges called RECOLLECT in 2017 (2).

This submission requests $1 million over three years to pilot a rural and regional recovery college project, which will be research, evaluated and able to be scaled up for application across NSW and beyond.

OVERVIEW OF THE ISSUES

The Australian Institute of Health and Welfare Report on Mental Health Services released in October 2017 showed that 45% of Australians will have a common mental disorder in their lifetime (3), and that one in seven young people (4-17yrs) experienced mental health (MH) disorders in the year 2013-14. According to the North Coast Primary Health Network's 2016 Needs Assessment, the Mid North Coast of NSW rates much higher than the national average in all aspects of MH disorders and Substance Misuse, Self-harm and Suicide (see detailed notes under 4).

Currently the focus of the latest National MH Strategy rollout is built on the Stepped Care model, which focuses on clinically-based primary health care, predominantly through GPs. The AIHW MH Services Report (3) shows that the highest rates of presentation with GPs were for Depression (32%), Anxiety (17%) and Sleep disturbance (12%). This paper argues that Adult Community Education (ACE) provides the strongest pathway to sustained social and emotional wellbeing for these patients, away from the clinic, to help them find new activities that remove stigma, strengthen mental health and reduce "frequent flyer" visits to hospitals and GP clinics. The Recovery College is a proven, evidence-based model already working well in inner Sydney.

Detailing Causes & Potential Solutions

According to the Australian Institute of Family Studies 2015 Review of Publications on Mental illness and Substance Abuse among Young People (5), 20% of young people aged between 14 and 25 years who live in inland Australia experience a mental health or substance use problem at any given point in time.

Causes range from childhood trauma, social dislocation, family crises through unemployment, to "being left behind" by the pace of change across society, exacerbated by living in rural and regional settings.

The Fourth National MH Plan (2009-14) identified five main issues to address the problem: social inclusion and recovery; breaking through stigma and creating new workforce pathways; prevention and early intervention; service access, coordination and continuity of care; quality improvement and innovation; and accountability (measuring & reporting progress). Many of these approaches have yet to be achieved.

Now the Fifth National MH Plan (2017-22) has added another eight targeted priority areas: achieving integrated regional planning and service delivery; effective suicide prevention; coordinated treatment and supports for people with severe and complex mental illness; improving Aboriginal and Torres Strait Islander mental health and suicide prevention; and improving the physical health of people living with mental illness and reducing early mortality; reducing stigma and discrimination; making safety and quality central to mental health service delivery; ensuring that the enablers of effective system performance and system improvement are in place.


At least 20% of young people aged between 14 and 25 years who live in inland Australia experience a mental health or substance use problem.

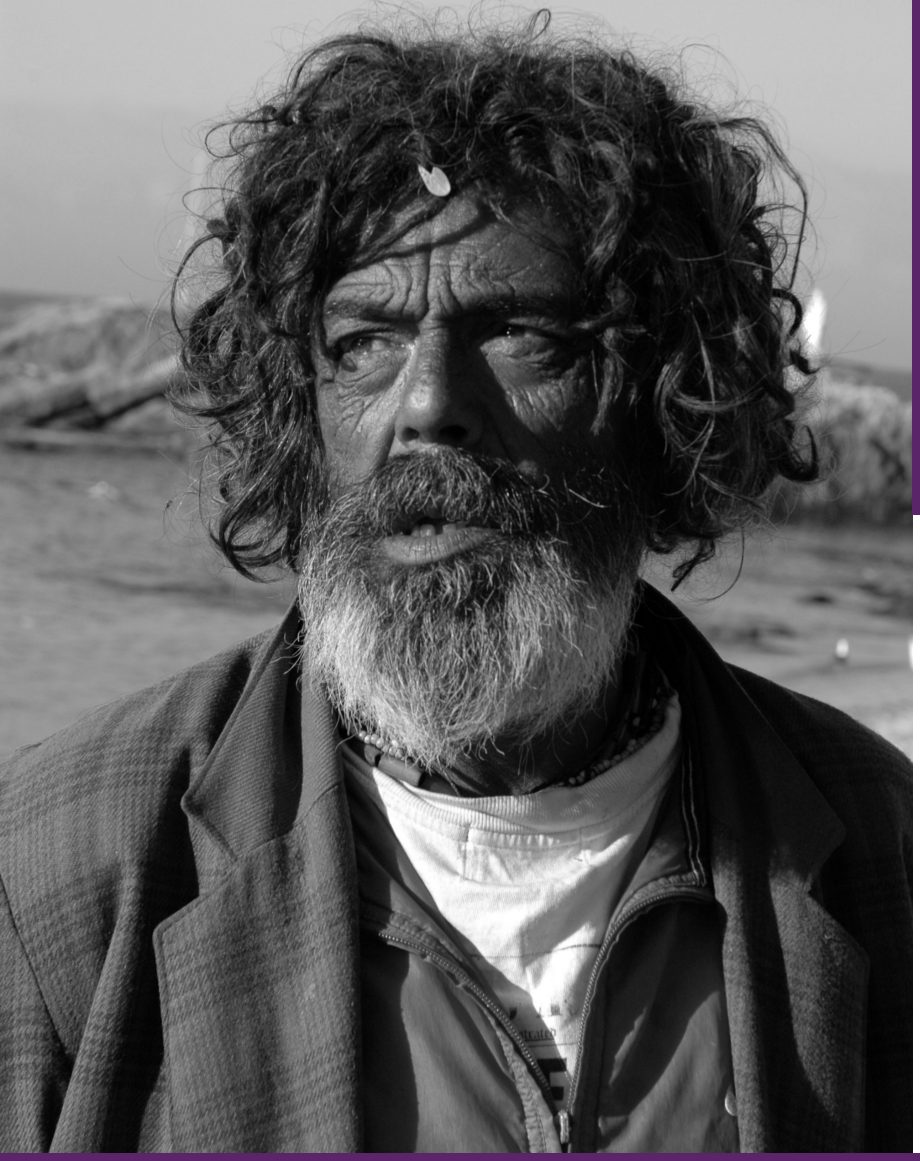
Vision & Actions for Change

This paper argues that both National MH Plans since 2009 have lacked sustainably funded implementation vehicles at the local community level which could ensure ongoing improvements on all these fronts.

The Recovery College model is one that covers most of these priority targets, as well as achieving integrated care and involving local consumers and carers in design and delivery. It also leads into vocational pathways and opportunities to rebuild lives without stigma. It also works for PTSD, Stroke Recovery, Chronic Pain and other life challenges.

The potential for change lies in modelling a rural and regional approach that can be scaled up across NSW. Addressing each of the 13 priorities of the last two MH Plans, this paper argues for a Recovery College approach because it will be:

- Effective in building social inclusion and ensuring sustained recovery for young and old, through ACE networks that link clinicians with community seamlessly;
- Able to break through stigma and create new workforce pathways and small business opportunities for people in recovery, as "students" developing new paths;
- Successful in achieving prevention and early intervention by creating alternatives for people to live purposeful and motivated lives, learning new skills and joining new social groups, rather than remaining as "patients and consumers";
- Maintaining service access, coordination and continuity of care through easily accessible community- based venues;
- Guaranteeing quality improvement and innovation through clear business models and regular reporting;
- Establishing effective accountability through regular monitoring, measuring and reporting on progress, and involving consumers and carers in design and delivery alongside clinicians;
- Achieving integrated regional planning and service delivery through networking with the health system, NGOs, communities, consumers and carers;
- Effective suicide prevention through better outreach into youth and adult networks;
- Coordinated treatment and supports for people with severe and complex mental illness, using the clinical world for its best purpose, treating severe cases;
- Improving Aboriginal and Torres Strait Islander mental health and suicide prevention by linking in culturally connected ways at the local level;
- Improving the physical health of people living with mental illness and reducing early mortality, through programs linked to community physical health, recreation and sports activities, plus exposure to natural environments (not clinics);
- Reducing stigma and discrimination by making all participants "just students at the college";
- Making safety and quality central to mental health service delivery by connecting the carers and clinicians in an effective, mutually respectful, openly communicating network;
- Ensuring that effective system performance and improvement happens in a seamless way, through interactive flat management systems that listen to the customers.



HOW DOES IT WORK?

We aim to
"Lead community development by providing socially inclusive learning programs and opportunities that enable enriched and enterprising lives."

Problem & Solution

"People living with mental health and substance misuse challenges feel patronised and disempowered in current clinical environments. Clinicians feel like detached 'experts' who talk down to their patients from on high. It's like forced compliance rather than an alliance." That is the word from the Community Steering Network members (the consumer and carer reference group) of Mid North Coast Community College.

In the Recovery College, everyone is equally involved in finding ways to help improve people's journey towards social and emotional wellbeing and to live useful lives. Clinicians respect that Lived Experience is a valuable source of knowledge about how to help people get better and stay better. And by designing and delivering programs together, consumers and clinicians model a new era of partnering reform in mental health.

Action

As described by the international headquarters for Recovery Colleges based at Nottinghamshire Health in the UK, ImROC (Implementing Recovery through Organisational Change), and the colleges are: “An educational approach to supporting people with their recovery journey. All aspects of the college and courses are co-produced by experts by personal experience alongside experts by professional training. Service users become students and take courses which enable them to manage their own recovery and live beyond illness. People with mental health challenges, their relatives, friends and carers and staff learn together and from one another. They are strengths based and person-centred; inclusive, and progressive, helping people reach their own goals; and there are over 40 Recovery Colleges across the UK and internationally” (6).

Evidence Based Research: Monitoring, Evaluating and Sustaining Effective Change

This proposal advocates setting up a three year Rural and Regional Pilot of the Recovery College model within the Mid North Coast, to research and report on the effectiveness and scalability of this model for the whole of NSW. It will be implemented in close collaboration with the South East Sydney Recovery College (SESRC), the first college established in Australia in 2014. SESRC describes itself as:

“The Recovery College enables people to become experts in their self-care and to develop skills and confidence to manage their own recovery journey. The college explicitly recognises the expertise of lived experience and the expertise of mental health professionals. All Recovery College courses are co-produced, co-delivered and co-received by staff, people with mental health issues and the people who are close to them.” Mid North Coast Recovery College will work with community, clinicians, adult educators and researchers to report on the model for rural and regional settings.

Cost Effectiveness

Given the average cost of a hospital bed is $1,000–1,200 a day, according to the Independent Hospital Pricing Authority's January 2016 Mental Health Costing Study, the Recovery College model promises a very cost-effective alternative. That is aside from its flow-on benefits in increased employment, reduced recidivism, savings in costs to families, and the benefits of greater social cohesion.

This proposal identifies the main costs that are specific to rural and regional communities being in areas such as transport and workforce training and development, which is required to establish new patterns of operation. But these challenges shrink markedly in the face of costly admissions and readmissions, alongside repeated Medicare billings for GP visits.

AREAS NEEDING FUNDING		
Budget Item	Community Colleges	Health Department
Venue Cost	50,000 (In-kind)	50,000 (In-kind)
Staffing Program Design & Delivery Administration of Training Enrolments, Records, Work Details etc. Educational Vocational & Work Placement support Clinical Consumer/Peer Workers Establishment Workshops, Monitoring, R&D	25,000 100,000 100,000 25,000	
Admin. Operations, IT, Running Costs	25,000	25,000
Resources Development	25,000	25,000
Transport & Logistics	25,000	
TOTAL:	$375,000	$285,000
GRAND ANNUAL TOTAL		$660,000
GRAND THREE YEAR PILOT TOTAL		$1,980,000

Monitoring, Reporting, Evaluation and R&D

The Mid North Coast Strive Recovery College will involve a partnership between Mid North Coast Community College, Endeavour MH Recovery Clubhouse, and clinicians from the MNC Local Heath District plus consumers and carers in the community. These partners will be joined by various NGO, research and government policy and innovation agencies as they engage with the innovative program. The monitoring, reporting, and R&D will be extensive, to provide an evidence base, to achieve cost efficiencies and to inform the ongoing development of the model.

What will be unique in this rural and regional pilot is that consumers and carers will be part and parcel of the research and reporting process from day one, through participative action research and participative inquiry methods which inform the ongoing data collection (both qualitative and quantitative).

Action Plan, Timeline & Reporting Milestones

Action Plan, Timeline & Reporting Milestones

The suggested program for rolling out this pilot is as follows:

- Exploratory Workshop with MNCLHD, ACE and SESLHD Recovery College Team to establish the program — Feb—Mar 2018
- First Phase: Two Terms (Term 2 & 3) Report after 6 months — May—Sept 2018
- Second Phase: Two Terms (Term 4 2018 & Term 1 2019) Report after 12 months — Oct 2018—Apr 2019
- Third Phase: 4 Terms (Terms 2—4 2019 & Term 1 2020) – Report 2 years — Apr 2020
- Fourth Phase: 4 Terms (Term 2—4 2020 & Term 1 2021) – Report 2 years — Apr 2021

CONCLUSIONS

The South Eastern Sydney Recovery College describes itself as “a pioneering educational initiative in Australia which encourages learning and growth for better mental health.” Given that Mid North Coast Community College has a proud record of innovation in community mental health reform, using ACE (Adult Community Education) values and practices, and that the Mid North Coast Local Health District is an innovative partner in mental health reform, the conditions are ripe for a successful trial from 2018-20.

References & Notes

(1) http://www.researchintorecovery.com/files/REFOCUS%20Final%20report.pdf

(2) http://www.researchintorecovery.com/recoverycolleges

(3) https://www.aihw.gov.au/reports-statistics/health-welfare-services/mental-health-services/overview

(4) http://ncphn.org.au/needs-assessment-2016/

The North Coast PHN's regional health needs assessment (covering the Mid North Coast and Far North Coast of NSW) conducted in 2015-16 showed a number of alarming trends in the area of community mental health, self-harm and suicide, and alcohol and other drugs use:

- Approximately 100,000 people in the region suffered from depression or anxiety (that's 20% of the population), while only 30,000 accessed mental health treatment plans;
- The region had the highest suicide rate in NSW at 14.9 per 100,000 in the north, and 8.9 on the mid north coast, compared with a NSW average of 8.9;
- Psychological distress was at very high levels across the region (13.3 per 100,000 people on the MNC, and
- 11.8 in the north, compared with 9.8 NSW wide);
- The Drinking trends among the 16 years and over age group were at dangerously high levels – 31.6% at levels posing lifetime risk in the north;
- 52% of Citizens on the north coast feel that mental health is a priority, second only after 56% who feel drug and alcohol misuse is the major problem;
- Nearly 30% of people on the north coast said it was hard to access community support groups; while nearly 60% said it was hard to access mental health and AOD services.
- Nearly 50% of people said counselling, detox and rehab services were hard to access in the region.

(5) https://aifs.gov.au/cfca/bibliography/mental-illness-and-substance-abuse-young-people

(6) https://imroc.org/imroc-can-help-develop-recovery-college/

Supported by