

# Individual Recovery Support Program & Group Based Peer Recovery Support Program

## Mental Health Community Support Services Program Guidelines



Improvement



Transparency



Patient Safety



Clinician Leadership



Innovation



**Queensland**  
Government

Mental health community support services enable individuals to meet their individual recovery goals, live independently, maintain the best possible social and emotional wellbeing, and live satisfying lives in the community

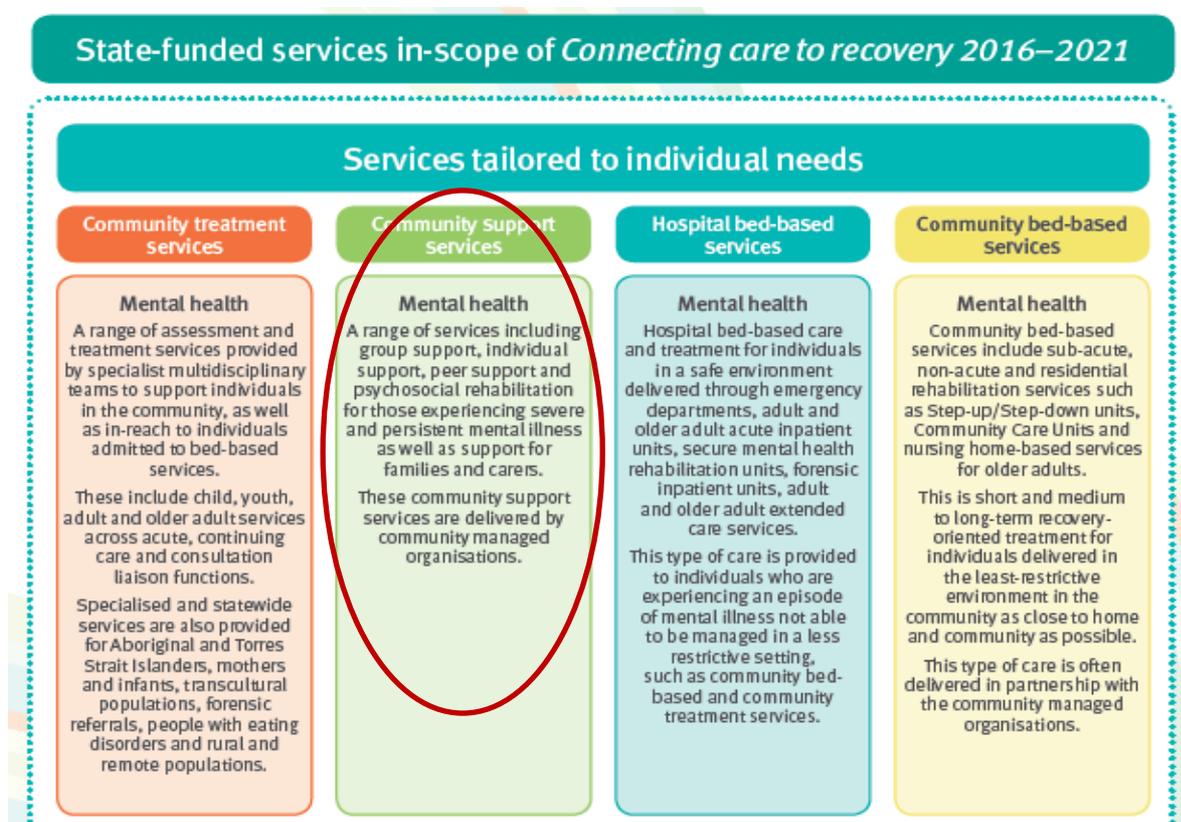
## Introduction

Under *Connecting Care to Recovery 2016-2021: a plan for Queensland's State-funded mental health and alcohol and other drug services* (Connecting Care to Recovery), Queensland Health has prioritised strategies and investment to more effectively meet the needs of individuals experiencing severe mental illness (either episodic or persistent) across the continuum of care.

This includes investment in Mental Health Community Support Services (MH CSS) which are non-clinical, holistic recovery-focused psychosocial wraparound support services delivered one to one, peer to peer or group based, according to the individual's recovery needs. Four types of MHCSS are provided. This purpose of this Program Description document is to describe the Individual Recovery Support Program and the Group Based Peer Recovery Support Program which are two of the four types of MH CSS.

## Mental Health Community Support Services

MH CSS are delivered through non-government organisations (NGOs) and are an integral service system component along a continuum of care for individuals which also includes Community Treatment, Community Bed-Based and Hospital Bed-Based services.



Connecting Care to Recovery emphasises the importance of integrated care and support models which involve partnerships between Health and Hospital Service (HHS) and NGOs specialising in mental health psychosocial supports.

MH CSS complement a holistic approach to care and a recovery-oriented service system. MHCSS

provide services to individuals who are receiving or recently received clinical care from HHS, with the aim of supporting them in their recovery, as defined by the individual.

The partnership between NGOs and the HHS also supports processes for when/if an individual experiences a deterioration in their mental state. When this happens, the mental health support worker can support the individual to reengage with their clinical care provider. This, in turn, may result in a decrease in avoidable presentations to emergency departments.

Queensland Health has contractual arrangement with NGOs for delivery of non-clinical, holistic recovery-focused psychosocial support services through the following programs:

- Individual Recovery Support Program
- Group Based Peer Recovery Support Program
- Individual Recovery Support -Transition from Correctional Facilities Program
- Individual at Risk of Homelessness Program

These programs are built on the evidence that these types of supports:

- reduce hospitalisations and lengths of stay in hospital
- improve physical and mental health
- stabilise housing tenancies
- enhance life skills
- assist in sustained or stable involvement in employment and education,
- increase community participation and fosters independence and relationships.

## Individual Recovery Support Program

The Individual Recovery Support Program (IRSP) is for individuals

- experiencing a severe mental illness; and
- aged 18 years and over; and
- accessing or recently (within the last three months) accessed mental health clinical care through a HHS; and referred by the HHS

The intent of the IRSP is for an NGO to deliver non-clinical psychosocial wraparound support on a one-on-one basis, including peer to peer support in the individual's local community. The supports are structured, purposeful and tailored to meet the individual's recovery needs and goals.

A critical component of the IRSP is the development of a mutually agreed Individual Recovery Plan (IRP). It is expected the NGO must have the IRP in place within two (2) weeks of being referred.

IRSP is structured across two phases of supports, tailored to the care and intensity of support needed by the individual and as outlined in the IRP for a period of up to twelve (12) months as follows:

**Phase 1:** Higher Intensity Recovery Support phase for up to three (3) months

During the initial higher intensity and frequency support period, individuals are supported to address their highest priority recovery needs and stabilise their daily living supports.

**Phase 2:** Lesser Intensity Recovery Support phase for up to nine (9) months

The second phase of the IRSP prioritises the achievement of medium to longer term recovery goals, psychosocial skills building, and the development of natural and community support networks

The IRSP may include access to one on one supports led by peer workers (intended/structured form of peer support). This does not refer to informal mutual support that may occur between individuals.

It is also anticipated the IRSP will link to group-based peer led activities through the Group Based Peer Recovery Support Program (described below).

Access to the IRSP is prioritised to individual's ineligible for the National Disability Insurance Scheme (NDIS). It is anticipated the NGO delivering the IRSP will discuss with the individual (and clinical provider if involved) during the twelve (12) month period whether an NDIS access request should be made.

It is anticipated that individuals will be referred into Group Based Peer Recovery Support Program when they enter this lower intensity support period.

In collaboration with the HHS the NGO provider is expected to develop agreed processes and protocols for:

- Program governance
- Referral pathways
- Prioritisation of referrals
- Accepting or declining referrals
- Individual recovery planning
- Managing deterioration
- Exit and re-entry

Access to peer to peer support activities is encouraged as a key component of the IRSP. Evidence suggests that when peer support workers are incorporated into service delivery there is a reduction in hospital admission rates, improvement in community tenure, increased social inclusion, reduced stigma, and a sense of hope for individuals<sup>1</sup>

Additionally, the Programs requires services to be delivered:

- under a recovery-oriented framework, emphasising flexibility and integration with clinical services as required
- in a manner inclusive of the perspectives of the individual and their significant others and these perspectives being taken into account in the development, implementation, monitoring, evaluation and review of the services.

## Group Based Peer Recovery Support Program

Group Based Peer Recovery Support Program (GBPRSP) is for individuals

- experiencing a severe mental illness; and
- aged 18 years and over; and
- referred by and accessing the Individual Recovery Support Program.

Access to the GBPRSP is prioritised to individuals' ineligible for the NDIS

The core role of the GBPRSP is to provide the individual with access to group-based peer led activities complementary to the supports provided through the IRSP. The activities are led and self-managed by peer workers and aim to empower and support the individual, by working through group processes and sharing life experiences with people who have similar experiences, and to help develop support networks for crisis situations.

The activities in the GBPRSP can be hosted in many settings and would generally be of short duration (e.g. group program of two (2) hours). The group programs delivered may or may not be structured (e.g. two-hour session for six (6) weeks) and might be time-limited or ongoing for a period of up to twelve (12) months depending on the identified recovery needs of the individual.

The integrated approach between the IRSP and the GBPRSP allows for the delivery of wrap-around supports at different levels of intensity and frequency that aligns with recovery needs of the individual.

**The following diagram shows an individual's journey through the Individual Recovery Support Program and the link with the Group Based Peer Recovery Support Program**

# Individual Journey through IRSP and link to GBPRSP



The IRSP and the GBPRSP are provided in a way that supports strengthened service integration and collaboration between clinical treatment and non-clinical supports, and enable the individual to achieve their recovery goals.

In delivering MH CSS services and to ensure integrated care for individuals experiencing a severe mental illness, it is expected that the NGOs will employ a “no wrong door” approach. This means, where an individual presents and is either not eligible for the MHCSS or may not be eligible for the NDIS that the NGO works with the individual to facilitate an appropriate and timely referral to enable supports.

## Staffing and Qualifications

The MH CSS programs should be staffed by an appropriate skill mix of psychosocial support staff, with either a university or vocational qualification (e.g. Certificate IV in Mental Health or similar qualification) and appropriately qualified peer workers.

The following qualifications for staff are required:

- Senior staff - a relevant tertiary qualification
- Support staff - Certificate IV qualifications in mental health or peer support
- Peer Worker – have lived experience of mental illness and Certificate IV qualifications in peer support and/or mental health is highly desirable.

In addition, staff should:

- have knowledge and experience in the psychosocial approach and recovery-oriented practice, including a focus on strengths in mental health
- be appropriately trained, developed and supported to safely perform the duties required of them
- be trained in and able to recognise risk factors and implement strategies to manage these
- be trained in and able to recognise and respond to the deterioration in a person's mental state
- be trained in delivering culturally appropriate services
- be adequately supported and provided with regular supervision and relevant to support competency in managing the identified client group.

## Reporting

### Performance Measures

It is a mandatory that all funded MH CSS Program providers collect and report on the performance

measurement data described on the Queensland Health's Implementation of the Mental Health Non-Government Organisation Establishments National Best Endeavors Data Set (MH NGO E NBEDS) which detail service types outlined in the contractual agreements. Further details about the MH NGO E NBEDS and the data specific to funded service types online at this address:  
<http://meteor.aihw.gov.au/content/index.phtml/itemId/494729>

## Safety and Quality

All MH CSS must be delivered in compliance with the following Quality Standards

Accreditation Standards:

- National Standards for Mental Health Services (NSMHS), or
- Human Services Quality Standards (HSQS) - inclusive of mental health service delivery

## Contact Officer

If you have any questions regarding this document or if you have a suggestion for improvements, please contact:

Mental Health, Alcohol and Other Drugs Branch,  
Clinical Excellence Division,  
Department of Health,  
GPO Box 48,  
Brisbane QLD 4001,  
Email: [MHAODB-SPPU@health.qld.gov.au](mailto:MHAODB-SPPU@health.qld.gov.au)  
phone 3328 9537

---

<sup>i</sup> Health Workforce Australia 2014, Mental Health Peer Workforce Study, Adelaide