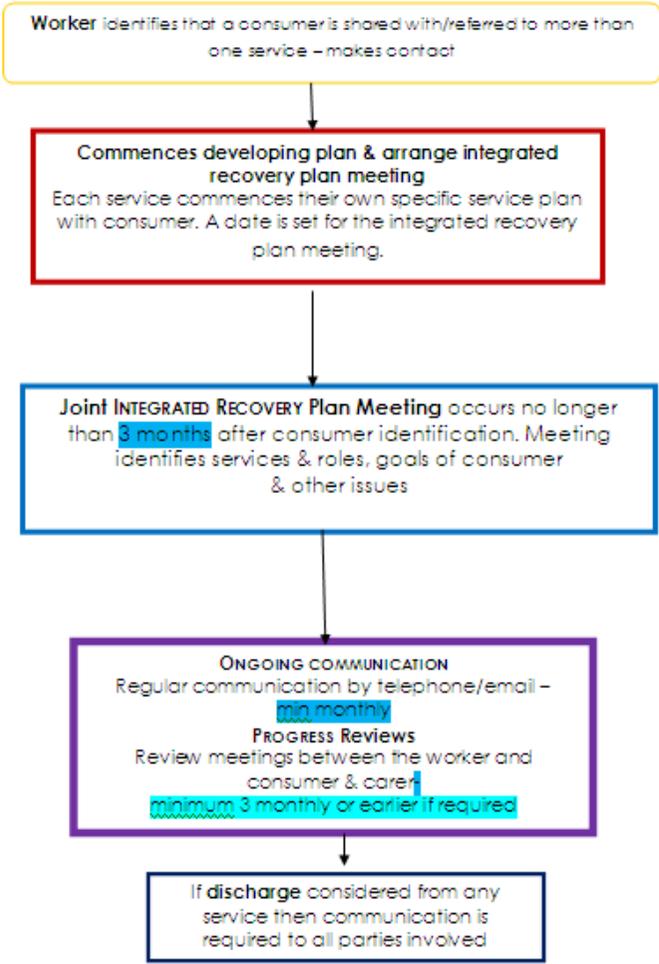


Co-Ordination Phase

Case Planning Phase

Review Phase

### Integrated Recovery Plan Development



## INNER WEST – ALLIANCE PROJECT Integrated Recovery Plan Meeting Guidelines

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**Introduction to the Inner West Alliance**

The intent of the Inner West (IW) Alliance is to foster and promote the development of robust working alliances between clinical public mental health services and non government PDRS services within the inner west catchment area in order to develop a cohesive recovery and rehabilitation service system for adult consumers.

The members of the IW Alliance will work together to achieve the following outcomes:

- Improved trust, cooperation and understanding between services within each sector.
- Improved health outcomes and continuity of care for the consumer target group.
- More multi-disciplinary and integrated recovery, rehabilitation and care approaches
- Best possible investment in public mental health services
- Enhanced capacity for shared care
- Improved clinical system throughput

The following services and organisations make up the alliance:

**Inner West Area Mental Health Service – The RMH**

Level 2, 641 Mt. Alexander Rd., Moonee Ponds, VIC 3039

**Doutta Galla Community Health Service**

7 Chester St., Moonee Ponds, VIC 3039

**North Yarra Community Health**

622 Lygon St, North Carlton, VIC

**McAuley Community Services for Women (Regina Coeli Program)**

149 Flemington Rd., North Melbourne, VIC 3051

**Salvation Army –Adult Services**

North Melbourne

**St. Vincent De Paul – ACCS**

179 Flemington Rd., North Melbourne

**HomeGround Services, Elizabeth St Common ground Supportive Housing**

660 Elizabeth St Melbourne 3000

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**How the Integrated Recovery Plan (IRP) moulds to the person's journey**

Regardless of how a person comes into contact with IW mental health services, there is a shared responsibility assumed by both clinical and PDRSS services who are working with the same consumer. There is the acknowledgment that a partnership with the consumer, their carer and the service providers are important to service delivery and recovery (North & West Regional Alliance 2011).

The IRP is evolving our current service coordination practices aimed at improving coordinated care for the consumer. The principles of person centred planning are embedded in all practice.

Consumer academic Cath Roper (2003) identifies two functions of consumer participation; one being participating in their own treatment, and the second a service reform activity. This IRP meeting aims to facilitate both.

The person centred planning underlies this approach. The consumer leads their recovery by identifying the goals and actions they wish to work on which has an underlying philosophy of growth and development expressed in tangible ways (LifeJET, ??). Supports are then able to clarify their roles & responsibilities to assist in achieving these.

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**CO-ORDINATION PHASE**

1. Initiation of IRP meeting with *existing or new* shared consumers
  - a. The workers notify the appropriate co-worker of the other involved support services that a consumer is receiving interventions from more than one service.
  - a. The worker will provide the existing treatment/recovery plan/goals they are working on with the consumer to the co-worker.
  - b. The co-worker will develop a treatment/recovery plan/goals with the consumer over a number of weeks and convene the initial meeting within 3 months from initial contact made.
  - c. The meeting should aim to have the following stakeholders present:
    - Consumer
    - Carer
    - Clinical case manager
    - Doctor
    - PDRSS worker
    - Any other relevant parties
2. Goal setting for CCT with consumers
  - The IRP will be the treatment plan for consumers of CCT.
  - Areas of Needs prompts. The headings under each area of need heading are to assist both clinician and consumer define issues and areas of the consumer's life that they may like to change or would like some help with.
  - No more than 3 or 4 goals should be entered in 'My Plan'. Any others identified at this stage can be input as long term goals in 'My overall goal'.

Personal response to mental health	Friendships & relationships
Physical health & wellbeing	Daily living skills
Financial management	Discharge planning
Education or employment	Recreation & leisure

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**CASE PLANNING PHASE**

**Using the template during the meeting**

- The meeting should be structured to enable the consumer to scribe (when possible) on their document or select a worker to assist them to do so

**Our Details**

This section is the opportunity to list all the parties involved

<b>Our Details</b>	
My Name: _____	
<b>My supports</b>	
<b>Family, friends &amp; other</b>	<b>Workers</b>
Name: _____ <input type="checkbox"/>	Name: _____ <input type="checkbox"/>
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Name: _____ <input type="checkbox"/>	Name: _____ <input type="checkbox"/>
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Name: _____ <input type="checkbox"/>	Name: _____ <input type="checkbox"/>
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Please place a tick in the box next to the people who are meeting together about my recovery plan	
Date of meeting: ____/____/____	

**Our Agreement to Work Together**

- This section is an opportunity to discuss each person's role in assisting the consumer in their goal planning and recovery.
- A discussion will include acknowledging the skills and expertise each person brings to the consumer's recovery journey (Department of Health Victoria, 2011, p.2).

**Our Agreement to Work Together**

All the people involved in creating this recovery plan have an important role in supporting me to achieve my goals. Everyone agrees to work together to ensure:

- we have good communication
- respect is upheld for each person
- achievement of my goals becomes the focus

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**CASE PLANNING PHASE**

- **My overall goal**
  - This section is an opportunity for the consumer to think of a life vision which is a global and broader statement. No need for too much detail. It can also be used to identify long term goals which have been identified.
- **My Plan**
  - In this section the consumer will outline their goals and identify:
    - How they will do this
    - Who will be a support (for example which worker/carer)
    - When will they do it by
  - Date of completion is when the consumer achieves or reconsiders their goal which may be different to when they listed when they will do it by.

<b>My overall goal is</b>				
<b>My Plan</b>				
What do I want? (Short term goal)	How will I do it?	Who will help me?	When will I do this by?	Date of completion
What do I want? (Short term goal)	How will I do it?	Who will help me?	When will I do this by?	Date of completion
What do I want? (Short term goal)	How will I do it?	Who will help me?	When will I do this by?	Date of completion

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**CASE PLANNING PHASE**

- **When Things Get Tough**
  - In this section the consumer has the opportunity to communicate with workers/carers their awareness of managing their wellness.
  - This will highlight what is useful for consumers when things get tough.
  - This can act as a quick reference to make contact with all involved parties if a person is admitted into hospital.

<b>When Things Get Tough</b>					
At some point things may change in my life or with my health that interfere with me achieving my goals. If this occurs I would like the following to occur: For Mental Health issues Monday to Friday 9am-5pm contact: Ph: _____ For Mental Health issues afterhours contact: Ph: _____					
<b>Green Light – Signs that I am well and strategies to build on</b>	<b>Things I need to do to stay well – Daily Maintenance Plan</b>				
<b>Yellow Light – Signs that I am becoming unwell</b>	<b>Things I need to do to stay well</b>				
<b>Red Light – Signs that I am unwell</b>	<b> crisis response/Actions to be taken</b>				
When I am unwell I need assistance with:					
<i>Dependents</i> Action to be taken: Person responsible:		<i>Pets</i> Action to be taken: Person responsible:			
<i>(Other)</i> Action to be taken: Person responsible:		<i>(Other)</i> Action to be taken: Person responsible:			
If I need to be admitted to hospital please notify:					
Person 1:	Relationship to consumer:	Contact Details:	Person 2:	Relationship to consumer:	Contact Details:

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**CASE PLANNING PHASE**

- **Monitoring and Next Catch Up**
  - This section identifies that monitoring and updating each person supporting the consumer is important.
  - It establishes when the group will meet again to review the progress toward achieving a consumer’s goals.
  - Everyone must sign off on the original copy at the end of the meeting. Photocopies will be taken for the workers and the consumer takes home the original.

**Monitoring and Next Catch Up**

My supports and I will monitor my progress and update each other via any of these methods - phone or email

We will catch up again on \_\_\_/\_\_\_/\_\_\_ to review my progress towards my goals

**My signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**My supports**

Name:
Signature:

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**REVIEW PHASE**

Any party who is involved in the shared IRP can initiate a review of the plan:

- Communication between relevant parties will ideally occur every month after initiation – or earlier as the need arises - there will be a telephone or email review/contact between parties involved
- The joint review meetings, which will include the workers, consumer and carer, will be held at a minimum of 3 monthly to review and amend the shared IRP. If a participant is not able to physically attend the meeting, he/she may participate through teleconferencing or forwarding a written report and any recommendations to be considered at the review meeting
- Consumers should be encouraged to provide the update in relation to their goals
- As a support, workers can provide a brief summary of the outcome/changes/progression to the goals listed
- Each worker and consumer can provide a brief summary of the outcomes/changes/progression to others involved, if they are not able to attend meeting.
- Workers should endeavour to contact any other involved parties when they become aware of any developments in the consumer’s life, circumstances or need, which may impact on the shared IRP and/or participation in any program.
- When the change of circumstances or needs is significant the worker may initiate a formal review of the shared IRP.
- At each review, the relevant contacts and details will be updated on the shared IRP by the workers, consumer, carer and any other involved/relevant participants.

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**Glossary**

**Consumer** - a consumer is a person, who has been diagnosed with a mental illness, has direct experience of

- Mental Health Services or identifies as a consumer [VMIAC's definition].
- Refers to people, who directly or indirectly make use of mental health services.

Consumers are as diverse as the full range of people living in contemporary Australian society

**Carer** - The word 'Carer' is used to identify the family members, significant others and/or friends of someone with a mental illness who provide the consumer with emotional, financial or practical support.

**Clinical Case Manager/Clinician** – an employee of the Area Mental Health Program providing direct clinical service.

**Key worker** – an employee of a PDRS service providing direct recovery support.

**Clinical Services** – When the term 'Clinical Services' is used in this document – it is referring to *Clinical Mental Health Services only*.

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**References**

Department of Health Victoria. (2011). *Framework for Recovery-orientated Practice*. Retrieved 26 August, 2011, from <http://docs.health.vic.gov.au/docs/doc/Framework-for-Recovery-oriented-Practice>

LifeJET: Journey Enhancement Tool, ????

North & West Regional Alliance (2011) Practical guidelines to achieve a seamless mental health service.

Roper, C. (2003). Consumer Participation in Mental Health: We Want It! *Health Issues*, Number 74, pp. 19-22.