Acquired Brain Injury and Mental Health- building sector capacity

PIR Agency:	Communify and Footprints
Date:	November 2014 - Ongoing
Key issue(s)	A lack of funding for individualized lifestyle support often leaves individuals with an ABI and their families relying on block funded services which are unable to provide appropriate wrap around supports that address physical, mental and social needs. Even in situations where these supports are in place individuals, and/or specific needs, can 'fall through the gaps' due to difficulties in integrating service delivery. Initial discussions with key players in the sector, alongside worker experience surveys, have identified a major gap as a lack of opportunity to present cases to a case coordination group to collectively address many unmet needs. Mainstream community services report being ill equipped to assess and respond to clients with co-occurring ABI and MI (issues with assessment frameworks and treatment, blurred responsibilities across the sector, lack of collaboration between Queensland Health service providers and the community sector, lack of workforce understanding surrounding disability and mental health).
Main Objective(s)	-Provide a forum for care-coordination to assist staff working with community members with a co-occurring mental illness and ABI, via case discussion meetings. -Increase the capacity and capability of mainstream services to provide support for persons with an ABI through workplace education delivered by ABIOS. View to expand to other training (Synapse etc.) -increased collaboration between ABI specific services and mainstream MH services (both in QHealth and Community sector), up to and including Local Partnership Agreements.
Summary of Impact or Result	- Case co-ordination group has been established in inner metro north (involving workers and organisations from different sectors). Two meetings have been held and initial feedback has identified the groups as a positive addition for workers assisting community members - training has been delivered across the PIR organisations (open to workers within those organisations that aren't PIR) regarding ABI and service pathways in metro-north Brisbane. -Further professional development in planning for 2016 - organising symposiums around understanding complexity, and the recovery framework and vulnerability - LPAs established between ABI specific service and generalist non-government community organisations with mental health programs to expand the delivery of ABI support group STEPS
Context	

- Members of our community with an ABI run a 60% likelihood of major mental illness during the course of their lifetime and 1 in 5 will attempt suicide (Australian Brain Institute, 2014).

- Issues flagged by PIR SFs on Issues register on CIMS related to working with clients with an ABI indicated a gap in services (5 issues relating to mental health and ABI).

- Further evidence of service barriers identified in later worker experience surveys, delivered before training by ABIOS. It is worth considering the small sample size and setting in which the survey was delivered when considering the results, but results indicate that workers from varied settings and professions find significant barriers in accessing support for clients with an ABI and mental illness.

Worker Experience Survey - Sample size - 31 Statement	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
Workers in the mental health sector have a good understanding of Acquired Brain Injury and are able to respond to a client's needs	3 (10%)	21 (68%)	6 (19%)	1 (3%)	
Workers in the disability sector have a good understanding of mental health and are able to respond to a client's needs	1 (3%)	23 (74%)	7 (23%)		
It is easy to access funded services which address clients' needs resulting from an ABI	9 (29%)	20 (65%)	2 (6%)		
It is easy to access self-directed funding in order to access services which address clients' needs resulting from an ABI	8 (26%)	18 (58%)	4 (13%)		1 (3%)
I can identify a referral pathway which allows me to recognise the most appropriate services to address clients' needs resulting from an ABI	1 (3%)	18 (58%)	11 (36%)	1 (3%)	
I have found it easy to organise a multi-agency response to address clients' needs resulting from an ABI	5 (16%)	23 (74%)	1 (3%)		2 (6%)

Themes from Qualitative data of Worker Experience survey support the above interpretation of data. The following themes were identified:
Service Access
- lack of access to services (no specialist ABI services in local area, mainstream services not being able to respond to client needs, waitlists)
Worker Skills
- lack of knowledge around services (referral pathways, services for assessment , services for treatment)
- difficulties in engaging with clients with an ABI – (managing clients anti-social behaviour, inconsistency in client engagement)
Service Co-ordination
- lack of co-ordination between services (difficulties in eligibility criteria, difficulties for clients with AOD issues who require support around ABI

- Initial discussion with ABIOS and Disability Services Service Access team identified gaps from the perspective of those services, particularly in relation to mental health (lack of funding for services, no forum in which complex cases can be presented to key sectors involved in client care, recognition of under assessment of community members with an ABI – present through criminal justice or AOD, different assessment and treatment frameworks used across sectors leading to fragmented service delivery)

Stakeholders/Partnerships	

✓ Partnering with PIR consortium members to establish referral pathways in Case Co-ordination group
✓ Partnering with disability sector service access team at Nundah, and ABIOS to participate in CC structures
✓ Partnering with ABIOS to expand STEPS programs across the greater metro-north region

Project Management	

Communify PIR and Footprints PIR are the lead agencies on the project:
- ASTAR project planning tool used in the planning stage
- Qualitative data from discussions with key players in the sector
- Worker experience surveys

• Pre and post training studies • LPA	
Description of Activities	

Information Gathering / looking at models of best practice for CC group
- discussion with MHPN dual disability group - ensure we are no replicating something which could exist within their structure
-discussions with U1R – an existing case co-ordination group for people with complexities impacting on housing sustainability
- discussion with ABIOS, Synapse and Disability Services about existing models for case co-ordination
- attending national Acquired Brain Injury Conference

Establishing guidelines for CC Group
- find venue in inner north
- discussions with CC stakeholders around guidelines (client consent and confidentiality etc.) informed by discussions held with existing CC groups
- Looking at opportunities to partner with existing CC structures to decrease administrative tasks and increase sustainability, currently exploring partnership with the Mental Health Professional Network

Identifying opportunities for professional development
- training delivered by ABIOS to PIROs
- PD on 'understanding complexity' being organized through MH and ABI CC group
- Collaboration with U1R to hold seminar with a focus on 'recovery and disability' being organized for 2016

Expanding and building on existing programs for specialist ABI response
- Partnering with ABIOS to expand the service delivery area for STEPS into regions previously unserviced or underserviced (established partnerships in inner north (Footprints), inner west (Communify) and outer north region (Open Minds)
- Discussions with Synapse around establishing agreement to increase opportunities for community engagement for clients in their residential facilities

Project Impact	

Case Co-ordination
- Increased collaboration and contact between ABIOS, Disability Services and community sector organisation
- Case co-ordination group has already shown positive impacts as reported by staff in attendance.
Following report from staff member at first meeting indicates good outcomes for clients in being able to get wrap around support

"I just wanted to share two positive client outcomes that came out of the ABI Care Coordination Group. I was able to connect two of my clients who live in supported accommodation to Footprints Resident Support Program, and they were both connected with support quite quickly. I wasn't aware of that particular program prior to this meeting. The case worker who is working with both clients has been excellent in terms of keeping PIR informed on how the support process is going and we (PIR and Footprints RSP) are working together to ensure the clients' needs are being met. This was a very positive outcome for both clients, where it was difficult to plug them in to any other direct supports that quickly …..Further, one of the client's families had been concerned about delays in available supports and were likely losing a bit of faith with the service system until this opportunity presented itself. …. Overall, I am very pleased that I was able to connect to other service providers for these two clients who have ABIs. I learned more about available services AND helped get two good outcomes for PIR clients. Win win!! Well done on putting this group together!"

 Establishing tri-angulated case studies to compare the experiences of staff who attend group, staff involved in a person's care who doesn't attend group, and the community member and/or their families who access services.

Training
- Data from training still be analysed by early trends indicate a statistically significant improvement in woerks knowledge of the sector and confidence in understanding ABI (and how it differs from mental illness) after training delivered by ABIOS.
- More training and professional development in planning for 2016

Expanding and building on existing programs for specialist ABI response - Partnering with ABIOS to expand the service delivery area for STEPS into regions previously unserviced or underserviced (established partnerships in inner north (Footprints), inner west (Communify) and outer north region (Open Minds)	
Lessons Learned	
-Was invaluable to talk to existing groups which have a case co-ordination structure to see what worked and what didn't. Particularly important if we want consistent attendance from already time-poor staff. -Difficulties in finding workers who can assist in organisation and administrative roles in group, important if we are to look at the sustainability of the group post PIR - Important in establishing relationships with individual workers/ managers within services in the early stages of group set-up. Need workplace 'champions' of the project so that their staff are informed. - Establishing a need isn't enough for a successful systems reform project, have to be able to meet that need in a sustainable way	
Appendices	