Grow provides a proven program for mental wellbeing recognised for its unique approach to developing leaders in mental health recovery through mutual help, peer support, friendships and community engagement.
Grow has focused our response to the 5th mental health plan from our 60 years experience of consumer engagement in planning and consultation and providing mutual help and peer support across Australia.

About Grow

In 2017, Grow will be celebrating 60 years of continuous delivery of mutual help and peer support groups across Australia. Our model for mutual help was developed by and with people with a mental illness in the late 1950s when stigma was commonplace and there was not a strong recognition by health professionals and governments that people could recover well from mental illness. The Program of personal development and recovery we use in our Groups has been further developed by our members and represents 60 years of lived experience. Over the years Grow has helped many thousands of people to recover from mental illness, as well as prevent mental illness through early intervention. Through the Grow Program people are supported to find a purpose in life, to be part of a community and gain the skills to recognise their own power and ability to overcome the day to day problems that mental illness generates, find purpose and community and gain the skills to recognise their own power and ability to overcome life’s challenges, including to gain or regain employment, secure housing and build personal relationships.

At Grow we see firsthand the value of equipping our members with the skills and attitudes to recognise and overcome the day to day challenges that are created by living with mental illness. We also see firsthand the value of genuine friendship, informal networks and community engagement in recovery. Most of all, Grow is a proven example of how genuine consumer participation and engagement can create and sustain credible and practical programs that deliver consistent recovery outcomes.

Grow's response to the draft 5th National Mental Health Plan

Our feedback on the 5th Plan has been collated from Grow's national, state and territory workforce, and consumers and carers. It focuses on Grow’s areas of experience and expertise in mental health recovery. This includes genuine engagement with consumers in the establishment and evaluation of plans and self-help programs and the value of informal, community based, mutual help programs to people with a mental illness.
We offer the following response and commend the Plan for its clear intention to include consumers and carers to develop a system that is informed by the experiences of consumers and carers and targeted to meet needs in the local community.

We also commend the Plan for the inclusion of values that underpin the Plan. These values are consumer and recovery focused and emphasise the value of early intervention. However there is no discussion on how those working on the delivery of the Plan, will demonstrate how the values impact on decision making and practice. At Grow we strongly suggest that there should be an expectation expressed in the Plan that the values be evident in all aspects of planning development and implementation.

Grow therefore recommends that the values be integrated into a communications campaign that highlights their significance and so the implementation of the Plan will be judged accordingly by both governments and the general public and enable a “publicly transparent process on progress that facilitates shared accountability”.

We also commend the Plan for adopting an integrated approach to the plan, focusing on the regional planning and delivery of services, tailored to needs of consumers and carers. Improved navigation, and less gaps in the system, will lead to more timely and appropriate access which will contribute to reduced acuity and early recovery.

The stepped care model is a key component to the Plan’s approach to service planning and integrated support. As previously mentioned, Grow sees firsthand the value of well delivered, low intensity services through our 180 mutual help groups that we provide nationally. 70% of Grow members identify as having a diagnosis of severe mental illness including schizophrenia, bipolar disorder, personality disorder and more. They come to Grow when their symptoms are not acute and, with guidance, they learn to manage their symptoms to improved health and reduce their reliance on clinical and hospital services. Grow’s annual member survey consistently reports better cooperation or reduced reliance on health professionals, medication and reduced hospitalisation. In addition, our annual survey shows that 87% of Grow members feel part of the community, 89% have an improved sense of personal value, and 83% use the skills learnt in our Program in their everyday life.
There appears to be a lack of clarity or emphasis in the Plan regarding all elements of the Stepped Care model and the Plan leaves the impression that it will focus on only clinical and medical services offered by PHNs and LHDs.

*Grow recommends that the plan better recognise the value of informal or low intensity services and their impact on reducing the need for complex care.*

Grow agrees that PHNs and LHDs provide an unprecedented opportunity to align efforts at a regional level, but our concern is that this integration will be limited to the scope of these entities as outlined in Box 2, page 21 of the Plan. With the PHNs focusing on medical and health services and LHDs focused on public hospital services, there is a risk that valuable non-clinical community based services, such as Grow, will not be considered or overlooked in integrated planning and service delivery.

*Grow therefore recommends that the Plan emphasise that PHNs and LHDs should genuinely engage valuable community based, non-clinical services, such as Grow, in the implementation of integrated planning and service delivery at the regional level.*

The Plan refers to engagement of community services in planning and service delivery and we agree that this will be an important success factor for the plan. However, engagement needs to be genuine, practical and comprehensive and resources must be provided to support service providers to participate and share their knowledge and experience. PHNs and LHDs need to outreach to the community to create engagement, not rely on emails and flyers and meetings at two-day's notice. Where Grow staff are engaged for their lived experience and knowledge of community, they are generally not remunerated and this places enormous pressure on the busy staff of a small organisation. Many community services are only resourced to provide a measurable service that does not include participation in whole of region needs based analysis, planning or consultation, so participation in these activities is done on top of contracted programs. Capacity building should be part of engagement so that small, busy and valuable community services are more able to attend planning and provide feedback and perspective. Without this, engagement will be limited to a small number of larger organisations or the “usual suspects” creating a narrow view of community needs and opportunities. Engagement should also include organisations that enable better integration and cooperation with housing, employment, and organisations and groups that work with vulnerable minorities.
Grow recommends that the enablers included in Action 1 include a framework and measures for genuine community engagement, such as the number and size of community organisations engaged, financial support offered for attendance, the number of community based meetings held and plans of engagement.

The plan presents a wonderful opportunity to empower consumers and carers in a meaningful way. Key to this is a strong, independent consumer and carer voice in the community, and avoiding one off consultation with professional advocates selected by planners and developers. In 2012, the Commonwealth Government announced the establishment of a National Consumer Peak Body and work was undertaken to establish the organisation but funding was not provided to commence operations. Similarly, the National Mental Health Consumer and Carer Forum provides an excellent opportunity for an independent consumer and carer voice but poor funding creates restrictions on its capacity and it is dependent on Mental Health Australia for support and secretariat which can stifle independence. Most states have invested in a Consumer and Carer peak body but these are not well funded and have limited reach. An empowered, strong and independent consumer and carer voice could assist PHNs and LHDs with models of engagement and provide an objective review nationally on the Plan’s report card and progress.

Grow recommends that the plan include capacity building for an independent and strong national and state consumer and carer, lived experience, voice.

The Plan refers to engagement of consumers and carers in planning and service delivery throughout. In addition, the Plan consistently recognises that systems and services and planning are tailored to meet the needs of the consumer and carer. This is consistent with the values of the Plan and is mentioned in many of the actions areas and content.

Again, Grow suggests that this engagement and understanding of consumer needs must be genuine, diverse and comprehensive, avoiding the tokenistic or inadequate engagement of the past. At a regional level PHNs and LHDs need to outreach to the consumers and carers across a range of demographics. Engagement should also empower consumers and carers and should include training or coaching to enable consumers and carers to share their lived experiences and understand how this can contribute to system development, planning and service design. At a state and national level, there needs to be greater investment developing the skills of consumers and carers to contribute to strategic development. To ensure this important feature of the plan, we
strongly suggest that a framework be developed, including measures to track genuine consumer and carer engagement.

Grow recommends that a framework including identified measures, be established for genuine consumer and carer engagement, including the number and diversity of consumers and carers engaged, appropriate remuneration, strategies for empowerment, consultations held and plans of engagement and implementation.

Grow commends the Plan for its attention to the physical health of people with a mental illness in Priority 5. Again we recommend strategies that empower consumers and carers to better understand their physical health needs be established, including how they can develop skills and knowledge to improve their own physical health and better understand the links to improved mental health with adequate exercise, good diet and rest.

Grow recommends the inclusion of strategies to empower consumers to understand and manage their physical health.

Grow would like to thank the federal government for this opportunity to provide feedback to the 5th Mental Health Plan.

Leonie Young MAICD  
Grow Board Chairperson

Clare Guilfoyle  
Chief Executive Officer