

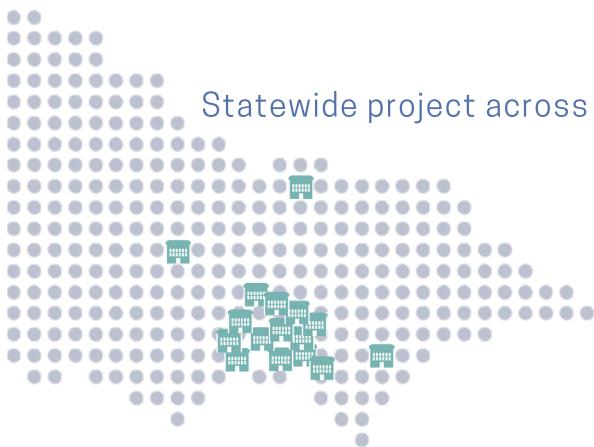
BUILDING THE EVIDENCE BASE OF PREVENTION AND RECOVERY CARE (PARC) SERVICES IN VICTORIA



A PARC service interior and staff (courtesy of Mind Australia)

Overview of the project

Prevention and Recovery Care (PARC) services are recovery-oriented sub-acute residential facilities that involve a partnership between mental health community support services (MHCSS) and clinical mental health service providers. The primary aims of the PARC services are to improve mental health and wellbeing outcomes for consumers, and to prevent admissions to acute inpatient units as well as avoidable re-admissions following an acute episode in hospital. In a partnership with MHCSSs, we have undertaken this state-wide PARC services project, to assess the appropriateness, effectiveness and efficiency of PARC services in Victoria. Our project was funded by an NHMRC partnership grant (APP1115907; 2016-2020)



Statewide project across Victoria



19 Adult PARC Services



We conducted the project over
4 years using multiple studies



19 PARC
service
managers

First, we gathered data from all
the PARC service managers

Then we conducted a longitudinal study involving...



290 consumers and **70** carers
followed up for **12** months

925 completed
surveys

4 rounds
of data collection



6 carers



20 PARC
service staff



In another study we
conducted in-depth
interviews
involving...



13
consumers



A PARC service interior (courtesy of Mind Australia)

Characteristics of PARC services in our project



Partnership between MHCSS and clinical mental health services



Recovery oriented sub acute inpatient service: consumers either step up from the community or step down from an inpatient unit

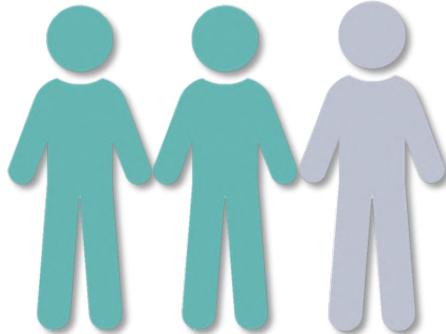


38% of all PARC service admissions
were transfers from hospital-based psychiatric treatment inpatient units to PARC services





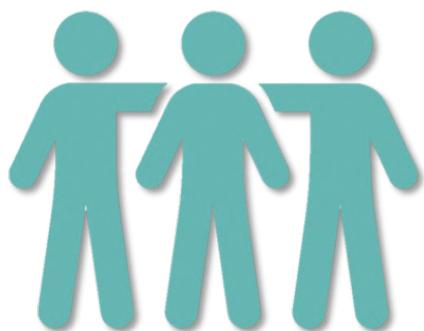
Who works at PARC services?



2 out of 3 PARC service staff
were employed by MHCSS



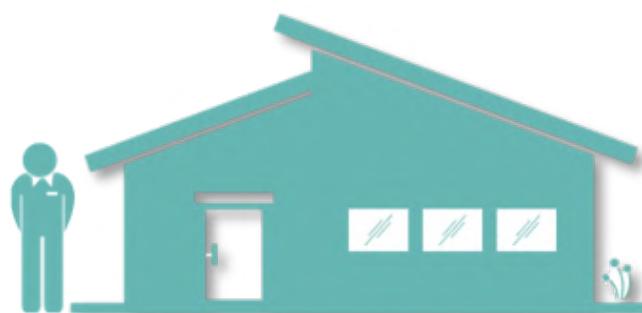
58% of PARC services
employed a peer worker



2 PARC services employed a family
& carer peer support worker



17 PARC services had a permanent
staff member in reach from the
clinical service



On average a clinical staff member
was present for **30%** of the time

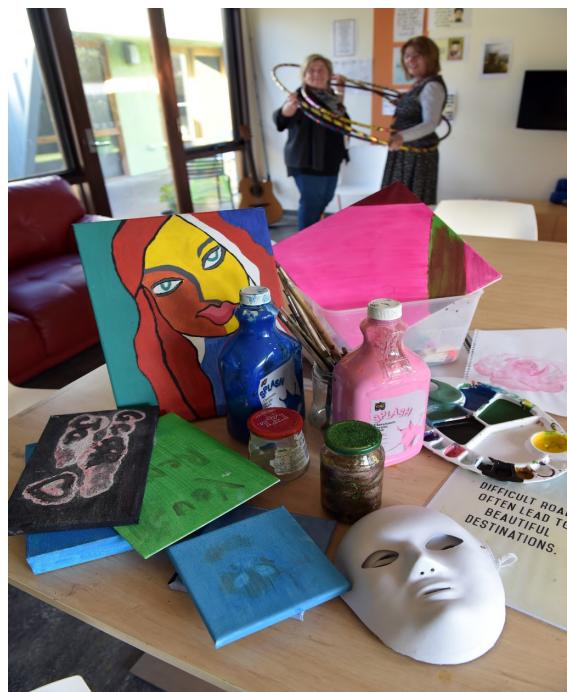
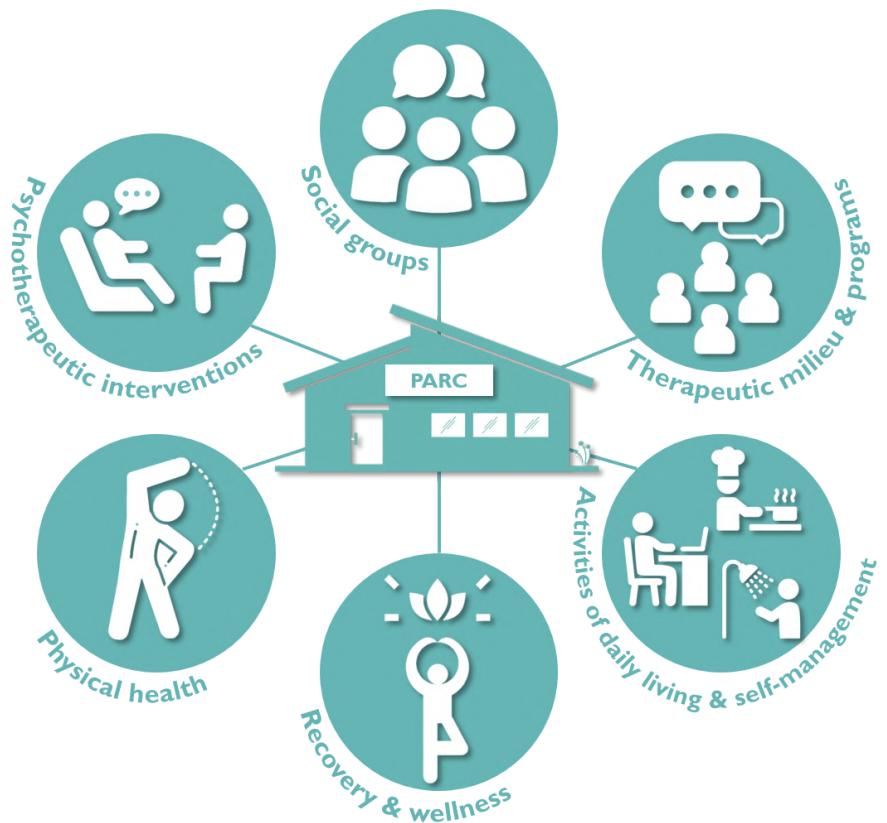


Image (courtesy of Mind Australia)

Treatment and support offered at PARC services



Seven domains of care in PARC services

PARC services managers completed the Quality Indicator for Rehabilitative Care ([QuIRC](#)) which assessed each PARC services across these domains. Some variation in how PARC services operate across Victoria was found.

Recovery



based practice

The degree to which service users are engaged collaboratively in planning and agreeing to their own care and treatment and in the running/decision making of the service. The degree to which staff hold hope for service users to progress in their recovery

Living



environment

Social



interface

Self-management



& autonomy

Human



rights

Treatments



& interventions

Therapeutic



environment

The built environment and the practical aspects of how the facility is organised and run

The degree to which the service makes links with community resources and engages with service users' families and carers to strengthen their social networks

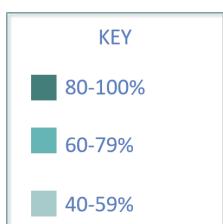
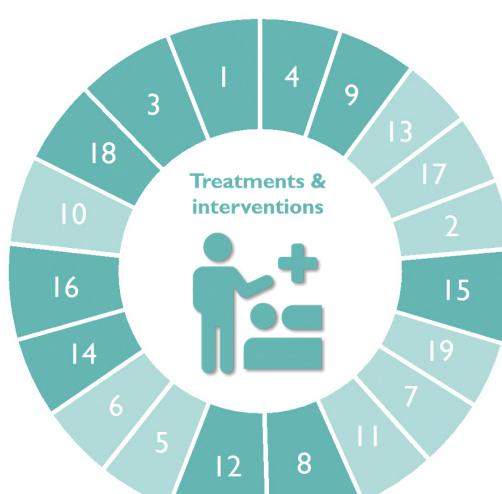
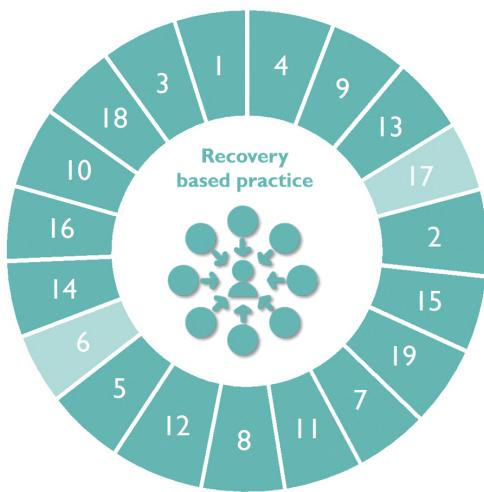
The degree to which the service assists service users to gain/regain skills for living independently

The degree to which service users' legal and civic rights are promoted and how they are involved in decision making about their care

The variety of medical, psychological, and social treatments and interventions and physical health promotion offered to consumers for which staff are appropriately trained

The therapeutic culture of the facility, including staffing, training and supervision, staff attitudes to service users

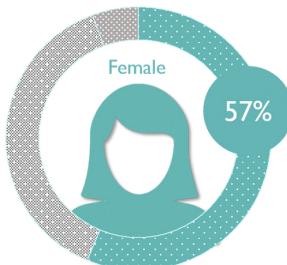
Each PARC service is represented by a number in the QulRC domain circular diagrams, the depth of shading indicates the [PARC services score on the given domain](#).



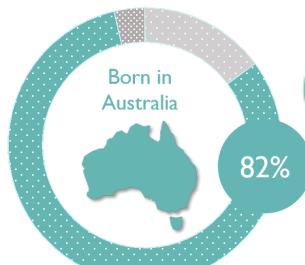
Who was involved in the project?

CONSUMERS

Consumers were recruited from 19 Victorian adult sub-acute PARC services. Recruitment and interviewing were conducted by a team of trained sessional research interviewers (some of whom were consumer researchers or had lived experience). Trained project staff visited each of the services and invited interested and eligible consumers to participate. Each researcher was responsible for a regional cluster of PARC services to enable them to build a relationship with the PARC services and consumers.



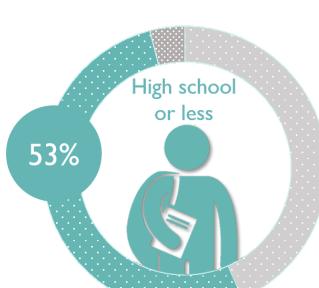
Gender



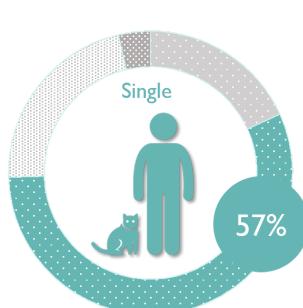
County of birth



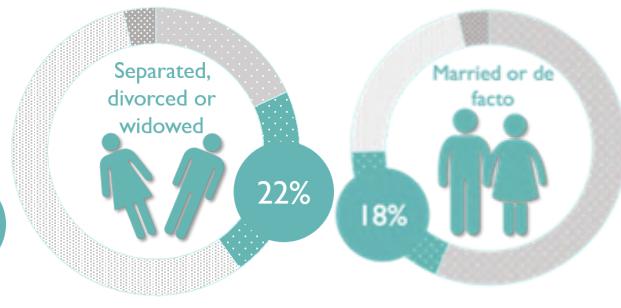
Children



Level of education



Marital status



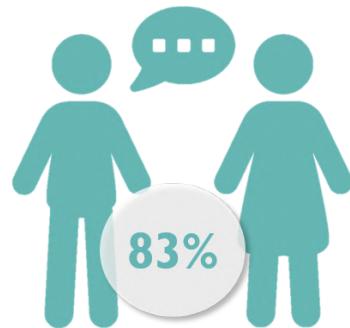
NB. Numbers may not equal 100 due to missing responses

Consumer perspectives on PARC services

Consumers **strongly agreed** or **agreed** that...



...they had been given relevant and sufficient information about the service



...the staff in the service listened to them



...the service had supported them towards achieving their goals



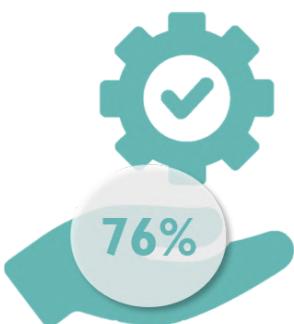
...they would use the service again if they had a similar need in the future



...their cultural and spiritual needs had been met



...they had been involved in deciding on the support they had been given



...they had been getting the right kind of support from the service



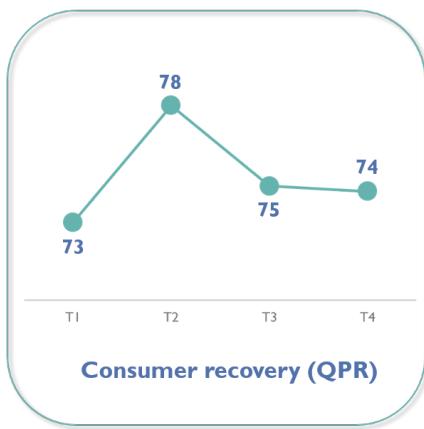
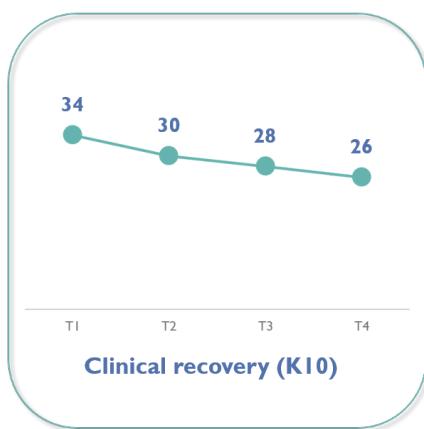
...they felt safe and comfortable in the physical environment of the service



...they felt that the staff in the service respected them and treated them with dignity

Symptoms, well-being and personal recovery outcomes

In relation to the five measures below there was evidence of significant improvement over one year after an admission to a PARC service. A decline in the Kessler 10 (K10) is a good outcome in relation to mental distress and the other measures (the Questionnaire about the Process of Recovery (QPR), the Recovering Quality of Life (ReQoL), Warwick-Edinburgh Mental Well-being (WEMWBS) and Assessment of Quality of Life (AQoL8D) mostly go up, which suggests that Victorian PARC services appear to be contributing to positive personal recovery, wellbeing and quality of life outcomes for people who access these services, with particular benefits immediately as a result of an admission to a PARC service. However, there is also indication that some gains may be more difficult to sustain over time. We compared people who came from an inpatient unit with those who came from the community. No differences were found in their outcomes on any measure.



T1 = arrival | T2 = departure | T3 = 6-months later | T4 = 12-months later

Consumer perspectives on PARC services

We found that PARC services do provide a positive and safe experience of care for the majority of people who use them. Overall, participants felt supported, respected, listened to, and involved. Participants in the longitudinal study responded to two questions regarding the best thing about the PARC service and things that could be improved about the services. We also undertook in depth interviews with thirteen consumers who had a PARC service stay. Overall, consumers spoke positively of PARC services.

FEELING CONNECTED

- Support from staff
- Peer support and learning
- Feeling part of a community

"The staff were very considerate, and they did listen and nothing seemed to be a bother for them. They always had time for you when you needed someone to listen and they were fantastic. I couldn't have wished for better staff."



FINDING MEANING & PURPOSE

- Participating in groups & outings
- Having daily responsibilities

"They have helped me modulate my emotions through the sensory program. I've upskilled a great deal through that service. Some of the groups are psycho social education and they have been really good. Recovery group and positive psychology groups."



BECOMING EMPOWERED

- Rebuilding myself
- Having choice in one's life
- Being in a healthy and safe environment

"Just being able to be in an environment in a safe environment, cos I was isolated for 12 months, being in a safe environment was really important, not having to be too close but safe. Just having a rest. Isolation can do a lot of damage when you're unwell. Sometimes a safe place to sit is the best model, still having some interactions."



IMPROVEMENT TO PARC SERVICES

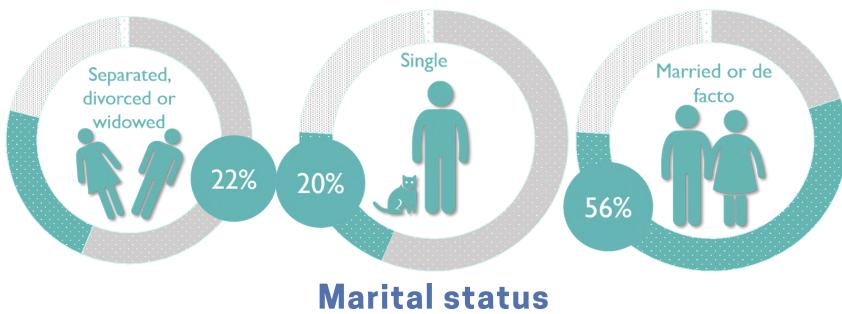
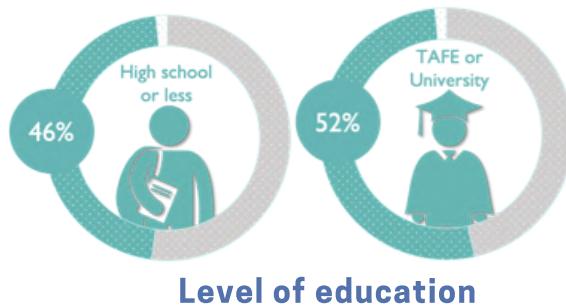
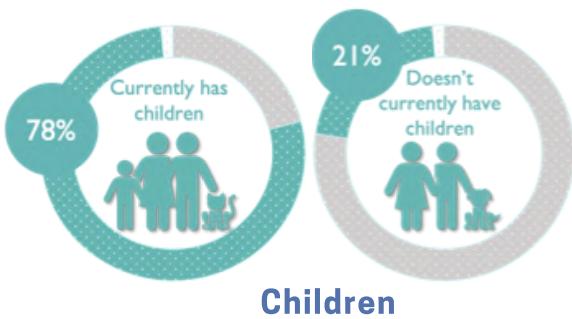
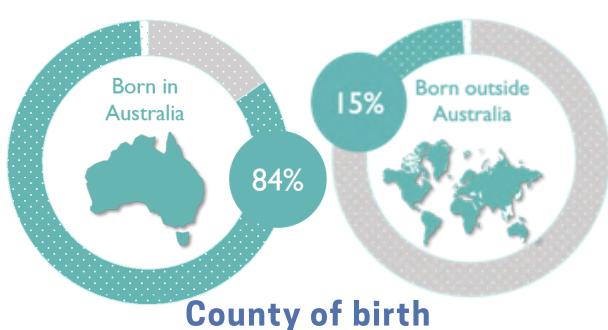
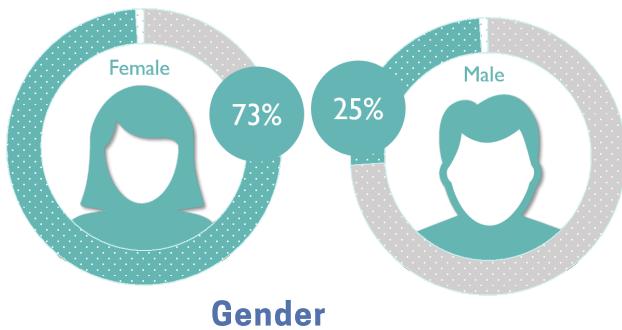
- Increased support
- Increased funding
- Better facilities

"I'm out from hospital [but] I still had to wait a couple of weeks before I could get in there you know, and I think it would've been probably much better if you could go straight in there."

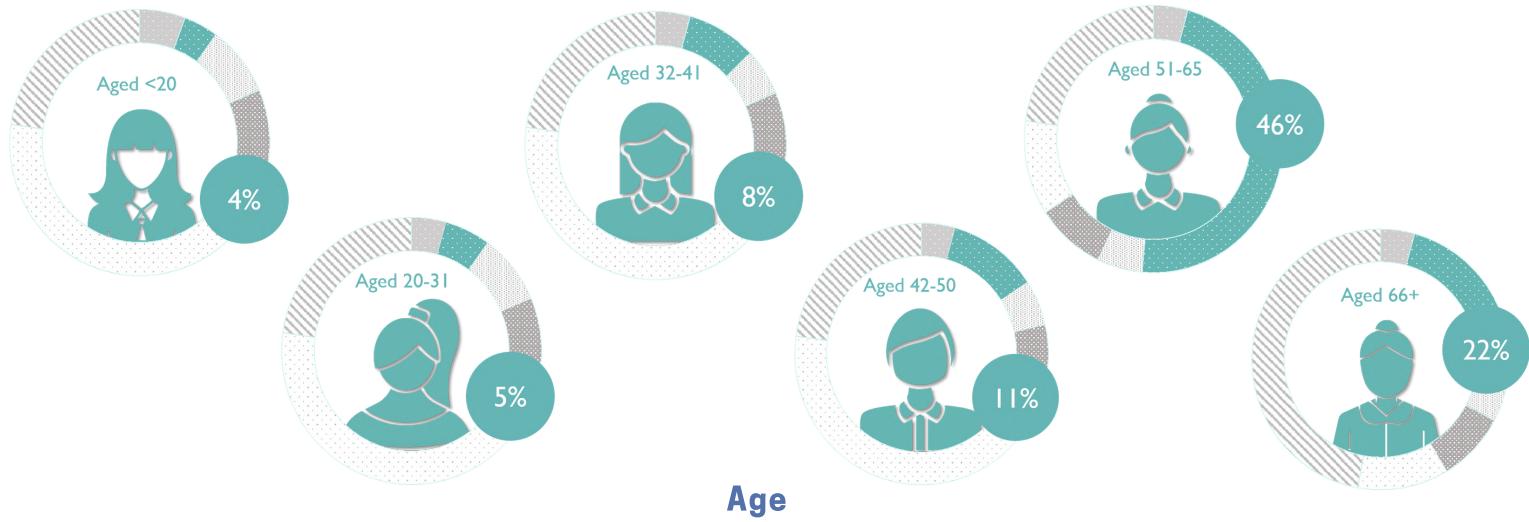


CARERS

53 carers representing 18 out of the 19 PARC services involved in the study completed an exit survey. Carers responded very positively about most aspects of PARC services but had mixed opinions on whether they had an influence on how the service is run. A broad range of family members, friends and other supporters participated in the study.



CARERS



Age



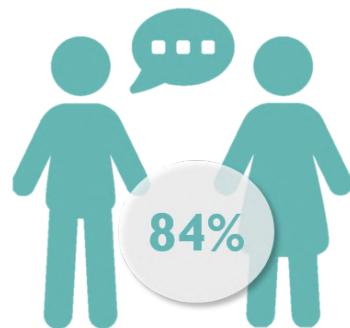
Relationship to consumer participant

Carer perspectives on PARC services

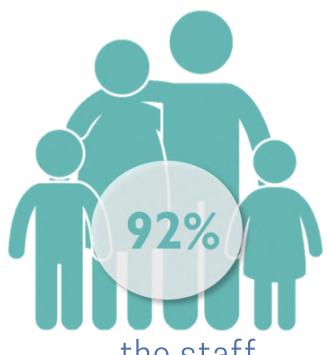
Carers **strongly agreed** or **agreed** that...



...they had been given relevant and sufficient information about the service



...the staff in the service listened to them



...the staff in the service respected their family



...the service had supported them towards achieving their goals



...they would use the service again



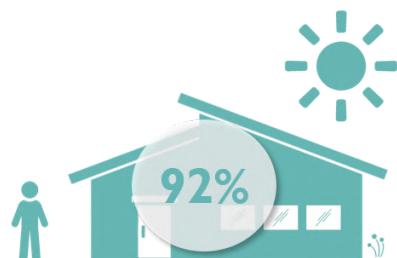
...their cultural and spiritual needs had been met



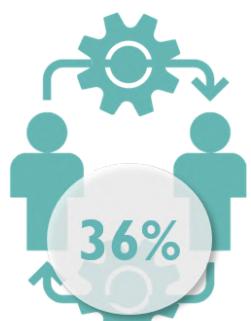
...they had been involved in deciding on the support they had been given



...they had been getting the right kind of support from the service



...they felt safe and comfortable in the physical environment of the service



...they had had an influence on how the service is run

Carer perspectives on PARC services

We also undertook in depth interviews with 6 family members and carers who also highly valued PARC services.

PARC SERVICES WORK FOR FAMILIES

- Relief for all from crisis
- Supportive and safe
- Better than hospital
- Recovery through relationships

"The thing about PARC services that it was just the most lovely environment, because it's a lovely building, and all the staff were wonderful, and they were very, very warm and caring and calm, and I think that really helped [my daughter] – it certainly helped me."



PARC SERVICES HAVE LIMITATIONS

- Limited access
- Limited family involvement

"Took a long time to get help. Took forever to get him in there. He had to wait about eight weeks. Was in a really bad way before he went in."



RELIEF, RESPITE & LEARNING FOR FAMILIES

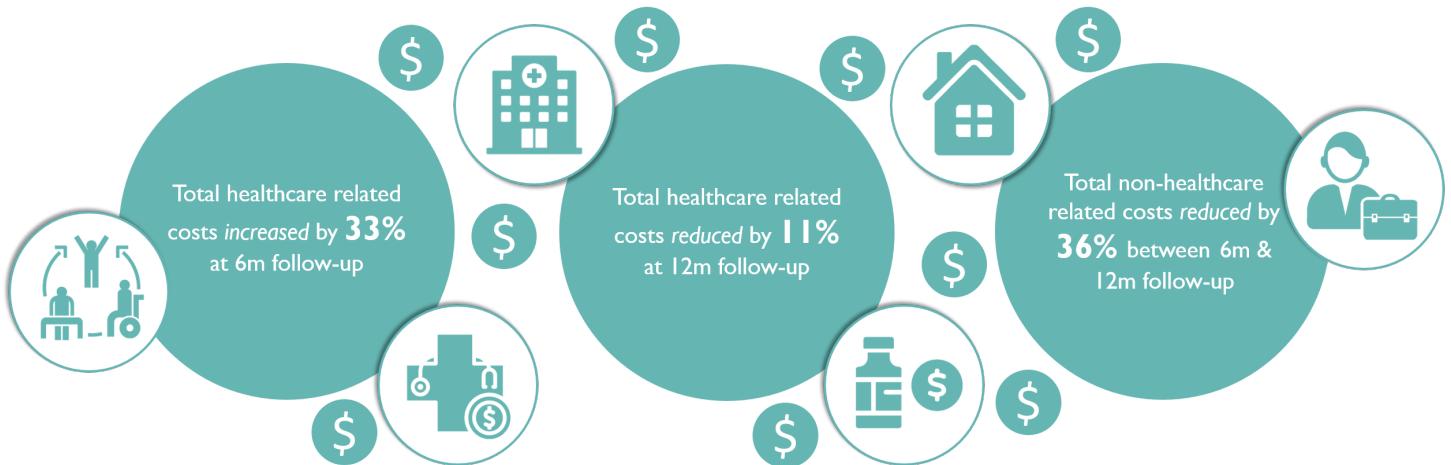
- Relief and feeling good about PARC services
- Respite and trusting the team
- Learning from PARC services

"I cannot praise PARC services enough, it has been the sole thing that has helped my son the most of every other type of assistance he has ever had, the staff have an incredible supportive compassionate manner and the staff listen to the client (my son) and are open to helping the carer (myself) and to work together on whatever the issues are specific to the situation."



Value for money

The preliminary results from our longitudinal study suggest that PARC service use was associated with improvement in quality of life and lower healthcare and non-healthcare costs during the 12-month follow up.





Recommendations

Overall our findings from this comprehensive evaluation of PARC services in Victoria are highly supportive of PARC services and the outcomes being achieved. We offer the following recommendations to capitalise on the substantial achievements that PARC services have made to date:

STAFFING AND EDUCATION



1 All PARC services should employ at least one peer worker

2 All PARC services should employ a family and carer peer support worker

3 All staff should have a shared understanding of recovery-oriented service delivery in principle and practice

SERVICE DELIVERY



1 Consumers should have genuine choice about being involved in review meetings

Individual and group treatments and support should be:

- Consistent across PARC services, with consumer co-design
- Good quality
- Offer variety to support meaningful consumer choice
- Run daily, ensuring consumers have the opportunity for meaningful engagement at the right time

3 There is potential for PARC services to improve the degree to which they engage with and support carers

4 Each PARC service should consider how to appropriately meet the spiritual and cultural needs of their consumers

5 Future service guidelines need to consider our feedback about access and length of stay issues

Recommendations

EVALUATION AND MONITORING



1

Victorian Department of Health and Human Services could provide support for a PARC service Community of Practice, enabling managers and staff to share challenges and successes

2

The Quality Indicator for Rehabilitative Care is an appropriate tool and may offer services with the opportunity to benchmark with each other

3

Enabling consumer and carer voices to be heard will empower PARC service users to feel more in control of their own care and facilitate service improvement. This could be achieved through more emphasis on experience based co-design

CONSUMERS AND CARERS



Consumers views should be sought regularly through:

1

- Their experience of PARC services via surveys or interviews
- Their personal recovery outcomes measured by a standardised tool

2

Carers views should be sought regularly through:

- Their experience of PARC services via surveys or interviews

SERVICE SYSTEM



1

The findings support the expansion of PARC services and improving accessibility. Variations in referral processes, access and waiting times were evident. These suggest opportunities for clarification and improvement of policy and processes while still allowing flexibility to meet the needs of each local context

2

PARC services should continue to be embedded as part of the continuum of care in the Victorian mental health service system. The potential benefits of a PARC services stay to either avoid admission to hospital or reduce the length of an admission should be promoted to consumers and their carers and other supporters

This investigation has been conducted by a team of researchers: Lisa Brophy, Jane Pirkis, Matthew Spittal, Carol Harvey, John Farhall, Cathrine Mihalopoulos, Graham Meadows, Victoria Palmer, Richard Newton, Ellie Fossey, Bridget Hamilton, Vrinda Edan, Ruth Vine working alongside partner investigators from the Victorian Department of Health and Human Services and all the MHCSS involved in providing PARC services in Victoria at the time of the study: Break Thru, Ermha, Life Without Barriers, Cohealth, Wellways. Mind Australia Limited and Neami National. Our thanks to Justine Fletcher, Emma Morrisroe and all the other staff who have worked on the project. Thanks also to Amy Coe for creating the data visualisations.

Finally, to all the consumers, carers and staff who participated in our project: Thank you.



WE
LIFE WITHOUT BARRIERS
VE



mental health | disability | rehabilitation

