Australian Dual Diagnosis Recovery Network Inc.

Alcohol and Other Drugs and Mental Health Recovery.

Presenting a perspective on Dual Diagnosis Care Planning Processes.

Dual Diagnosis. Key directions and priorities for service development. (2007-10)

Define phase.

- **Identification of consumers.** (p.1)

The focus is on improving services for those with **existing** dual diagnosis problems.

Delivering responses to dual diagnosis clients as part of core business in each sector ensures that people of any age are not excluded from a service because of their dual problems.

- **Goals of the project**. (p.2)

People that are experiencing dual diagnosis have improved outcomes, and their carers are better supported, through timely access to evidence-based treatment, rehabilitation, recovery and support provided by staff with the appropriate knowledge and skills.

- **Identification of consumers needs.** (p.3)

Dual diagnosis is associated with poorer outcomes and increased risks to health.
Systems barriers that impede integration of treatment, care and recovery centrally at policy level, and locally at service levels, need to be systematically addressed if outcomes for dual diagnosed clients are to be improve

> **An innovative approach is required to develop collaboration and integration of treatment, care and recovery**.

Fourth National Mental Health Plan 2009-2014

Priority Area 1. <u>Social Inclusion and Recovery.</u>

Outcome.	Actions.
Impact of mental health.	Improve community and service
Better understanding and role of mental health and wellbeing in the community.	understanding.

A proposition perspective.

What is the proposition?

The proposition is about initiating a dialogue about an all inclusive mental health and alcohol and other drugs use management and recovery program.

<u>It's a bottom-up consumer- carer- professional research-based proposition.</u>

The proposition is an integrated process and a common approach for assessing its impact on alcohol and other drugs misuse and mental health management, social inclusion and recovery. The assessment revolves around an all inclusive "Accommodation, Employment, Education and Training Environment Setting" of a <u>Learning Organisation's New and Evolutionary Program.</u>

<u>The program is envisaged to be person-centred, focused and driven.</u>

It is inclusive of main key "Whole of person quality of life" recovery improvement elements such as – accommodation, illness-wellness education, social inclusion, employment, education and training, stigma and discrimination and community awareness programming etc.

The collaborating seamless wrap-around service delivery system includes but isn't limited to:

- A person-centred wellness and recovery approach to professional training programs.
- Integrated mental health and alcohol and other drugs use, housing and employment agencies programs.
- It's a person-centred vision, meaning – professionals assess an individual's needs, once this done, the person is given a Plan and an indicative budget. The person can then use the allocated budget to design the services solutions that make most sense to them.
- Once the Plan is approved by the Authority, the money flows to the individual and then paid for service rendered to the service provider of their choice.
  Plan for: <u>Treatments, Interventions, Discharge and Transition System. (self-evaluation).</u>
- To develop a self-assessment identity strategy process in order to distinguish, between being a patient (ill), a client (rehab.) and becoming a person again (recovery), stages.
- Personal Budgets and Self-Directed Services.
  Persons to get improved outcomes for themselves and better value for public money.

Australian Dual Diagnosis Recovery Network Inc.

Frank Filardo
President & Program Coordinator

Alcohol and Other Drugs and Mental Health Recovery.

Lodging your expression of interest to participate in a dialogue about a:

Grounded Theory Methodology Collaboration Proposal.

Alcohol and other drugs and mental disorder (schizophrenia)
"Whole of person quality of life"

A holistic dual diagnosis management and recovery model of care.

Project:- Specialist Peer Support Worker Traineeships.

Accommodation   Illness-Health Education   Social Inclusion
Employment   Education   Training

To acknowledge the person's illness/disorder, <u>schizophrenia-alcohol and other drugs use</u> and the illness's multiple and complex needs; hence recognizing the need to further the research through a Collaborative Entity's trailing of "**Specialist Peer Support Worker traineeships".**

Focusing on the transition from the clinical to the fulfillment of functional and social roles.

Rather than focusing on treatment and the client's impairments, the focus is on utilizing the person's strengths and abilities, for overall independent functioning and fulfillment of social roles. Persons wanting to create a new self-reality for themselves by implementing the:

1- Collaboratively developed self-engaging Individual Treatment Plan strategy.
2- Individual Wellness Recovery Action Plan, in a continuous sustainable manner.
3- Principles of Action Learning co-occurring simultaneously with Action Research.

4- Integrating culturally and linguistically diverse (CALD) community needs.

> Work, especially the opportunity to aspire to and achieve gainful employment, is a deeply generative and re-integrative force and must be a central theme in any Recovery Action Plan.

What is recovery?

Recovery doesn't refer to an end product or result.

It doesn't mean that one is cured, nor does it mean that one is stabilized or maintained in the community. Recovery often involves a transformation of the self wherein, one both accepts one's own limitations as one discovers a new world of possibility.

This is the paradox of recovery ie. , that, in accepting what we can't do or be, we begin to discover who we can be and what we can do.

Thus, recovery is a process.

It is a way of life. It is an attitude and a way of approaching the day's challenges.

It isn't a linear or perfect process.

Community Based Learning.

"Community-based learning involves learning from individuals other than teachers, connecting meaningful community activity with classroom experience, addressing specific problems, issues and practices. Community-based learning is increasingly becoming an approach integral to achieving the outcomes for vocational learning, as it is for achieving learning outcomes in key learning areas.

Examples of these approaches involve participants being required to engage in active learning in community settings as well as undertaking projects in the community to solve problems that are relevant to themselves, their community and their educational organisation".

Department of Education and Community services, July 1 2003
cited in Miles Morgan Australia, 2003, p.15

Why do we do this?

We do this to develop a systematic and collaborative (consumer-carer-professional) implementable process for:-

- Establishing shared decision making in consumer-centred and focused and professionally supported "Whole of person quality of life" Specialist peer support worker traineeships processes. (Employment suitability and sustainability research)
- Train and/or retrain the workforce in recovery-based competences. (Social inclusion)
- Re-defining issues of professional boundaries for "Specialist peer support workers". (Work focused). **Equity. Equality. Shared-responsibility.**
- Consumer evaluation of staff/service performance. (Gaps and barriers)

- Consumer-centred and focused services/programs evaluation. (Consumer-Carer)

What are career development services?

"Career development services refer to a wide range of programs and services provided in many different jurisdictions and delivery settings. Their objective is to assist individuals to gain the knowledge, skills, attitudes and behavior to manage their life as well as to learn and work in self-directed ways".

Quoting from:- Canadian Career Development Foundation, 2002,
cited in Miles Morgan Australia 2003, p.14

Bottom-up implementation process.
This process would inform the needs for consumer recovery and wellness:-
Workforce development. Workforce capacity building.
Workforce planning. Workforce training.

Strategies to address needs and interests.

- Framework for career and transition services.
- Prioritising areas for further action.
- Evaluating the effectiveness and efficiency of services provided to individuals.
- Further learning

Career exploration.

- Referral to specialist agencies and
- Career exploration resources

Provide guidance.

- Recognition of current competence.
- Theory of vocational choice
- Learning theory of vocational choice
- Transition framework
- Career development draft prototype
- Applying labor market information
- Employability skills
- Career development competences
- Interview arrangements
- Collecting and documenting information

- Ethical practice
- How career assessment relates to opportunity etc.

INTEGRATED ACTION PLAN TEMPLATE

GOALS TO BE ACHIEVED:-

Clinical:-	Treatment-Wellness Recovery Action Plan- Transition
Medical:-	**Treatment-Wellness Recovery Action Plan-Transition**
Rehabilitation:-	**Individual's Wellness Recovery Action Plan Services Access**

How well/to what standard does this need to be done?

Guidelines and standards research and development.

Individual tasks to achieve the goal/s	When does this need to be done by	Who is responsible for this to happen
T1		
T2		
T3		

Barriers to achieving T1	
Obstacle:-	Solution:-
Barriers to achieving T2	
Obstacle:-	Solution:-
Barriers to achieving T3	
Obstacle:-	Solution:-

When will we review this Plan?

Notes.
Clinical and rehabilitation:-

Medical and rehabilitation:-
Functional. Employment, education and training:-

(Introduction to the draft requirements analysis for decision support 2000+ Chapter 8 p.1)

Summary

The clinical guideline component of an integrated information system serves three primary functions:
Clinical decision support, treatment process tracking, and guideline variance tracking.

- Clinical decision support facilitates the selection of the most effective treatments for conditions and is useful to clinicians, consumers, families, and administrators.
- Treatment process tracking allows for a detailed and standardized record of clinical interventions.
- Guidelines variance tracking evaluates the congruence between guideline-recommended treatment and actual treatment delivered at the individual and aggregate levels.

While significant progress has been made in establishing the importance of clinical guidelines and determining standards for guideline development, a number of barriers to readiness remain:

• guidelines are unavailable for many disorders;

• there is no consensus on which guidelines are the best;

• few clinicians have been trained in the use of guidelines;

• clinical guidelines software is only recently available and has a short track record; and

• purchase or design of clinical guideline software and integration into existing organizational systems is costly.

Implementation of treatment process and guideline variance tracking systems also await further development in the field. The greatest barrier to tracking the process of treatment is the absence of a formal system for reliably and validly describing both general treatment orientations and specific treatment interventions. The field will need to develop a standard terminology of treatments with associated definitions and codes. The taxonomy must then be integrated into other routinely used software. The ability to track guideline variance depends on further developments in both these areas.

Once the barriers in the areas of guidelines and treatment process description are resolved, the foundations for guideline variance tracking will be established. Interfaces must then be built between the clinical decision support software from which the clinical guideline recommendations are made, the treatment process tracking system which includes the data on treatment actually delivered, and consumer characteristics. This will require a relational database and/or a data warehouse to facilitate data analysis.

The success of all three aspects of the clinical guidelines component rests heavily on involvement of end-users in the development of tools such as guidelines, taxonomies, and software so that they are meaningful, reputable, and user-friendly. Widespread implementation will also require a substantial commitment to education and training, an emphasis on quality improvement, and flexible requirements that take into account the limitations to current knowledge in the field.

**It is vitally important for the behavioral health care field to:**

• Develop a user-friendly, evidence-based clinical guideline that is effective for a specific disorder and for co-occurring conditions;

- Include key stakeholders in the guideline development and implementation process and
- Develop decision support software.
  (Define the process map.)

Current state vs. Future state.

Current state.

The present dual diagnosis state is perceived as only intending to go on building organizations that provide silo services with little or no knowledge as well as no connection (common data collection, assessment, access and linked) to each other and most importantly, <u>service-centred and driven</u>, rather than consumer-centred and driven.

Psychotic episode.
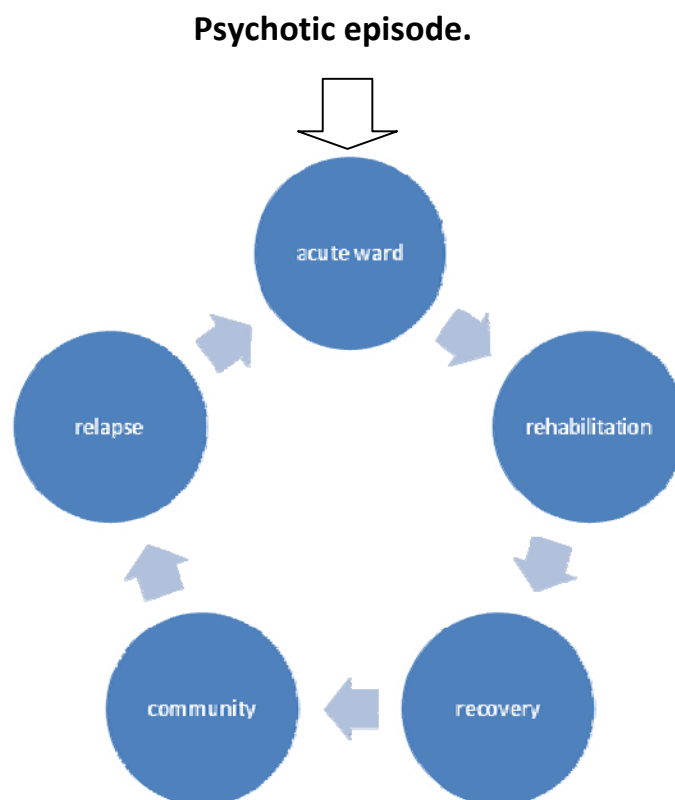
Future state.
The future state is visualized as a <u>person-centred and focused</u> seamless service delivery system colocating Clinical-GP-Functional collaborating organizations. Carers included, at the person's discretion. Australian Dual Diagnosis Recovery Network Inc. aspires to be the first organisation

to implement "Consumer employment co-occurring with Action Learning and Action Research" dual diagnosis recovery and "whole of person quality of life improvement" access services.

Stage 1. Participant Action Learning

**Person-focused service improvement through a systematic seamless service delivery system.**
The project's theme revolves around the consumer's dual diagnosis recovery education and relapse prevention, promoting healthy habits and nutrition in a systematic consumer-centred and professionally supported **Individual Treatment Plan** (stability and refined medication maintenance dosage).

Stage 2. Participant-Professional Action Research

Simultaneously implement/develop own **Wellness Recovery Action Plan** elements including communications, social inclusion, life skills education, training and employment opportunities.

Consumer-carer-professional-other collaborators, education, training, team and skills building.

The proposed evolving Learning Organisation Facility.
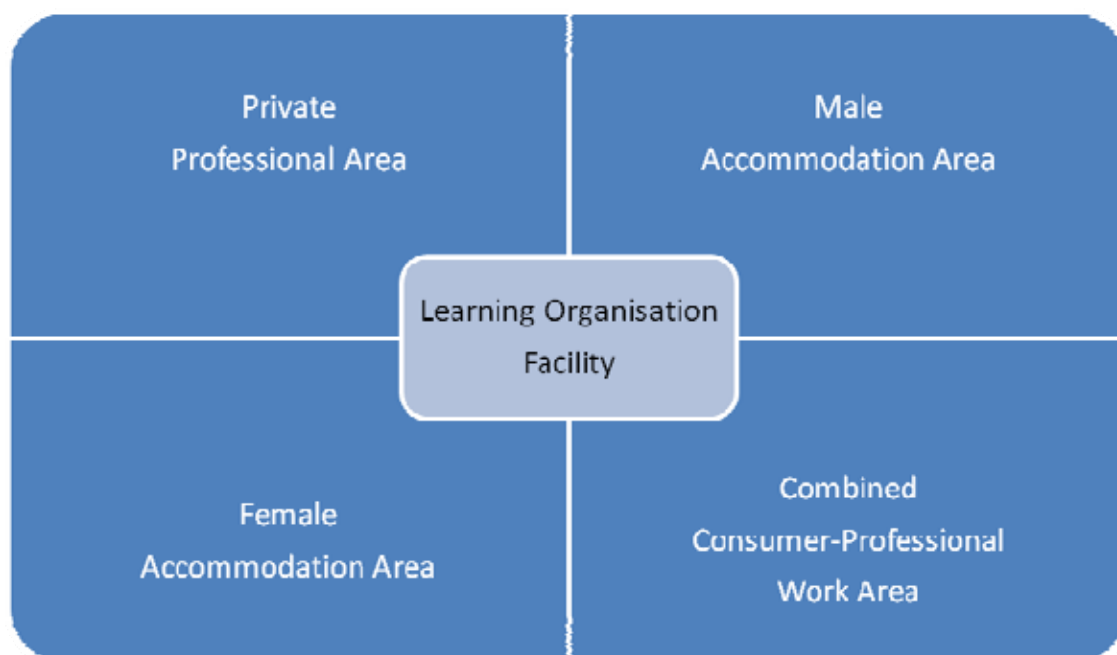
Presenting a perspective on Mental Health Care Planning Processes.

Care Planning Processes:-

- from managed care (professionally directed with little and/or no consumer input)

- and self-directed care (consumer centred, focused and driven, little professional input)
- **to shared care (consumer centred, focused and driven and professionally supported)**

> To develop and implement a Consumer's Recovery Action Plan evolving from a shared vision of consumer experiential-knowledge and best supportive professional evidence-based knowledge.

Focus on functioning and fulfillment of social roles.

Rather than focusing on treatment and the client's impairment, the focus is on utilizing the person's strengths/abilities for overall independent functioning and fulfillment of social roles.

> **Work-centred process.**
> **Project:-Specialist Peer Support Worker Traineeships.**

Education and Training on Person-centred and recovery oriented approaches.

Topics to be addressed include principles and practices of person-centred recovery approaches such as:- improving whole of person quality of life, clinical-functional assessment, recovery action plan, communication skills, empowerment, self responsibility, independence etc.

> Work, especially the opportunity to aspire to and achieve gainful employment, is a deeply generative and re-integrative force and must be a central theme in any Recovery Action Plan.

Where, along the mental health care spectrum, will we operate from?

We will operate in a participant's focused and organizationally collaborative network that facilitates and provides improved services and outcomes. Developing the seamless service delivery system processes implemented during the clinical-functional recovery phase.

Broad Services Delivery Perspective.

Connecting consumers to the community.
Effective transition planning.

Issues to consider:-

Clinical Individual Treatment plan.

Health care - Medication - Personal support and life skills – Entitlements.

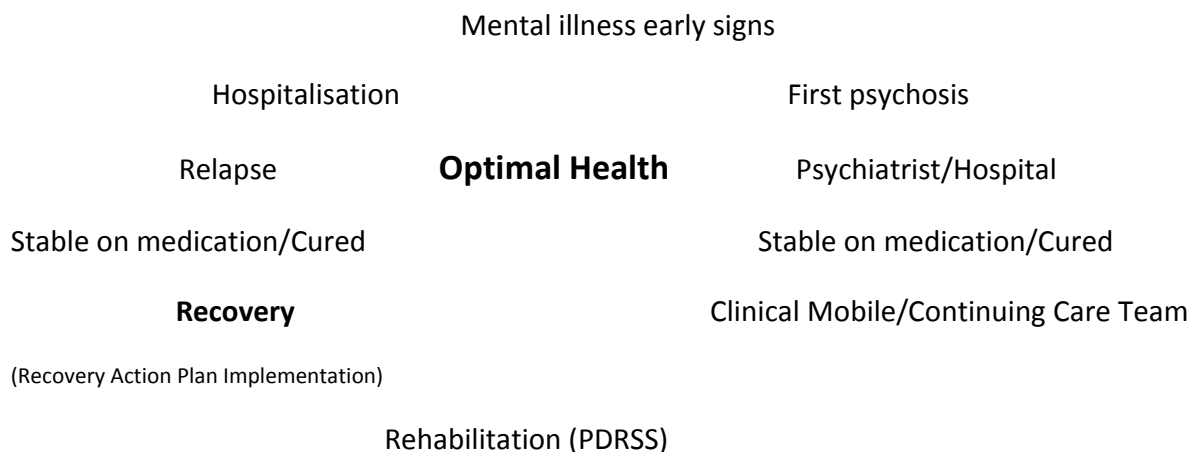## Functional Wellness Recovery Action Plan.

Housing – Employment – Income and Finances – Social Inclusion – Communication Skills.

The recovery seamless service delivery system processes.

**The Mental Health Management and Alcohol and Other Drugs
Seamless Recovery Service Delivery System
Perceived Missing Link.**

If we were to put, for argument sake, the mental health care spectrum in a theoretical and figuratively simple and plain way, the simple perspective would be as follows.

Mental illness - Schizophrenia and alcohol and other drugs

Mental illness early signs

Hospitalisation   First psychosis

Relapse   **Optimal Health**   Psychiatrist/Hospital

Stable on medication/Cured   Stable on medication/Cured

Recovery   Clinical Mobile/Continuing Care Team

(Recovery Action Plan Implementation)

Rehabilitation (PDRSS)

Why was the recovery phase chosen?

Rationale.

Evidence increasingly indicates that health interventions, aimed at changing the social, economic, political and behavioral determinants that affect education and income levels and that provides the public with choices about healthy living, can have the most far reaching effect. (AIHW 2004)

The Mental Health Management and Alcohol and Other Drugs Seamless Recovery Service Delivery System Perceived Missing Link.

Our Association proposes to facilitate/collaborate in developing a Learning Organisation comprising Clinical and Functional Stakeholders facilitator/provider organizations Network.

The aim.
To develop pathways to systematic as well as evolving service improvement approaches, in a person-centred and focused professionally supported seamless service delivery system.

The objective.
To facilitate/provide and access culturally, timely, appropriate and improved recovery services. To increase the prospects for an individual's whole of person quality of life improvement.

Broadly speaking, we are suggesting two main streams for action.

1. A clinical component.
A clinical component of an integrated system serves three primary functions:

- **Clinical decisions support**
  Clinical decision support facilitates the selection of most effective treatments for conditions, and is useful to clinicians, consumers and administrators.

- **Treatment process tracking**
  Treatment process tracking allows for a detailed and standardized record of clinical interventions.

- **Guideline variance tracking**
  Guideline variance tracking evaluates the congruence between guideline recommended treatment and actual treatment delivered at the individual and aggregate levels.

2. A functional component.
A functional component of an integrated system serves five primary facilitating functions:

Accommodation-Social inclusion-Nutrition-Employment-Education-Training

These functional components provide for an individual's "whole of person quality of life improvement" if they are arranged in an orderly and sequential way. (Consumer-focused)
If they are not, then, they have the intrinsic interdependence power to influence one another

that makes it quasi impossible for a person to be anything other than a disempowered as well as a continued dependant and recipient of welfare services.

What is the suggest proposal?

The suggested proposal is for a Network of like-minded organisations and/or individuals to facilitate/provide services in a seamless delivery system that would be mutually benefitting, value adding etc. from the following **Grounded Theory Methodology Implementation Project**.

Individual Whole of Person Quality of Life Improvement.

SPECIALIST MENTAL HEALTH PEER SUPPORT WORKER TRAINEESHIPS PROPOSAL.

Measuring what matters.

A theory of change.

The use of an "**Impact Map**" as a tool to develop the theory of change.

The impact map provides a framework for organizations to better understand how their actions actually create change, by analyzing the cause and effect chain of inputs, outputs, outcomes and impacts. By completing an impact map, organizations develop transitions and pathways into impact measurement based on their organizational capacity and priorities.

There are a number of different analyzing stages.

1st Stage analysis.

- **Organizations to establish the parameters for the analysis.**
- **Organizations to identify, prioritise and engage stakeholders**
- **Organisations to develop a theory of change**

The Network Organisations "**Flat Matrix Panel**" will identify the outcomes data that needs to be collected and then will put in mechanisms for data collection from the outset to validate the findings.

Peer support.

Roles of Specialist Peer Support Worker can relate to helping individuals understand and manage their illness, co-morbidity, provide emotional support etc.

Peer support is the building and nourishing of relationships between peers which assists individuals in their journey of recovery and wellness.

It is envisaged that a **"Continuous Quality Improvement Program"** will be in place, monitoring the by-lateral highly unique perspectives of evidence-based knowledge informed by experiential-knowledge as it is implemented, trailed and documented (plan, implement, monitor, review. Plan … etc. recycles) as an everyday occurrence and experience.

Grounded Theory Methodology Collaboration Proposal.

Mental Health and Alcohol and Other Drugs Recovery.

Education and training of dual diagnosed:-

Specialist Peer Support Worker Graduates.

Schizophrenia - Alcohol and Other Drugs participants.

To acknowledge the person's illness/disorder, schizophrenia-alcohol and other drugs use and the illness's multiple and complex needs; hence recognizing the need to further the research through the Collaborative Entity's trailing of "**Specialist Peer Support Worker traineeships".**

The coached "**Specialist Peer Support Worker Traineeships"** proposed project assumes that:-

- The participants are stable on medication
- The participants are willingly abstaining from using
- The participants will sign an accommodation-employment contract and are paid
- The participants ages will range between < 30 years approx.
- The participants can expect to be on a "whole of person quality of life" program which includes accommodation, individual treatment plan and wellness recovery action plan
- Participants to accept co-responsibility for related expenses eg. accommodation, food
- The services are person-centred and focused and professionally supported
- The facility's environment to be conducive to consumer-professional mutually benefitting from the evolving implementation opportunities, education and training

We shall achieve our goals by supporting and nourishing the person's assessed co-existing **strengths** and not relegating the conversation to **symptom-logy, deficits and dysfunction**.

Collaborative professional evidence-based knowledge and consumer experiential-knowledge shall be used to identify gaps and improvements through this person-centred project. This is seen as an ongoing as well as a systematic quality service improvement process development.

What does Grounded Theory Methodology Collaboration mean?

It means two actions co-occurring at the same time.

1. **Action research is a research method that enables practitioners to develop new practice-related knowledge through cycles of:-**
   - **Planning, action, observing and reviewing.**
2. **Action learning is a development technique for learning from current activities and involves the use of the cycle of:-**
   - **Experiencing, reviewing, concluding and planning.**
     (Mitchell, Henry and Young 2001, p.34)

Flat matrix stakeholders panel development (project collaborators decision making panel)

Developing partnerships and collaborations.

Sometimes the best way to get work done is to join with other organizations to tackle the issue. Even to ensure organisations can get funding with a stronger joint bid that either one of the organisations could as separate entities. There are many successful partnerships at all levels, but whenever you go into a partnership (as with any business arrangement) it is important to be crystal clear as to what each party is obliged to commit to the project.
It is essential to set up an agreement as to who does what and who has the final say over what.

All these agreements need to contain:-

- The description of the project (deliverables and dates etc.)
- Payment provisions (how much when – timeline etc.)
- Contact arrangements (what positions, what persons, who convenes etc.)
- Explain established mechanisms and processes that allow for participants, carers, stakeholders as well as other interested parties to provide input into the program design, planning, implementation, review etc.
- Any other organization that could make a contribution has been asked to do so and
- All holes in your expertise have been patched by recruiting the assistance of others
- Provisions for change of budget/staff/dates/specifications
- Provisions for monitoring/inspection/evaluation/review
- Financial contribution for each party at each stage
- Indemnity, release and insurance provisions

- Conflict and dispute resolution mechanisms

And may need to contain provisions covering:-

- Lease/buying land and/or equipment
- Ownership of intellectual property
- Confidentiality and privacy
- Who's responsible for publicity
- Who's responsible for any failure
- Letters of support etc.

Collecting the documents that you might need.

- Proof of incorporation Constitution/rules
- Australian Business Number etc.

Measuring the effectiveness and the efficiency of integrated care decisions and interventions.

Whole of person quality of life.

To improve a dual diagnosis integrated illness-health recovery seamless service delivery system by implementing a systematic person-centred service delivery approach and self-development.

Grounded Theory Methodology Collaboration Proposal.

Alcohol and Other Drugs and Mental Health Recovery.

Specialist Peer Support Workers Graduates Proposal. (collaboration project)

The suggested proposal is to implement the person-centred-professionally supported project within a Learning Organisation Facility / (LOF/ SRS/CCU/PARC/Group housing/Private etc). The complete and encompassing teaching-learning (teaching-learning to-from each other) consumer-centred project involving a curriculum as well as organizing the timely, appropriate and structured service providers, whether they are individuals/organisations (**Collaborating Entity**) on-site and off-site education and training as a supporting team.

Supporting professionals, together with the participating dual diagnosis trainees shall work, collaboratively and co-operatively, in order to develop a seamless service delivery system.
(Would we rather have a team of champions as it is now or would we prefer to develop a champion team?)

- We propose a bridging and collaborative "dual diagnosis peer traineeship" project.
- Taking the participants strengths-based approach to action their journey to recovery processes
- The participating young adults, stable on medication, aspiring to improve their quality of life as well as to get employment to advocate what they learned and experienced.
  (The hope is that by so doing they will evolve a new and different self-reality).
- The traineeship's curriculum implementation process to address their alcohol and other drugs use as well as their mental illness (schizophrenia) Individual Treatment Plan.
- Implement key life elements as developed and identified in their Wellness Recovery Action Plan.
- The process and infrastructure will inform the Collaborative Entity Network of perceived service gaps and/or improvements identified through the Learning Organisation participant's structured/unstructured continuous daily self-professional documentation
- To develop and incorporate a specific CALD strategy. It is envisaged that it shall provide an improved insight and a systematic approach to understand and deliver a person-centred service, following a cultural and linguistic, (English and clinical) assessment.
- To develop a "Seamless Service Delivery System" by incorporating and implementing the consumer's experiential-knowledge supported by professional evidence-based knowledge within a Learning Organization Environment (teaching/learning from each other).

Improved Seamless Service Delivery System Development

- **Evidence-based professional knowledge and consumer experiential-knowledge collaborative implementation project.**

Ref. Introduction to the draft requirements analysis for decision support 2000+

Chapter I P.4

Advantages of Linking Data

Linking data will meet many needs in mental health including:

• *The need to coordinate care more efficiently and effectively*.
A primary barrier to effective and efficient delivery of mental health and human services for children with severe emotional disturbances and adults with serious mental illness is the lack of a coordinated communication system that allows for the sharing of timely, accurate, and appropriate information among all the agencies and service systems involved in their care.
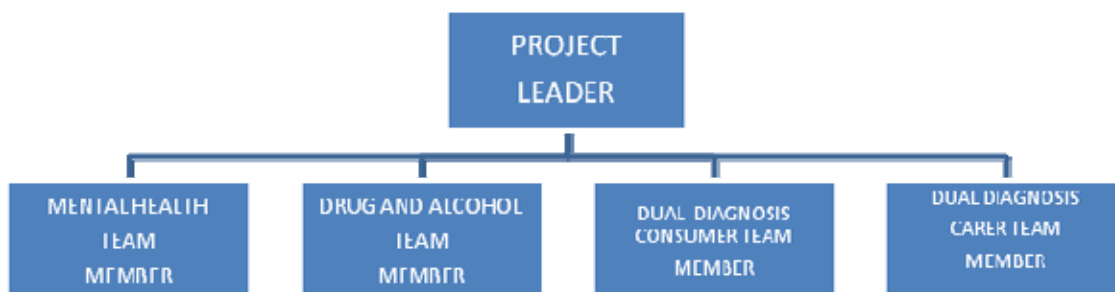
• *The need to meet reporting requirements*.
Most mental health organizations are accountable to Federal and local funders and are required to report on a great variety of matters. Exchange of core data sets, agreement on data exchange protocols, and use of web-based Internet and intranet applications would go a long way toward increasing the efficiency and cost-effectiveness of data collection and reporting.
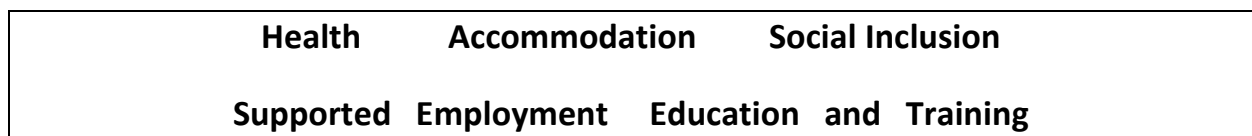
• *The need for research*
 Mental health phenomena at both the person and the system levels are enormously complex. Our ability to understand current circumstances and predict future trends depends on being able to look at how the many factors that affect outcomes and performance interact in multi-dimensional analytic models; this, in turn, depends on being able to link data.

Managing the Learning Organisation Facility.

PROJECT LEADER

- MENTAL HEALTH TEAM MEMBER
- DRUG AND ALCOHOL TEAM MEMBER
- DUAL DIAGNOSIS CONSUMER TEAM MEMBER
- DUAL DIAGNOSIS CARER TEAM MEMBER

The evolving of a "whole of person" quality of life system.

Health   Accommodation   Social Inclusion
Supported Employment   Education and Training

Recovery.

Taking a strengths-based approach.

Taking a strengths-based approach to the promotion of mental health recovery involves looking at people with alcohol and other drugs and/or mental health problems, with fresh eyes.

As with all approaches and perspectives, it has assumptions, beliefs and values which underpin practice and this proposal will provide the basis for considering the implications.

A strengths-based perspective doesn't deny that people can suffer appalling and prolonged mental distress; this proposition is accepted as a human given but, we must also be vigilant and mindful of other qualities that co-exist.

> **We are proposing a theoretical as well as a practical and implementable strengths-based approach in the hope that it can offer something useful to everyone, in terms of recovery.**

System development.

- Addressing disparities about alcohol and other drugs and mental health transformation.
- Facilitate consumer-centred whole of person quality of life developmental processes.
- Develop the data variables necessary to address health care disparities.

What is Recovery?

Recovery is a self determined and holistic journey that people undertake to heal and grow.

What is Community Integration?

Community Integration is the opportunity to live in the community and be valued for abilities and unique qualities like everyone else.

What is a Certified Specialist Peer Support Worker?

A Certified Specialist Peer Support Worker is a paid staff person with a mental health/co-occurring disorder who has been trained and certified to help his/her peers identify and achieve specific life goals.

The Certified Specialist Peer Support Worker promotes self determination, personal responsibility and empowerment inherent in recovery and assists people with mental illness and/or co-occurring disorders to regain control over their lives and their recovery process.

Recovery values.

Hope   Individuality   Empowerment   Self-awareness   Self-determination
Meaningful life   Peer support   Community focus   Respect   Advocacy

What is meant by:-

Specialist Peer Support Worker.

Roles of the Specialist Peer Support Worker can relate to helping individuals understand and manage their alcohol and other drugs misuse, mental illness, providing emotional support etc.

Work-centred Process.

Work, especially the opportunity to aspire to and achieve gainful employment, is a deeply generative and re-integrative force and must be a central theme in any Recovery Action Plan.

Focus on functioning and fulfillment of social roles.

Rather than focusing on treatment and the client's impairment, the focus is on utilizing the person's strengths and abilities for overall independent functioning and fulfillment of social roles.

Desired clinical, social and functional service improvement outcomes.

Improved clinical (mental health and alcohol and other drugs)**, functional** (employment) **and social inclusion** (communications) **status.**

- Diagnosis, symptoms, types of services used, frequency of use, medication and reviews.
- Stable on medication. Abstaining from using. Initiating a self-help recovery process.

Clinical, functional and social inclusion status.

Clinical status outcome.	Functional status outcome.	Social Inclusion status outcome
Schizophrenia co-morbidity	Inactive	Unemployed (DSP)
Alcohol and Other Drug use	Over-medicated	Isolated
Attending appointments with Psychiatrist, Psychologist, AOD counseling, AMHS social worker	Attending appointments, most times, but nothing positive really happens other than assessments and referrals. Eventually becoming unwell again.	
PDRSS worker	Over-sleeping	
Centre Link case worker		
GP care		
Employment Agency		
Respiradel consta&Seroquel		
Reviews		
Over weight		
Continuous smoking		

Linking functional status.

- Person-centred service delivery; (illness education):-
  Schizophrenia, symptoms, communications, medications and side effects, nutrition and fitness etc. assessed outcomes.
- Person-centred service delivery; (employment and related education):-
  Mental health specialist peer support worker traineeship – communications, education, training, employment and multi-skilling development, assessed outcomes.
- Social inclusion (integrated education):-
  Socializing and interrelation skills development
- Documentation of encounters and financial data provides information on the cost of services and episodes of care.
- Integrated stigma and discrimination program development.

Decision support program.

- Who receives what services, from whom, at what cost, and with what effect?
  The participant's enrollment data set is a basic building block for linking with other data sets to allow stakeholders to assess several important aspects of the mental health care system.
- What evidence is there of systems/tools such as common assessments, points of entry, and single patients files that facilitates co-ordination between relevant services sectors and professional modalities?
- What evidence is there that people with co-morbidities are benefitting from a 'whole of Government" approach to service delivery?

Any further required information will be gladly made available upon your request.

Kind regards

Frank Filardo

President & Program Coordinator