Individual Recovery Support Program (IRSP)

An individualised program offering non-clinical, recovery-oriented psychosocial wraparound support tailored to meet the specific recovery needs and goals of an individual.

Group Based Peer Recovery Support Program (GBPRSP)

Provides individuals linked from the IRSP access to group-based peer-led activities, facilitated by peer workers. The GBPRSP aims to empower and support individuals through group content related to common interest and shared/similar life experiences.

The Individual Recovery Support -Transition from Correctional Facilities Program (TCFP)

This service offers support specifically tailored to individuals about to be released from a Queensland adult correctional facility who have been referred by a Prison Mental Health Service.

Individual at Risk of Homelessness Program (IRHP)

This program offers support specifically tailored to individuals residing in a boarding house, crisis accommodation, or hostel.

QCMHR conducted an in-depth evaluation of four key MH CSS programs being delivered by Non-Government Organisations (NGOs) across Hospital and Health Services (HHSs). The evaluation focused on understanding program effectiveness from high-level processes to individual consumer outcomes. The evaluation team interviewed a total of 47 NGO staff, 70 consumers, 18 HHS staff, and 2 additional stakeholder representatives.

Identified success factors

Through the evaluation, it was found that relationships, a shared purpose, and regular communication are key to the HHSs and NGOs working together effectively to refer into, and oversee, the programs.

The wide variability seen in program delivery was attributed to differences in staff training, skills, and experience; and the complexity of consumers’ needs and their capacity to engage in the programs. See overleaf for key recommendations to ensure consumers have consistent access and experiences in MH CSS programs across Queensland.

Key consumer outcomes

- Reduction in mental health issues
- Improved relationships
- Increased confidence
- Increased quality of life
- In some instances a return to work (sometimes as a peer worker)
- Some HHSs reported reductions in re-presentation in hospital Emergency Departments

**KEY FINDINGS**

- The four evaluated MH CSS programs are vital in supporting the recovery of people with severe mental illness in the community, who would otherwise not be supported.
- Without the MH CSS programs, community mental health treatment teams would be further stretched, spending valuable time and resources on aspects of care for people with severe mental illness, more suited to a workforce skilled in the delivery of psychosocial supports.
- Many consumers of the MH CSS programs told the evaluation team that they had not received any psychosocial support prior to involvement in these programs. As such, these consumers credited the programs to being the reason they were “still here”; be that living in the community (many independently), or indeed alive.
- NGOs are delivering the programs flexibly and with agility to best support consumers, using local knowledge and community links.
- It was found that MH CSS programs are not being delivered consistently for consumers across the state. Both across and between the NGO-delivered MH CSS programs, there is great variability in how the programs are governed, referred to, accessed, delivered, and exited.