



MIFWA

**KNOWING YOU ARE NOT
ALONE WHEN IT MATTERS MOST**

A Reflection on a Community Mental Health Program in 2020

MIFWA Hospital to Home Program

Hospital to Home – a community mental health program

Mental Illness Fellowship of WA (MIFWA), in partnership with Consumers of Mental Health WA (CoMWhA) and St John of God Midland and funded through WA Primary Health Alliance, have developed the Hospital to Home Program, a program supporting people who have been in hospital or attended the Emergency Department due to experiencing mental distress.

We developed this program as we recognised the challenges that can be faced by people returning home following a hospital stay, including feelings of being overwhelmed and anxiety.

We know there are many great people working within the mental health system in both community and hospital services. Nevertheless, and despite the efforts of many, the mental health system can leave people experiencing unnecessary additional distress when relevant and adequate supports are not in place.

We believe even small amounts of the right support provided at the right time can make a big difference in an individual's recovery path, significantly reducing distress and expediting recovery. And so, we sought to develop a peer led support service that offered people reassurance and confidence to return home, supporting them to make sense of what they had experienced and to work toward recovery.

Hospital to Home is a program people opt in to. Together with peer workers (with lived experience of mental ill health/ distress and recovery), they design the support they might need over the weeks following discharge.

Just being there – peer to peer!

'Someone to listen to and not judge.'

The role of peers in recovery cannot be understated. Peers can provide people with reassurance during those times when they may be feeling vulnerable. They can also be a valuable support for some people who may not want to talk about their deeper concerns with their family as they do not want to cause any further distress.

Peer worker lived experience expertise (understanding and reflecting on their own experience of distress and recovery) is worth its weight in gold. Many people talk about the value of their peer worker as giving them a safe space to share their experience, without judgement and with someone who is likely to have a deeper understanding.

'My peer worker was a god send to me. He was there any time I needed and certainly got me through some very rough times.'

'I found it very affective to have someone with a lived experience, felt it was different from other supports as peer workers understand on a personal level.'

'Having someone to talk to was a great help for me, especially as I know that I could speak freely without anything said by me getting back to others.'

Knowledge and connecting people to support

'My peer worker was there when I needed her when I felt like I was in a crisis mode and was able to support and advocate for me when I couldn't do it for myself.'

The Hospital to Home Program is helpful for many people because it assists them to connect to the support they need to stay safe and well.

Peer workers are skilled and knowledgeable about the services available, and importantly, they can provide moral support to people if in need:

'MIFWA introduced me to support groups relevant to my illness and resources such as helplines and website.'

'I was introduced to MIFWA post returning to home, but my worker was brilliant in terms of giving me an outlet and supporting me through my high stress levels and anxiety. My home situation was regularly intense.'

'My Peer worker was extremely supportive in helping me book GP appointments, getting a mental health care plan and other things.'

'Everything's going along nicely. I will keep on thriving and no amount of thank you's will ever say how grateful I am. The program saved my life.'

Hospital to Home Participant

Building skills, resilience and hope

'My peer worker is a superb, caring, professional and sensitive. She has given me courage to keep moving things forward.'

The support provided to people via the Hospital to Home Program also contributes to building their own skills, resilience, and hope:

'Through our conversations, we learnt my mental health patterns better and how to deal with these things in a healthier manner. I know when to take a step back to look after myself.'

'The contact helped me reinforce "coping skills" learned in hospital. Reduced anxiety about coping at home.'

'My peer worker was there for me. They helped me with strategies and getting to appointments. They helped me believe I can get better.'

How the Hospital to Home Program Works

'MIFWA got in contact with me quickly and met me in the comfort of my own home. She was patient with me and didn't mind when I had to re-schedule appointments.'

The Hospital to Home Program is staffed by a small team of dedicated and experienced peer workers from MIFWA, with St John of God Hospital Emergency Department and Mental Health Wards staff discussing with patients their interest in the program and sending through referrals.

Following receipt of a referral, MIFWA peer worker's contacts and meets with the person referred to talk through their situation and develop a plan about how support can be provided together.

For some people regular phone calls and checking in over the first few weeks at home may be all that is required. For other people, connection to ongoing support to navigate problems is provided over the weeks and initial few months following their hospital experience. Peers may meet face to face, attend appointments with a person and/or use telephone/text to maintain contact.

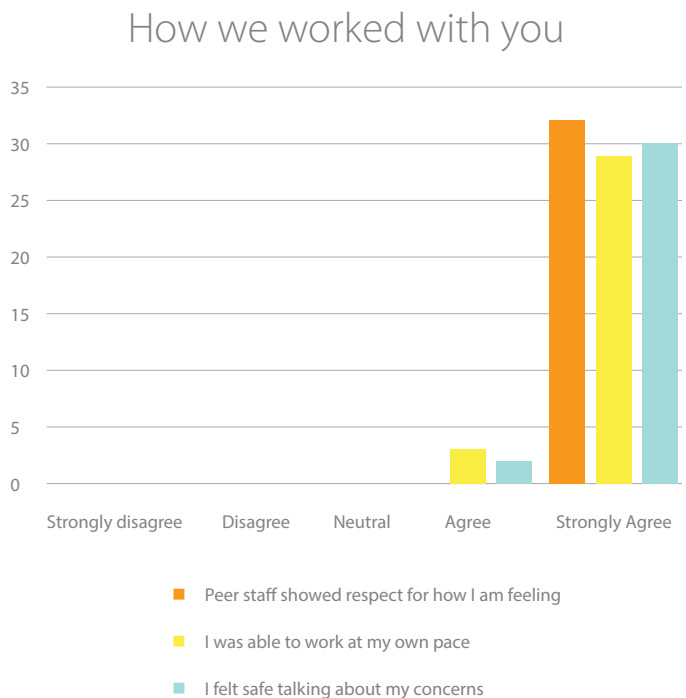
'I found it very helpful how quickly MIFWA organised to come to my house after my ED visit. I really appreciated the immediate help and support.'

'MIFWA had an initial consultation where a few questions were asked, just with these few questions they were able to allocate me the perfect peer worker that perfectly suited to my illness, lifestyle and job.'

Participant Feedback Data

Participants are invited to provide feedback about the program through an outcome survey, with data being collected at the final stages of support via the program.

TABLE1 Outcomes (extent of outcomes achieved as defined by participants)



'To know I am not alone.'

Hospital to Home Participant

TABLE 2 Fidelity to recovery-based peer support

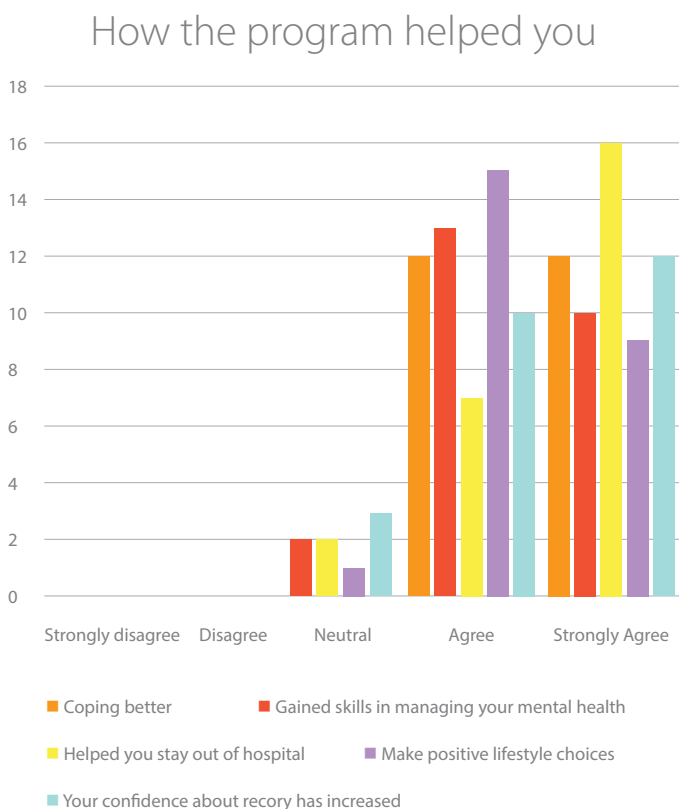
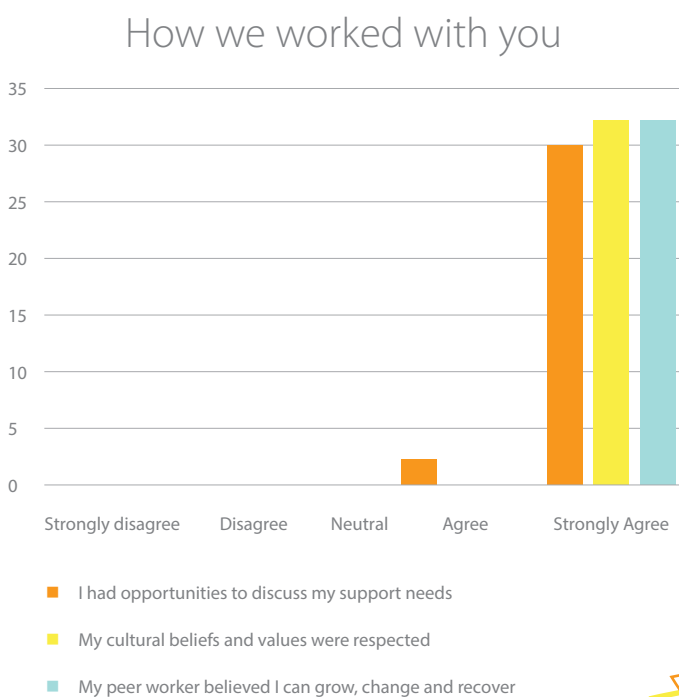


TABLE 3 Fidelity to recovery-based peer support



Reflections and ideas for further program development

Thank you to all the stakeholders who have supported the Hospital to Home Program to develop and grow. We believe the program saves lives and reduces distress.

Hospital to Home has enabled MIFWA to expand our peer-based services and invest in the development of our peer workforce. The program is not for everyone and around 50% of people who originally expressed an interest, for various reasons, do not pursue support. However, for those who do engage and utilise the peer support, the outcomes are overwhelmingly positive.

MIFWA have secured a grant from the National Disability Insurance Agency (NDIA) to expand the Hospital to Home Program across three additional hospitals for the next 2.5 years, and we look forward to building on the positive outcomes achieved to date.

We will continue the Emergency Department Program at St John of God Midland until December 2020, whereby WA Primary Health Alliance will continue the service based on a new contract with a successful provider.

Navigating the mental health system and knowing where to get support can be difficult. The level of distress that leads to presenting at hospital may leave people vulnerable and feeling isolated. We believe new models of peer support reaching into General Practice could further benefit people in WA.

During the period of COVID-19 early in 2020, we adapted the program to provide support via phone contact, face to face support when needed, and delivered care packs to people in need. Although we never undervalue the importance of meeting face to face and having someone to stand alongside you as you navigate certain situations, this demonstrated to us that even phone contact can make a difference to many people.

Finally, we would like to thank and acknowledge everyone with lived experience of mental distress and the wisdom that comes with negotiating personal recovery. You have made this program possible and help to improve our knowledge of what can be helpful and practical in addressing further mental health system development.