



Psychiatric Disability Rehabilitation and Support Services Reform Framework

Mental Health Reform Strategy
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Executive summary

Women's Health West (WHW) commends the Victorian government on their effort to make Psychiatric Disability Rehabilitation and Support Services (PDRSS) more accessible, flexible and tailored to support individuals and their families. This submission outlines WHW recommendations on how the state government can strengthen the reform framework to ensure that support and services for women and girls can enhance recovery and wellbeing. The submission considers mental health recovery through the framework of the social model of health and suggests ways that reform can best meet the needs of women. As such, WHW has identified the following recommendations:

Recommendation 1: A gender sensitive approach to the PDRSS reform is applied to better ensure the different needs of women and men are met.

Recommendation 2: Sex-disaggregated data is collected, analysed and gender sensitive strategies are embedded throughout the PDRSS system reforms.

Recommendation 3: The Common Risk Assessment Framework (CRAF) be implemented across PDRSS.

Recommendation 4: Strategies must identify and redress structural barriers to clients achieving economic participation.

Recommendation 5: Preparation for a person-centred model is achieved by engaging evidence-based capacity building strategies with service users.

Recommendation 6: Appropriate and responsive supports must be put in place to ensure that peer worker models achieve positive outcomes for people who experience mental illness, as well as for the peer workers.

Recommendation 7: Gender awareness must be included in the proposed competency framework, and gender sensitive training incorporated into the accompanying training and professional development programs.

Recommendation 8: Establish specific funding initiatives that focus on shared goals, building relationships and strengthening interagency partnerships between and across PDRSS.

Introduction

WHW is the women's health service for the western metropolitan region of Melbourne. Our services include research, health promotion, community development, training and advocacy around women's health, safety and wellbeing. Since 1994, our service has hosted the region's largest family violence crisis support and prevention program. These two main arms of the service place WHW in a unique position to incorporate women's experiences directly into our research, health promotion and project work, ensuring that we clarify the connections between structural oppression and individual experience.

As a feminist organisation we focus on redressing the gender and structural inequalities that limit the lives of women and girls. WHW's work is underpinned by a social model of health, recognising the important influence of, and aiming to improve, the social, economic and political factors that determine the health, safety and wellbeing of women and their children in our region. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Informed by our vision of equity and justice for women in the west, WHW's work is guided by the following five strategic goals:

- Delivering and advocating for accessible and culturally appropriate services and resources for women across the region
- Improving the conditions in which women live, work and play in the western region of Melbourne
- Putting women's health, safety and wellbeing on the political agenda to improve the status of women
- Recognising that good health, safety and wellbeing begins in our workplace
- Working in partnership with others to achieve our goals

WHW experience working with the PDRSS system

WHW has worked in partnership with the PDRSS system since 2004. These partnerships have been forged through our Power On program, which assists women who experience mental illness to enhance their wellbeing and to encourage family, friends and service providers to support them in doing so.

It is important to build on strengths, keep positive and encourage each other to see that we can do something about our lives. We might want to focus on medication and our diagnosis, but I don't think that [alone] helps. (Karen Benca, Peer facilitator 2008:47)

This quote from a woman with a lived experience of mental illness who was the first Power On peer facilitator formed the foundations of our work within the program. Power On is underpinned by the social model of health, which recognises the affect of social, economic,

cultural and political factors on health and wellbeing. Power On is an excellent example of an evidence-based recovery model. The program focuses on women's strengths and we work in partnership with PDRSS and provide practical tools to enhance wellbeing. This in turn improves women's capacity for self-management, while enabling them to develop skills and confidence to make decisions about their lives. Crucially, a peer facilitator has been involved in every program phase, from needs analysis through to development, delivery and evaluation.

WHW conducted extensive consultations with women who experience mental illness to identify health and wellbeing concerns that were important to them. We used this information to develop a 12-week wellbeing program specifically designed for women who experience mental illness to be implemented within PDRSS. Through this work, WHW:

- Researched and documented women's perspectives about the social and structural factors that influence their wellbeing, as well as their individual experiences
- Developed an evidence-based health and wellbeing program manual that includes training resources, facilitators notes, fact sheets, session plans and interactive activities that can be implemented across PDRSS
- Developed a peer facilitation model of support and training for peer facilitators
- Developed a model that incorporates information exchange with carers, loved ones and service providers that is aimed at promoting supportive environments for enhancing women's wellbeing (WHW 2012)

Power On has been implemented across the western metropolitan region of Melbourne, in Tasmania and now in Queensland. Women that have participated in this program attribute substantial changes in their lives to their involvement in Power On, reporting that it motivated them to make positive decisions and lifestyle changes, and generally to have greater control over their lives (WHW 2008). As one woman noted:

I used to feel sorry for myself but now I think better about myself – I am 100% worthwhile (Power On Participant).

The program has also been adapted for women who are carers of a family or friend who experiences mental illness. Power On for Carers is currently delivered in partnership with Carers Respite Connections in the western region and has seen similar success to Power On. A carer who participated in Power On for Carers took the time to write WHW a letter following her participation in the program:

I just wanted to give you some feedback on how life changing this program has been for me. I approached the course hoping I might learn how to be assertive without being aggressive. Wow! I learned so much more, the effect on me and therefore my family has been huge. Twelve months after the program, I Power On with confidence! I would thoroughly recommend Power On for Carers to all women in caring roles (Carer).

Response to the Psychiatric Disability Rehabilitation and Support Services Reform Framework

As a regional women's health service with experience working within the PDRSS system, our submission is focused on ensuring that the reform framework is responsive to women's needs and works to redress disadvantage experienced by women and girls.

Framework for Change

Does the framework capture all key aspects of the change required?

The World Health Organisation clearly identifies gender as a key determinant of health and wellbeing. Gender is not mentioned anywhere in the reform framework. WHW strongly suggest that this is remedied and that a gender sensitive approach to PDRSS reform is applied to better ensure the different needs of women and men are met. This is of significant importance, as evidence from the World Health Organisation indicates that men and women experience mental health and mental illness differently, with clear gendered differences in the onset, prevalence, diagnosis, treatment, and outcomes of mental health and depression (WHO, 2005). The need for mental health service provision to be responsive to the needs of women is also supported by the Victorian Women's Mental Health Network:

Women's and men's experience of mental illness is different and for services to be responsive and equitable, these differences need to be acknowledged. By becoming more responsive to women's experiences, services can also create the space and hopefully the energy for increased awareness of men's needs (2009:53).

The social impacts associated with mental illness are also experienced differently by women and men. For example, women involved in Power On reported that their mental illness resulted in reduced self esteem, loss of assertiveness and lack of friendships or connections with others, which had a major impact on their health and wellbeing (WHW, 2008). Gender inequity is also evident in relation to the gendered nature of caring responsibilities, as women are more likely to be caring for children while unwell when compared with men (VWMHN 2009). For these reasons, it is essential that the PDRSS reforms engage a gender sensitive approach if the proposed reform outcomes are to be achieved.

The absence of sex-desegregated data in the 'System Overview' section of the consultation paper was noted. It is the position of WHW that meaningful 'client profile' data must go beyond age and diagnosis in order to better understand mental health differences between men and women, as well as gathering data on responsibility for the care and wellbeing of children. This is important so that services can address these specific needs and provide gender sensitive services in line with best practice (WHO, 2005; VicHealth 2005).

Recommendation 1: A gender sensitive approach to the PDRSS reform is applied to better ensure the different needs of women and men are met

Recommendation 2: Sex-disaggregated data is collected, analysed and gender sensitive strategies are embedded throughout the PDRSS system reforms.

WHW welcomes the reforms' focus on the involvement of family and friends in care and decision-making for people who experience mental illness. Women we consulted during the development of Power On identified their relationships with family as an important determinant of their wellbeing. It also became apparent during the consultations that family relationships are emotionally charged and complex.

One in three Australian women experience physical violence, while one in five Australian women experience sexual violence (ABS, 2006). Research shows that women with a mental illness are significantly more likely to be victims of violent crimes (CSG, 2007). Research has also found that a high proportion of women (68 percent) who have a serious mental illness are more likely to have experienced sexual abuse and trauma when compared with male patients (40 per cent) (VWMHN, 2009). WHW's direct experience with women who experience mental illness through the Power On program reveals that family violence is a common experience.

Given that women who experience mental illness are particularly vulnerable to violence, WHW strongly recommends that the involvement of family is approached with caution; understanding that in some instances the family member may also be a perpetrator of abuse. WHW recommends that the Common Risk Assessment Framework (CRAF) be implemented across PDRSS so that staff are trained and supported to recognise and respond to violence against women. This would result in better integration between mental health services and family violence and sexual assault services and ensure that actions involving family members do not put clients at risk.

Recommendation 3: The Common Risk Assessment Framework (CRAF) be implemented across PDRSS.

WHW welcomes the reforms' focus on mental and physical health, economic participation through education and employment, and social participation as indicators of people's recovery. VicHealth's extensive research into mental health promotion supports this evidence-based approach, and defines access to economic resources, physical activity, social connection, and freedom from violence and discrimination as key social and economic determinants of mental health and wellbeing (VicHealth, 2009).

WHW also welcomes the plan to improve links and coordination across sectors, in order to maximise long-term outcomes for clients and their children (DoH, 2012:32). However, cross sector coordination is only part of the change required. In order to redress broader determinants of mental health it is essential to tackle the barriers that impact on recovery for people who experience mental illness. Barriers to employment, for example, include limited work for people with complex needs and social stigma relating to mental illness and disability.

Changing the conditions that affect economic participation for people who experience mental illness is complex and requires long-term strategies. These strategies must include (but should not be limited to) strengthening cross sectoral partnerships and individual case work. How these reforms translate into service provision is also important. It appears that the proposed reforms would link indicators of individual recovery (such as economic participation through education and employment and social participation) to service outcomes and in turn to new funding models. Appropriate plans for implementing this complex and long term work must be made. Linking service funding to individual achievement while ignoring structural barriers to economic participation will be counterproductive..

Recommendation 4: Strategies must identify and redress structural barriers to clients achieving economic participation.

Building organisation capacity for good governance

What are the most important actions to build organisation and service capability in the short term and medium term?

WHW commends efforts to improve service quality and consistency by increasing individuals' involvement in decisions related to their support. We agree that in order to achieve this objective, it is essential to build 'the individual's capacity for self-management and the skills and confidence' as stated in the consultation paper (2012:45). Important to the success of a person-centred approach, this work should commence in the short term and be sustained over time and incorporate specific strategies for women and men.

There are clear parallels between this capacity building work and that undertaken by WHW through the Power On program. This is illustrated by a Power On facilitator within a PDRSS, who noted:

Power On empowered the women to say what they want within the program and with other participants. They felt more comfortable asking for assistance with things they needed and they felt more comfortable asking for help from each other. (WHW 2012)

WHW's success in building resilience and wellbeing for women involved in Power On is due to the following strategies:

- A peer facilitation model, which provides a role model for participants, as well as ensuring the program content is relevant and responsive to women's lives
- Professional delivery and high quality resources
- A strengths and rights-based approach
- A gendered perspective that explores themes related to wellbeing from a women's perspective
- A focus on assisting women to develop skills, build confidence and take up opportunities to learn and practice new skills
- A person-centred approach to program development has resulted in content that is relevant to the everyday lives of women who participate and a workshop environment

that is respectful, non-judgmental and fosters empathy. This establishes a space where women are safe to learn from one another

- The strong partnership between WHW and PDRSS

This way of working will prepare women to engage in a person-centred model, which assists them to make decisions about their service priorities and wellbeing. These principals can also be applied to the development and implementation of an appropriate strategy for men.

WHW recommends that the most important action to build organisation and service capability is to resource people who experience mental illness to self-manage and gain skills and confidence as preparation for person-centred planning. It is essential that this work is sensitive to specific gender differences.

Recommendation 5: Preparation for a person-centred model is achieved by engaging evidence-based capacity building strategies with service users

WHW has experienced great success with peer worker models and welcomes its inclusion in the reform framework. Women who experience mental illness that were involved in Power On report that the peer facilitator is a great role model of what is possible in terms of both recovery and employment. Real benefits are also experienced by the peer facilitator, including increased self-esteem and confidence (WHW, 2008). In addition, through the use of the peer worker model, mental health services are able to create employment pathways for people who have experienced mental illness.

Peer education is a two way street. Part of being a peer facilitator is that I receive as well as give. I have grown in confidence; I listen more and speak less. When running a workshop I connect more with the women and have learnt to be flexible. I have been challenged and supported. I have learnt lots and have had fun doing so. I can surpass my mental illness and achieve things that previously I didn't think I could do. (Power On peer facilitator WHW 2012)

My confidence has gone through the roof...I came with a set of skills but WHW believed in me and this belief made a huge difference'. (Power On peer facilitator WHW 2010)

A sustainable support structure is essential to achieve the successes offered by the peer worker model. By establishing supportive relationships within the workplace where peer educators are supervised, it is possible to:

- Develop a relationship that respects the expertise each person brings to the project and encourages the peer facilitator to contribute to and influence the work
- Develop flexible, informal support models that recognise the peer worker's unique experiences

Recommendation 6: Appropriate and responsive supports must be put in place to ensure that peer worker models achieve positive outcomes for people who experience mental illness, as well as for the peer workers.

Workforce development

Are there other workforce development areas that also require focused attention in the short to medium term to better support the delivery of high-quality client and carer/family outcomes?

WHW welcomes workforce development and sustainability being prioritised within the reform framework. The Victorian Women's Mental Health Network report, *Nowhere to be safe: women consumers' experiences of mixed sex psychiatric wards*, reveals shocking experiences of sexual assault against women when in acute care (VWMHN 2008). The Network advocates that workforce development and creating spaces where staff can discuss gender sensitivity and related issues is an important strategy to promote gender sensitive practice in acute care (VWMHN 2009). WHW is of the opinion that this work should not be limited to the acute service system. Rather, a workforce with capacity to provide gender sensitive services is vital to high-quality service provision to clients and their families within the PDRSS system.

Recommendation 7: Gender awareness must be included in the proposed competency framework, and gender sensitive training incorporated into the accompanying training and professional development programs.

Remodelling programs and funding streams

What is your view on the staged approach towards a client-directed funding model? What issues should be taken into account to support the move to such a model?

WHW welcomes the priority of interagency partnerships between and across PDRSS providers, as these partnerships will provide a platform for best practice approaches, resources and ideas to be shared across the sector. However, we are concerned that a shift to the proposed client-directed funding model will limit PDRSS providers' capacity to implement broader strategies to enhance recovery and wellbeing for people who experience serious mental illness; most notably partnership and organisational capacity building. Hence, specific regional funding initiatives to establish such partnership are required.

Recommendation 8: Establish specific funding initiatives that focus on shared goals, building relationships and strengthening interagency partnerships between and across PDRSS.

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