

## Partners in Recovery Case Study 2

### Background (participant and their situation)

Participant connected with PIR following an assisted referral from psychologist.

Participant is a middle-aged woman who was diagnosed with major depression which proved treatment resistant. As a result Participant has spent the last 10 years in and out of hospital receiving over 50 treatments of Electroconvulsive treatment. Participant has experienced anterograde amnesia following the high levels of ECT and now finds it challenging to retain new information.

Participant's employment has been negatively impacted as a result of her short term memory impairment. Participant has identified employment as very important to her recovery as her sense of self-worth is tied to this.

Participant has identified that her accommodation is not stable and would like assistance and support to secure more affordable and secure housing. Participant was facing homelessness due to her inability to pay for private rental at the time of her initial referral to PIR.

Participant is unable to get DSP due to no previous assessment of her cognitive impairments and casual work that was undertaken temporarily.

Participant is currently engaged with a psychiatrist and psychologist and currently takes medication to assist with her mental health and also has a Thyroid condition and high blood pressure.

Participant has Private Health Insurance to cover mental health treatment and this creates a great deal of financial strain on the participant.

Participant has identified that she has good social skills and has a reasonably good network however; she would like to build her circle of people experiencing similar issues and reduce current levels of social isolation.

### What did you do to engage the person in PiR?

Upon referral to PIR, the participant was initially contacted over the phone by the PIR Facilitator to discuss her referral to PIR and 'have a chat' about her circumstances. Facilitator used active listening and reflection to assist the participant to feel at ease in the initial call. A face to face meeting was also arranged with the participant at a location of her choice during this call.

Participant stated that she did not know where to go to access services and supports and had not 'asked for help' in the past. Participant found it challenging to navigate the mental health system and other related services due to short term memory deficits and lack of 'knowledge' of 'what was available' to her.

Participant identified that she did not want others who were 'worse off' to lose their opportunity to be connected due to her participation in PIR and it was discovered that this was a 'behaviour' that the participant often displayed.

A RAS-DS (Recovery Assessment Scale – Domains and Stages) was also completed at this stage with discussions around a pre and post completion to measure and reflect on success and change during engagement with PIR.

The Facilitator outlined the process moving forward to the participant so they were aware of their ongoing connection with PIR and knew what to expect from engagement with the program.

### **What were the key issues/needs being addressed?**

Through the use of the CANSAS Tool, the participant and Facilitator were able to identify needs/ key issues specific to the participant:

- Housing- Lack of suitable and affordable accommodation- the participant was in the private rental market on a Newstart Pension and was living above her means
- Mental Health Connection and Support- Lack of suitable mental health connection within the community- was unaware of mental health support workers and other 'peer lead' groups within the local community
- Advocacy around Centrelink and Benefits- Poor access and advocacy around accessing Centrelink and the Social Worker – feeling of being unable to be heard and have her application for DSP considered
- Financial issues- ongoing due to lack of regular employment and inadequacy of Centrelink Benefit (once mental health impacts are taken into consideration)
- Mental Health Treatment- Participant was only able to access the Private Health Sector for treatment. As she was treatment resistance to ECT, the participant responded best to TMS- which is only accessible in the private health Sector.

### **What happened to address the issues/needs?**

The participant was able to access appropriate services and supports to meet her identified needs with the assistance of the PIR Facilitator via care coordination and a collaborated response. Through the development of an 'Action Plan', alongside the Facilitator, the participant identified specific actions and goals that she would like to achieve with the assistance of PIR through collaboration and care co-ordination. The participant identified the below actions in her engagement with PIR:

- Connections were made with The Department of Housing and Public Works to assist the participant to be linked to appropriate housing. The participant was able to gain mental health advocacy and care coordination around her financial capabilities and mental health issues that were directly impacting the participants earning potential and ability to sustain full time employment. The participant, along with the participant's psychologist and PIR Facilitator, engaged in facilitation and a successful outcome from DHPW. Communication and liaising with 'Rent Connect' and 'NRAS Housing'- ensure that the participant was able to access a Bond Loan and also securing the NRAS rental property.
- PIR facilitator assisted in communication and discussions with the participant and her Employment Service provider in person- resulting in a greater level of understanding of the Participant's Mental health issues and related amnesia (which was directly impacting her employment and ability to withhold a job). Through the process of facilitation- it was evident that the participant needed to be linked to a disability employment provider- rather than mainstream employment support services. The participant had 'told her story' in regards to her employment needs- but stated that she hadn't been heard until a meeting with herself, PIR and the employment service was held. The result was sustained part time employment with the employer of her choice. This created more financial security and less anxiety around how the participant would be able to sustain her rental payments.
- The participant- whilst currently participating in part time employment- feels that she has stages in her life when she is still not well enough to work. The participant had placed an application into Centrelink for the Disability Support Pension but has been rejected at this time. With PIR assistance- the participant has been able to access a Social Worker from Centrelink- to go over her options and have appropriate connection to support and advocacy

around her appeal and application process. This will also occur in collaboration with a mental health support worker from a Mental Health Recovery program- for a further collaborated response.

- The participant has also had increased support from her psychiatrist in regards to information sharing and reports provided to support her claim to access the DSP via Centrelink. PIR has assisted in communications with the participant's psychiatrist in collaboration with the participant.
- On entry into PIR the participant had financial constraints due to a lack of regular employment and high rental costs. Whilst the participant was able to access more affordable housing and regular work throughout her connection to PIR- there were outstanding financial issues.

### **What was the outcome?**

- Secure and affordable housing- the participant now has a NRAS house whereby she is only required to pay 25% of her income- which makes it affordable even when she is not able to supplement her income through employment.
- Connection and support from a trained mental health support worker for access to appropriate community connections, peer support and social support
- Connection to a local Art Group for daily activities and further social connections
- Access to a social worker with Centrelink and coordinated support from her support worker to have advocacy and open communication with Centrelink around her benefits and the DSP appeal process

### **What did you or the participant learn?**

That there are available services and supports within the community to access advocacy and connection around mental health and related outcomes.

- Mental health Support Workers
- Social Workers within Centrelink
- Disability Employment Services
- Emergency Relief Funding options
- Food banks for emergency food relief
- etc

That it's ok to 'ask for help'.

Knowledge of 'Rights and options' for access to services and supports as a person living within the community with mental illness.

Comment/testimonial statement from participant in their own words.

"I have a great deal of respect for my Facilitator and for PIR. You have helped with directing me to the right places when I needed and helped me to access other departments when I first met up with you. You have been giving me ongoing support and the financial part of it- is one thing- and something that I am very grateful for- but – just the support that I have had from you and the guidance that you have provided me- as to which avenues to go, has been very helpful. You have

always followed up on what you say you will and you have helped me greatly- and I really, truly appreciate that.”

Time taken at various stages of the participant’s journey with PIR:

	Length of time (in weeks)
Engagement	1 week
Intake	1 week
Assessment	3 weeks
Action Planning	2 weeks
Care Coordination	33 weeks
Monitoring	8 weeks
Exit	Total engagement 50 weeks