



Recovering the Recovery Model Under the NDIS

Revision – What is recovery oriented practice?

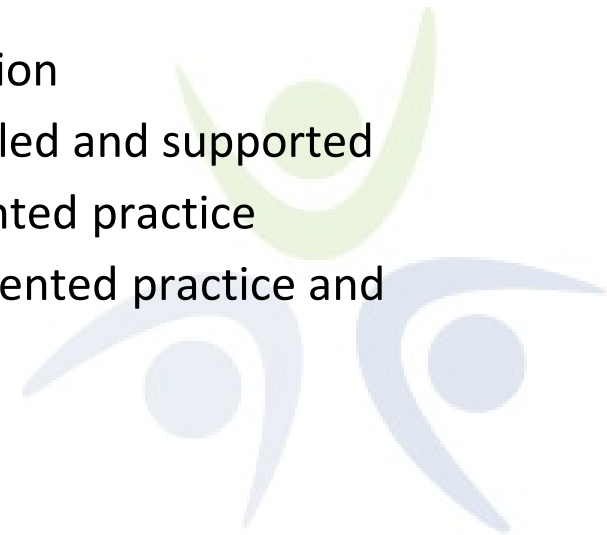
- encourages self-determination and self-management of mental health and wellbeing
- involves tailored, personalised and strengths-based care that is responsive to people's unique strengths, circumstances, needs and preferences
- supports people to define their goals, wishes and aspirations
- involves a holistic approach that addresses a range of factors that impact on people's wellbeing, such as housing, education and employment, and family and social relationships
- supports people's social inclusion, community participation and citizenship.

Ref: Victorian Government Department of Health, Mental Health, Drugs and Regions Division. *Framework for Recovery Oriented Practice*. Melbourne. August 2011

Why we need to recover the recovery model

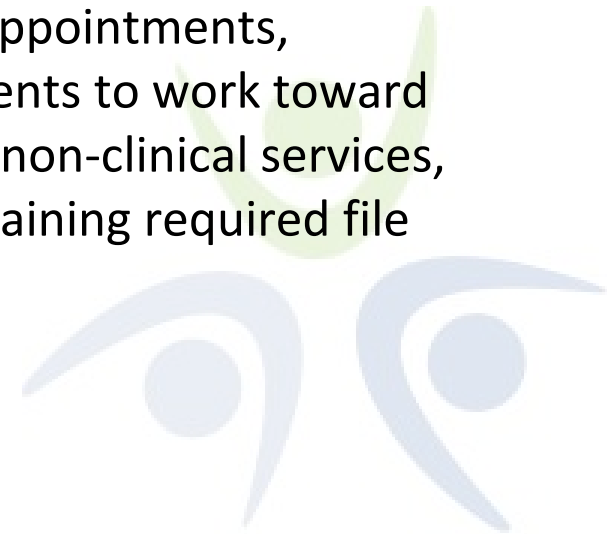
The NDIS service model has required a restructure of the workforce:

- Mobile workforce
- Lower classifications
- Less skilled in Mental Health
- Limited (or no) budget for PD, training, and supervision
- Challenge to keep mobile workers connected, upskilled and supported
- Challenge to upskill new workforce in recovery-oriented practice
- New job roles require a re-think of how recovery-oriented practice and principles apply



Pre-NDIS Workforce

- The MHCSS/Outreach team have been recruited on a minimum diploma level qualification.
- Title of Mental Health Practitioner.
- Manage a caseload of approximately 15 clients
- Responsible for setting their own regular, client appointments, developing individual recovery plans, assisting clients to work toward goals, liaising and/or advocating with clinical and non-clinical services, creating referrals, monitoring progress and maintaining required file records.



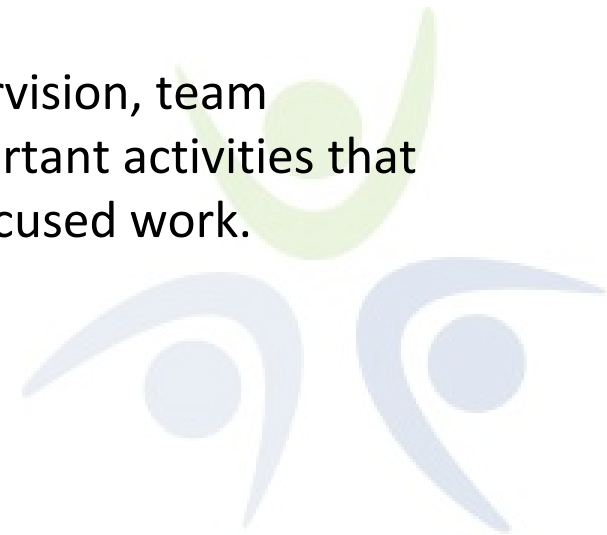
NDIS Workforce

- The set price guide under an NDIS model dictates that the Mental Health Practitioner role will be replaced with Support Workers who:
 - may have very limited (if any) mental health training
 - will be mostly a casual, shift-based workforce
 - rostered to their clients
 - have no input in the design of individual recovery planning
 - little if any, interaction with the clients other providers



The threat to recovery oriented practice

- Long term staff high attrition rates = loss of knowledge.
- In an NDIS service model:
 - Frontline workers need to spend 90+% of their time in face-face client activities.
 - Leaves only 10% of time for case-notes, supervision, team meetings, training, debriefing and other important activities that have historically formed a part of recovery focused work.



Organisational Responsibility to ROP

- Organisations have a responsibility to ensure they:
 - Embed recovery principles in practice
 - Include recovery principles in management processes including recruitment, professional development, appraisal, audit service planning and operational policies.
 - Incorporate recovery values and language throughout documentation/publications.
 - Balance duty of care and dignity of risk



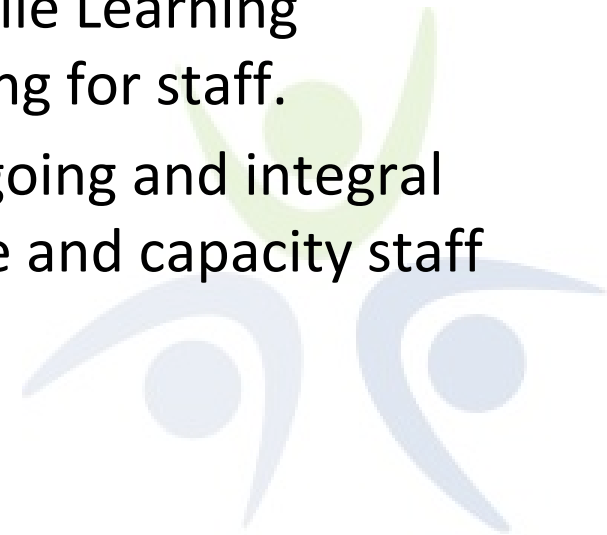
Addressing the problem

- A working party was formed with representation from 8 different organisations and one consumer consultant, to determine how we can best provide training, to ensure that staff are provided with adequate awareness of the Recovery Model Principles.
 - How recovery-oriented practice could be reframed in the new NDIS context?
 - How can we develop innovative ways of providing professional development for the new workforce?



The Mobile Learning Solution

- We were tasked with this project against the background knowledge that services; have no time available for training, no budgets for training, and a casual workforce that may never be in the office at the same time.
- The solution we developed uses the Mobile Learning Solution to deliver online Recovery training for staff.
- The aim is for this training to form an ongoing and integral piece of service induction for all new core and capacity staff working in psychosocial disability.



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