

Partners in Recovery Case Study 1

Background (participant and their situation) *Not real name

Initial referral to PIR via an allied health social worker.

Diagnosis: Schizophrenia, Eating Disorder, OCD, Trichotillomania and severe anxiety. Long history of Childhood sexual and physical abuse with multiple admissions into hospital. Due to negative experiences whilst admitted in a mental health ward, Sally* has distrust in the hospital system and fears needing to return to hospital and being 'taken away' and locked up so is now resistant to accessing clinical supports.

What did you do to engage the person in PIR?

- Sally was initially fearful of engaging in a new service. Met individual together with the social worker initially in a local park to build rapport due to the anxiety experienced at home.
- Due to significant anxiety, PIR Facilitator attended initial appointments with Sally with various stakeholders she was referred to.
- Rapport building was a staged process and very linked to trust which was constantly questioned and continuously proved.

What were the key issues/needs being addressed?

- Was not linked to a psychiatrist and required review of medication. Identified hearing voices.
- Not linked in with a GP
- No clinical services seen due to distrust in mental health doctors
- Eating Disorder and under weight
- Financial distress around supporting three adults with one DS Benefit
- No consistency with medication. Required depo injection fortnightly basis.
- Socially isolated
- Building self-esteem and resilience

What happened to address the issues/needs?

- Facilitated referral to Dietician.
- Facilitated referral to the Mental Health Recovery Program to reduce social isolation and linking back into the community.
- Contacted Department of Housing and attended transfer inspection of property. Advocated for the need for urgent transfer.
- PIR flexible funding utilised to access psychiatrist for assessment and review of medication.
- Facilitated access to appropriate GP in local area.
- Facilitated referral to community nursing service to administer depo injection fortnightly in the home.
- Facilitated referral process through GP for a Mental Health Care plan and assisted Sally to access an appropriate Bulk Billing psychologist in her local area.
- Facilitated referral to respite and lifestyle group program.
- Facilitated referral to a self-esteem program.

What was the outcome?

- Reduced fear of services and Health system.

- Medication was reviewed. Psychiatrist was open to care coordination and engagement with PIR for best outcome for Sally.
- Accessed Dietetic services resulting in weight gain.
- Sally completed several programs resulting in an increase in self-esteem and confidence.
- Increased tools to manage anxiety symptoms through psychologist sessions.
- Self-care has improved.
- Open to meeting new people and going to new places including volunteering and facilitating her own workshop for other participants.
- Has started driving again independently.

What did you or the participant learn?

- The importance of focusing on all areas of individual’s life and needs and not just focusing on person’s mental health alone is key in individual’s recovery.
- Recovery can and does happen.
- Relationship building is a huge part of PIR Facilitator role.
- Care coordination of services was vital to ensure the best outcome for individual.
- The importance of matching the right workers to the individual to support them in their recovery.
- Working closely with the whole family unit was important to support Sally in moving forward.

Comment/testimonial statement from participant in their own words.

Poem written by Sally:

I can finally get off land even though
 I’m scared of the water but now
 Realising there is boats you can get into
 That get you back to Land

“I didn’t think doing little things counted so I tended not to do them,” Sally said. “PIR is showing me that little steps add up to big steps.”

“My world is much brighter now than it was six months ago. I feel happy more often than I feel sad or anxious. I am looking forward to doing a lot more things and making friends so I can get about more. Now I have hope.”

Time taken at various stages of the participant’s journey with PIR:

	Length of time (in weeks)
Engagement	2
Intake	1
Assessment	1
Action Planning	4
Care Coordination	30
Monitoring	39
Exit	Total engagement 77 weeks