

Mind Australia's Peer Recovery Communities

How well is Mind doing in supporting the recovery of PRC residents?

Summary – August 2015

We are a group of University of Melbourne researchers who were asked by Mind to assess how well Mind's Peer Recovery Communities (PRCs) are working to support residents' mental health recovery.

Last year, Mind changed the way its adult residential rehabilitation services worked. To reflect the change, these services were renamed Peer Recovery Communities. As the name suggests, Mind wanted to achieve a more positive culture of mutual support, community and focus on recovery in these services.

We have looked at how well the changes were implemented and whether the changes made are achieving the outcomes described above.

We had the opportunity to ask residents, staff, families and carers and other people involved, like the staff of clinical services, about their experience of the Peer Recovery Communities. We did this via a survey and interviews. 47 people were interviewed or participated in a focus group. 55 people completed the survey. 34 out of 76 current PRC residents were involved.

We also looked at the documents Mind had created to communicate about the service and service satisfaction data from the Mind Australia Satisfaction Survey that residents regularly complete.

We also visited all six services to explain why we were doing the evaluation and encourage people to participate. We are grateful for the warm reception we received and the strong interest from so many people who participated and provided feedback.

Here are our key findings:

- We heard that the new model is working to improve on past practices and develop a more recovery-oriented service that includes a stronger peer support component.
- A key strength of the new model is the focus on supporting people to identify and achieve their personal recovery goals.
- There is a high level of satisfaction with the service. In particular, residents with experience of the new Peer Learning Workshops held within the PRCs are very positive about them and appreciate the opportunity to work on their recovery goals in an environment where their peers as well as staff support them.

- Getting families and carers more involved was seen as a great positive of the PRCs. About half of the residents interviewed said their relationship with their family or carer had improved because of their involvement in the PRC.
- One of the most positive messages we got was how great the staff are! Over half the clients nominated the staff as the most positive aspect of PRCs.

Although we had lots of positive feedback about what the PRCs are achieving there were also some things that can improve. These are:

- The staff roster - The new staff roster was unpopular among many residents and staff. Residents felt there was less access to their key worker and staff described ongoing difficulties in adjusting to the new roster. We have therefore recommended that Mind investigate this and find solutions to these problems.
- Consistency of quality in the Peer Learning Workshops - There were differences across PRCs in how the new Peer Learning Workshops were going and some staff and residents expressed doubts about them. However, the good news is that when they were implemented as planned, people were much more positive.
- Communication – Communication about the change from Adult Residential Rehabilitation to a new model of Peer Recovery Communities appears to have been patchy. Some people outside Mind did not know as much about the change as we expected and some expressed frustration with the impact of new referral arrangements. There is an opportunity in future to improve communication about the new model and strengthen relationships with external service providers.
- Diversity of residents - Although the Peer Recovery Communities are open to including people from diverse cultural and linguistic backgrounds, we found little diversity amongst residents. Improving access for people of diverse backgrounds is another challenge for the future.
- Family and carer involvement - Although there was strong support for family and carer involvement in residents' lives and the activity in the PRCs, we did not hear much directly from carers and family members themselves. This may just have been a feature of our study, but it is possible that this is a sign that families and carers do not yet feel they have a voice in ongoing service improvement.

We have submitted a full report of our evaluation, provided to Mind Australia in July 2015. This report details 13 recommendations we have for improving the PRC model. We also recommend further evaluation with the aim of understanding the long term recovery outcomes people are achieving through spending time living in PRCs.

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