Formal Submission to the Royal Commission into Victoria's Mental Health System

Author: Professor Lisa Brophy on behalf of the Principles Unite Local Services Assisting Recovery (PULSAR) team

In summary:

The PULSAR (Principles Unite Local Services Assisting Recovery) project provided an opportunity to undertake an adaptation of the REFOCUS intervention developed in the UK, in collaboration with the REFOCUS investigators, in a way that considered the unique, diverse and complex Australian context for adaptation of Recovery principles, tools and methods. https://www.monash.edu/medicine/scs/psychiatry/research/southern-synergy/health-services/pulsar

We are making this submission to the Royal Commission into Victoria's Mental Health System after having gathered expertise about people's experience of the mental health system through four years of dedicated research work (2014 – 2018) funded by the Victorian Government's Mental Illness Research Fund. The positive results of our study make an important contribution to planning for ongoing innovation and service improvement in Victoria, Australia and internationally. On the basis of our findings we recommend that the Victorian government invest in recovery oriented practice training using the now evidence based PULSAR training. We also recommend that the government invest in high quality research in Victoria that has the potential for such high impact and translational potential, such as PULSAR.

PULSAR utilised a mixed-methods stepped-wedge cluster randomized control trial design to evaluate whether adults accessing secondary and primary care mental health services, where staff received purposely developed recovery-oriented practice (ROP) training, reported superior recovery outcomes compared to those accessing services where staff had not received this training. Several nested qualitative studies were also undertaken to understand the experiences of consumers and staff from the services where this training was provided.

The results of this large research project suggest that the REFOCUS-PULSAR intervention can lead to an overall measured improvement in personal recovery, also possibly with some effect on measures of clinical recovery and other aspects of the experience of the participants who accessed the intervention services.

The adaptations undertaken by the PULSAR project may have enhanced the positive overall finding, particularly the involvement of facilitators with lived experience.

The Team:

- Monash University –Prof Graham Meadows, Prof. Ellie Fossey, Prof Brett Inder, Prof Danielle Mazza, Prof Grant Russell, Prof David Clarke, Dr. Frances Shawyer, Dr. Joanne Enticott, Ms Vrinda Edan, Mr John Julian, Dr Joanne Brooker, A/Prof Brendan Murphy
- Ermha – Ms Alys Boase, Mr. Shane Price, Ms Christine Thornton
- Mind Australia – Mr. Glenn Prewett, Mr Hugo Steinbergs, Dr Margaret Grigg
- RMIT University – A/Prof Penelope Weller
- REFOCUS team led by Professor Mike Slade
- Monash Health – Ms Tracey Harmer, Ms Paula Hakesley, A/Prof Jakqui Barnfield, Mr George Osman
- The University of Melbourne – A/Prof Lisa Brophy (now at La Trobe) , A/Prof Iraklis Harry Minas, Dr Ritsuko Kakuma,
- Victoria University – A/Prof Elisabeth Wilson-Evered

In this submission we will address the following questions being asked as part of the formal submission process - as these are the most relevant to the PULSAR project and its outcomes (Qu. 4. 8, 9 and 10).

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

National and State policies in Australia have promoted working towards personal recovery as an increasingly dominant theme in mental health services. We identified a need for an approach to recovery-oriented practice that is locally tailored, clearly operationalised, thoroughly documented and comprehensively and robustly evaluated in Victoria (Edan, Meadows et al 2015). The PULSAR project aimed to work towards recovery-oriented practice involving community mental health services, primary care and the community managed sector. We adapted the REFOCUS intervention developed in the UK, in collaboration with the REFOCUS investigators, in a way that considered the unique, diverse and complex Australian context for adaptation of Recovery principles, tools and methods.

When we adjusted the REFOCUS intervention we took into account a situation where approximately 25% of people accessing clinical mental health services are on Community

Treatment Orders (CTOs). We were aware that much of the literature and policy is silent about how to apply ROP in the context of CTOs.

When we spoke to people about being on a CTO and ROP we found the following:

> *Most consumer participants had not had a conversation with clinical staff that they could identify as recovery focussed:*
>
> > *there is no real plan to get me off the community treatment order and get me back into good health.* (C1)
> >
> > *Interviewer: …whether recovery and talking to people about things like connecting with the community, about hope and about…*
> >
> > *They don't talk to me about that. (C2) (Edan et al, 2019 p.181)*

However, there were signs of change within the services that consumer participants had noticed following the PULSAR training. For example:

> *The way they're doing things is much different than before. Before it was – they used to talk to you but didn't ask questions, they used to tell you what you had to do and that was it – see you later. (C2) It has improved though … my case manager is on the phone just before I got here saying they've approved funding for a bed for me – so that's come through, so I would say that's on the positive side. It has improved over the last 6 months. (C1) (Edan et al 2019 p.181)*

We included both clinical and community managed mental health support services as well as a primary care part of the study, which was unique as an exploration of ROP in that context (Enticott et al 2016). Across the project, we achieved positive results in relation to improving recovery outcomes and supporting staff in making the shift to ROP. This also demonstrated the potential to support ROP in our fragmented mental health system to achieve greater continuity of this approach for people accessing services. Thus, the training can carry benefits for practice across multiple mental health care sectors – including GPs.

We involved facilitators with lived experience and a Lived Experience Advisory Panel (LEAP). We believe the involvement of facilitators with lived experience of mental health issues and recovery is central to challenging conventional practices and in making progress towards an effective recovery-oriented mental health workforce. But it needs to be done such that the relationship between the trainers of different backgrounds represents a ‘walking of the talk’ regarding ROP and a coaching approach.

Training was delivered by a multi-disciplinary team from Monash University, Monash Health, Mind Australia, Ermha and included content experts in coaching and consumer perspective. 190 staff were trained, so a total 63% of eligible staff attended. Medical staff specific training was attended by 11 registrars

We also offered monthly sessions to staff of involved teams to support practice-based implementation of ROP – the PULSAR Active learning sessions (PALS). The average number of PALS during the time we were doing the research was 8.1 sessions.

The manual included material on connectedness, hope, identity, meaning and empowerment (CHIME) as a conceptual framework and also added material on relapse signatures and relapse drills. The PULSAR Manuals are available here:

https://www.monash.edu/medicine/scs/psychiatry/research/southern-synergy/health-services/pulsar

Thus the PULSAR training has the potential improve people's experience of mental health services, assist services to be more consistent in their approach and, most importantly, contribute to supporting recovery.

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

Personal recovery has been defined as 'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness' (Anthony, 1993).

Thus ensuring our mental health services in Victoria are recovery oriented is an important step in enabling social and economic participation.

In her commentary, also published in Lancet Psychiatry, Professor Sally Rogers from the Center for Psychiatric Rehabilitation, Boston University, described the PULSAR study as:

> *an innovative and ambitious undertaking that offers valuable information for researchers, service providers, policy makers, and individuals in recovery and their families.*

She went on to say:

> *Why do we need large-scale studies focused on recovery for individuals with severe mental illnesses? In most places in the world, psychiatric disorders continue to be associated with enormous personal and social costs, including greater morbidity and mortality than in the general population, lost economic productivity, stigma, discrimination, and poverty. Shifting the focus of mental health treatment and services to a recovery orientation can address these multifaceted problems.*
>
> *(Rogers, 2019 p. 83)*

Our findings are encouraging that the REFOCUS - PULSAR intervention – especially as refined through the project - can carry benefits for recovery-oriented practice across multiple mental health care sectors – including General Practitioners. 942 surveys were returned to us

from people who access clinical and mental health community support services in the Southern region of Melbourne and 232 survey were received from people who access GP. The primary outcome measure was the Questionnaire about the Process of Recovery (QPR), a 22-item consumer rated questionnaire used to assess experience of personal recovery. The QPR has been found to have the best spread of items covering the five processes key recovery as described in the CHIME framework, which identifies recovery processes of Connectedness, Hope, Identity, Meaning and purpose, and Empowerment.

What we found was QPR scores improved for consumers of public mental health services, consumers of mental health community support services and patients of GPs.

Therefore we suggest ongoing investment in Victoria to ensure all staff in mental health services, and GPs, have access to recovery oriented practice training based on PULSAR.

As one of our staff participants explained:

> *As much as I hate to say it, that's kind of what you have to do in a lot of ways, stand up against risk aversion and promote dignity of risk and taking chances and giving people opportunities. I guess it (PULSAR) empowered me to really take that on in a more real way (S2) (Edan et al 2019 p.181)*

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Many people who access mental health services complain that they are not heard and there is a lack of focus on developing good working relationships.

According to a recovery-oriented framework, the working relationship between staff and consumers is crucial to the process of recovery. The PULSAR intervention developed and supported this relationship by: assisting teams to develop a shared understanding of personal recovery; exploring existing values held by individual workers and the team; developing skills in coaching; and raising the expectations held by consumers that their values, strengths and goals will be prioritised in their relationships with staff members (Shawyer et al 2017).

A staff participant said:

> *What struck me most about PULSAR? I really, really liked it. I guess for me it backed up what I already believe in and strive to do in my practice. It sort of, like none of it was new to me … but the whole concept of recovery oriented practice and dignity of risk and all of those things are something that I'm very passionate about and have been striving to work within for my entire professional career anyway. (S2) (Edan et al 2019 p181)*

We now – in Victoria – have generated the only study internationally to date to demonstrate the impact of staff training on consumer rated recovery outcomes. The findings were published in January 2019 in Lancet Psychiatry, a top international journal https://doi.org/10.1016/S2215-0366(18)30429-2) and the publication received international interest through a commentary also published in the same edition of Lancet Psychiatry from leading US psychosocial disability research academic (https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30476-0/fulltext) and favourable blog posts by academics in the UK (https://www.nationalelfservice.net/mental-health/refocus-pulsar-recovery-training-in-specialist-mental-health-care/).

Mental health care needs research to advance understanding of what works. Particularly State funded services should be informed by translational research to establish how to effectively scale up what works to reach the people who need it. The Mental Illness Research Fund (MIRF) was a good example of a funding approach for larger grants and requiring alignment with Victorian mental health priorities. However, important studies to do in this area are expensive (here $2.3 million) and need funds directed to these specific translational and policy aligned purposes. What we demonstrated through PULSAR is that we have leading researchers in Victoria who can conduct the highest quality mental health research focused on our mental health strategic priorities. However, their work relies on appropriate financial support and then commitment by government to translation and implementation of research evidence.

10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

According to Simon Bradstreet (the former Director of the Scottish Recovery Network) who commented the PULSAR findings:

> *There must surely be a strong moral, ethical and indeed economic case that the core purpose of mental health services should be to support people in their recovery from mental distress and its myriad consequences.*

And he concluded that:

> *it's rare for research into training based interventions to find any impact on patients, and in combination with wider challenges in identifying effects for recovery based interventions, this study offers renewed hope for advocates of recovery approaches and proponents of mental health staff training alike. (https://www.nationalelfservice.net/mental-health/refocus-pulsar-recovery-training-in-specialist-mental-health-care/)*

Victoria has the lowest per capita expenditure on mental health of any Australian State or Territory (https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/health/mental-health-management). This situation will need substantial

correction with overall increased funding if Victoria is going to return to leading mental health service delivery. Some of this should be spent on translational research and staff training.

We need to help staff to be more recovery oriented in their practice and this requires leadership and a re-organisation of priorities away from seeing our staff as having fundamentally administrative roles to being people who need to invest in developing relationships with consumers and their families and supporting recovery.

As one of the PULSAR staff participants said:

> *I would like to be more, even more deliberate I guess, because you really can get lost in being drowned with all of this paperwork and all of these administrative requirements. So you can definitely lose sight of these more important things. And I do wish I had been using those [ROP] tools more deliberately (S2)*
>
> *I guess going through the training was a really nice, it was empowering, it helped me to see that no I do have, I do have quite a lot of power in my role, and I can use that to advocate for people more than I was (S2)*
> *(Edan et al, 2019 p182.)*

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intervention for general practitioners in recovery-oriented practice to optimize personal recovery in adult patients. BMC Psychiatry. 16, 1, 16 p., 451.

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2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name
N/A

Name
Professor Lisa Brophy

What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?
N/A

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?
N/A

What is already working well and what can be done better to prevent suicide?
N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
"National and State policies in Australia have promoted working towards personal recovery as an increasingly dominant theme in mental health services. We identified a need for an approach to recovery-oriented practice that is locally tailored, clearly operationalised, thoroughly documented and comprehensively and robustly evaluated in Victoria (Edan, Meadows et al 2015). The PULSAR project aimed to work towards recovery-oriented practice involving community mental health services, primary care and the community managed sector. We adapted the REFOCUS intervention developed in the UK, in collaboration with the REFOCUS investigators, in a way that considered the unique, diverse and complex Australian context for adaptation of Recovery principles, tools and methods. When we adjusted the REFOCUS intervention we took into account a situation where approximately 25% of people accessing clinical mental health services are on Community Treatment Orders (CTOs). We were aware that much of the literature and policy is silent about how to apply ROP in the context of CTOs. When we spoke to people about being on a CTO and ROP we found the following: Most consumer participants had not had a conversation with clinical staff that they could identify as recovery focussed: there is no real plan to get me off the community treatment order and get me back into good health. (C1) Interviewer: whether recovery and talking to people about things like connecting with the community, about hope and about They don't talk to me about that. (C2) (Edan et al, 2019 p.181) However, there were signs of change within the services that consumer participants had noticed following the PULSAR training. For example: The way they're doing things is much different than before. Before it was ? they used to talk to you but didn't ask questions, they used to tell you what you had to do and that was it ? see you later. (C2) It has improved though my case manager is on the phone just before I got here saying they've approved funding for a bed for me ? so that's come through, so I would say that's on the positive side. It has improved over the last 6 months. (C1) (Edan et al 2019 p.181) We included both clinical and community managed mental health support services as well as a primary care part of the study, which was unique as an exploration of ROP in that context

(Enticott et al 2016). Across the project, we achieved positive results in relation to improving recovery outcomes and supporting staff in making the shift to ROP. This also demonstrated the potential to support ROP in our fragmented mental health system to achieve greater continuity of this approach for people accessing services. Thus, the training can carry benefits for practice across multiple mental health care sectors ? including GPs. We involved facilitators with lived experience and a Lived Experience Advisory Panel (LEAP). We believe the involvement of facilitators with lived experience of mental health issues and recovery is central to challenging conventional practices and in making progress towards an effective recovery-oriented mental health workforce. But it needs to be done such that the relationship between the trainers of different backgrounds represents a walking of the talk' regarding ROP and a coaching approach. Training was delivered by a multi-disciplinary team from Monash University, Monash Health, Mind Australia, Ermha and included content experts in coaching and consumer perspective. 190 staff were trained, so a total 63% of eligible staff attended. Medical staff specific training was attended by 11 registrars We also offered monthly sessions to staff of involved teams to support practice-based implementation of ROP ? the PULSAR Active learning sessions (PALS). The average number of PALS during the time we were doing the research was 8.1 sessions. The manual included material on connectedness, hope, identity, meaning and empowerment (CHIME) as a conceptual framework and also added material on relapse signatures and relapse drills. The PULSAR Manuals are available here: https://www.monash.edu/medicine/scs/psychiatry/research/southern-synergy/health-services/pulsar Thus the PULSAR training has the potential improve people's experience of mental health services, assist services to be more consistent in their approach and, most importantly, contribute to supporting recovery. "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
N/A

What are the needs of family members and carers and what can be done better to support them?
N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?
N/A

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?
"Personal recovery has been defined as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness' (Anthony, 1993). Thus ensuring our mental health services in Victoria are recovery oriented is an important step in enabling social and economic participation. In her commentary, also published in Lancet Psychiatry, Professor Sally Rogers from the Center for Psychiatric Rehabilitation, Boston University, described the PULSAR study as: an innovative and ambitious undertaking that offers valuable information for researchers, service providers, policy makers, and individuals in recovery and their families. She

went on to say: Why do we need large-scale studies focused on recovery for individuals with severe mental illnesses? In most places in the world, psychiatric disorders continue to be associated with enormous personal and social costs, including greater morbidity and mortality than in the general population, lost economic productivity, stigma, discrimination, and poverty. Shifting the focus of mental health treatment and services to a recovery orientation can address these multifaceted problems. (Rogers, 2019 p. 83) Our findings are encouraging that the REFOCUS - PULSAR intervention ? especially as refined through the project - can carry benefits for recovery-oriented practice across multiple mental health care sectors ? including General Practitioners. 942 surveys were returned to us from people who access clinical and mental health community support services in the Southern region of Melbourne and 232 survey were received from people who access GP. The primary outcome measure was the Questionnaire about the Process of Recovery (QPR), a 22-item consumer rated questionnaire used to assess experience of personal recovery. The QPR has been found to have the best spread of items covering the five processes key recovery as described in the CHIME framework, which identifies recovery processes of Connectedness, Hope, Identity, Meaning and purpose, and Empowerment. What we found was QPR scores improved for consumers of public mental health services, consumers of mental health community support services and patients of GPs. Therefore we suggest ongoing investment in Victoria to ensure all staff in mental health services, and GPs, have access to recovery oriented practice training based on PULSAR. As one of our staff participants explained: As much as I hate to say it, that's kind of what you have to do in a lot of ways, stand up against risk aversion and promote dignity of risk and taking chances and giving people opportunities. I guess it (PULSAR) empowered me to really take that on in a more real way (S2) (Edan et al 2019 p.181) "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?
"Many people who access mental health services complain that they are not heard and there is a lack of focus on developing good working relationships. According to a recovery-oriented framework, the working relationship between staff and consumers is crucial to the process of recovery. The PULSAR intervention developed and supported this relationship by: assisting teams to develop a shared understanding of personal recovery; exploring existing values held by individual workers and the team; developing skills in coaching; and raising the expectations held by consumers that their values, strengths and goals will be prioritised in their relationships with staff members (Shawyer et al 2017). A staff participant said: What struck me most about PULSAR? I really, really liked it. I guess for me it backed up what I already believe in and strive to do in my practice. It sort of, like none of it was new to me but the whole concept of recovery oriented practice and dignity of risk and all of those things are something that I'm very passionate about and have been striving to work within for my entire professional career anyway. (S2) (Edan et al 2019 p181) We now ? in Victoria ? have generated the only study internationally to date to demonstrate the impact of staff training on consumer rated recovery outcomes. The findings were published in January 2019 in Lancet Psychiatry, a top international journal https://doi.org/10.1016/S2215-0366(18)30429-2) and the publication received international interest through a commentary also published in the same edition of Lancet Psychiatry from leading US psychosocial disability research academic (https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30476-0/fulltext) and favourable blog posts by academics in the UK (https://www.nationalelfservice.net/mental-health/refocus-pulsar-recovery-training-in-specialist-mental-health-care/). Mental health care needs research to advance understanding of what works. Particularly State funded services should be informed by translational research to establish how to effectively scale up what works to

reach the people who need it. The Mental Illness Research Fund (MIRF) was a good example of a funding approach for larger grants and requiring alignment with Victorian mental health priorities. However, important studies to do in this area are expensive (here $2.3 million) and need funds directed to these specific translational and policy aligned purposes. What we demonstrated through PULSAR is that we have leading researchers in Victoria who can conduct the highest quality mental health research focused on our mental health strategic priorities. However, their work relies on appropriate financial support and then commitment by government to translation and implementation of research evidence. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"According to Simon Bradstreet (the former Director of the Scottish Recovery Network) who commented the PULSAR findings: There must surely be a strong moral, ethical and indeed economic case that the core purpose of mental health services should be to support people in their recovery from mental distress and its myriad consequences. And he concluded that: it's rare for research into training based interventions to find any impact on patients, and in combination with wider challenges in identifying effects for recovery based interventions, this study offers renewed hope for advocates of recovery approaches and proponents of mental health staff training alike. (https://www.nationalelfservice.net/mental-health/refocus-pulsar-recovery-training-in-specialist-mental-health-care/) Victoria has the lowest per capita expenditure on mental health of any Australian State or Territory (https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/health/mental-health-management). This situation will need substantial correction with overall increased funding if Victoria is going to return to leading mental health service delivery. Some of this should be spent on translational research and staff training. We need to help staff to be more recovery oriented in their practice and this requires leadership and a re-organisation of priorities away from seeing our staff as having fundamentally administrative roles to being people who need to invest in developing relationships with consumers and their families and supporting recovery. As one of the PULSAR staff participants said: I would like to be more, even more deliberate I guess, because you really can get lost in being drowned with all of this paperwork and all of these administrative requirements. So you can definitely lose sight of these more important things. And I do wish I had been using those [ROP] tools more deliberately (S2) I guess going through the training was a really nice, it was empowering, it helped me to see that no I do have, I do have quite a lot of power in my role, and I can use that to advocate for people more than I was (S2) (Edan et al, 2019 p182.) References: Anthony W. Recovery from mental illness: the guiding vision of the mental health service system in the 1990s. Psychosoc Rehab J 1993; 16: 11?23. Edan, V., Meadows, G. N., Brophy, L., Weller, P. J., & Thornton, C. (2015). PULSAR research: making mental health services more recovery-orientated. New Paradigm, 46(Summer 2015), 46-48. Shawyer, F., Enticott, J. C., Brophy, L., Bruxner, A., Fossey, E., Inder, B., ... & Edan, V. (2017). The PULSAR Specialist Care protocol: a stepped-wedge cluster randomized control trial of a training intervention for community mental health teams in recovery-oriented practice. BMC psychiatry, 17(1), 172. Edan, V., Brophy, L., Weller, P. J., Fossey, E., & Meadows, G. (2019). The experience of the use of Community Treatment Orders following recovery-oriented practice training. International journal of law and psychiatry, 64, 178-183. Meadows, G., Brophy, L., Shawyer, F., Enticott, J. C., Fossey, E., Thornton, C. D., ... & Slade, M. (2019). REFOCUS-PULSAR recovery-oriented practice training in specialist mental health care: a stepped-wedge cluster randomised controlled trial. The Lancet Psychiatry, 6(2), 103-114. Enticott, J. C., Shawyer, F., Brophy, L., Russell, G., Fossey, E., Inder, B., Mazza, D., Vasi, S., Weller, P. J., Wilson-Evered, E., Edan, V. & Meadows, G. (2016). The PULSAR primary care protocol: A stepped-wedge cluster

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Is there anything else you would like to share with the Royal Commission?
N/A