TheMHS Awards 2016_application for Tom Trauer Evaluation and Research Award

Academic mentoring, collaboration and co-production in mental health services research
Dr Melissa Petrakis

Part B
1 Additional description: Service information additional to Part A – not required

2 Criteria
2.1 Evidence of contribution to, or potential impact on, mental health service improvement
For more than 15 years Melissa Petrakis has been engaging in practical practice-based research and evaluation to improve access to services for consumers, quality of service responses and treatment for consumers, and more recently (the last five years) co-design, co-production and co-authorship of research and evaluation with consumers.

Purposeful single-session therapeutic intervention: The Glider Model articulated for telephone counselling and referral

Changes: The Masters-level research project emerged from the necessity to review the model of practice, and change to a briefer therapeutic model, if the telephone service Crisis Line was to be accessible to regional and remote callers. Melissa held the mental health portfolio in the service and was concerned about the inequality in access for isolated people with mental health concerns. The research investigated alternative models, resulted in the development of a new model, and monitored the implementation of the model and impact on a 24-hours a day 7-days a week volunteer workforce.
Outcomes: This research impacted service delivery in telephone counselling across the state and nationally: Melissa was a contributor to the professionalisation of the service and the successful tenders for Mensline Australia and the Suicide Helpline. More than 1,000 volunteer counsellors in Victoria were trained in the model she developed. Most importantly, by reducing average call length through a purposeful brief therapeutic model as standard, the service could be accessible to rural and remote callers at the price of a local call (using a ’13’ number); previously 24-hour affordable counselling had not been available to them.

Suicide Prevention at the Emergency Department-Community Services interface
Melissa has evaluated projects and disseminated findings at a national and international level prior to the completion of her PhD studies, resulting in 5 publications between 2004-2006 (2 sole-author and a further paper as first-named author) while she was the Project Manager of the Western Area Suicide Prevention Strategy (WASPS), at Western Hospital in Victoria, the National Suicide Prevention
Strategy, Department of Health and Aging funded Emergency Department innovation and demonstration project.
PhD (Social Work & Psychiatry) Research: Suicide relapse prevention: recovery outcomes from an innovative model of client-centred assertive counselling, community linkage and monitoring, developed within one Victorian hospital Emergency Department (conferred August 2009)

Funding Source: Department of Health and Aging (DoHA), mid 2003-mid 2006
Melissa’s research and practice have directly impacted the lives of individuals, emergency department practices in hospitals, and national mental health policies. This work influenced policy settings within Australia’s National Suicide Prevention Strategy. It also resulted in improved protocols in managing suicide attempts in Victoria’s Western Hospital, Sunshine Hospital, Western Region Health Centre, and ISIS Primary Care, as well as in two divisions of general practice (Westgate and Western Melbourne).
Organisations Affected: National Suicide Prevention Strategy, Department of Health and Aging, Western Hospital, Sunshine Hospital, ISIS Primary Care, Western Region Health Centre
Outcomes: Locally, improved screening and interventions in an urban ED serving 39,554 patients per annum. 127 acutely suicidal hospital patients/consumers referred to and treated by M. Petrakis and colleague R. Stevenson over a 3-year period.
Policy & Practice Changes: Changes to ‘LIFE: Living is for Everyone’ strategic directions (national), policy documents, research findings documents, web-based information, ‘fact sheets’ for workers, ‘fact sheets’ for individuals and families. Changed protocol in management of suicide attempt presentations. Changed collaborations developed across 2003-2006 to manage the suicidal crisis and short-medium term psychotherapeutic interventions. Changed levels of confidence and knowledge in staff to assess and intervene in suicide attempt presentations.

Contribution to 'Research and Evidence in Suicide Prevention' that sets the context for suicide prevention activities, summarising current research, evidence and statistics relating to suicide prevention in Australia. LIFE Research and Evidence includes: evidence of what works; trends/comparison in Australia; outline of Australian/overseas strategies; emerging issues.

The model Melissa and her colleagues developed has been adopted in an international trial currently being undertaken – the Social Work Intervention in Self Harm (SWISH) study – through Centre for Social Work and Social Care Research, College of Human and Health Sciences, Swansea University, Wales. The project manager from Wales travelled to Australia in September 2014 to meet with Melissa for mentoring prior to the new trial commencement.
Strengths model implementation evaluation
Recovery has become an important emerging concept in mental health services in Australia and has significantly influenced policy and practice developments. It is increasingly influencing research and encouraging greater involvement by consumers in research activities. Since 2004 the Mental Health Service at St Vincent’s Hospital (Melbourne) has adopted a recovery-oriented approach based on the Strengths model of case management. Melissa’s role at St Vincent’s Hospital (Melbourne) is as the Senior Research Fellow in Early Psychosis and Mental Health. Her research explores:
- Models of health service delivery (Petrakis 2014, book chapter);
- Fidelity to evidence-based best practice (Petrakis et al. 2010; Petrakis, Wilson & Hamilton 2013);
- Outcomes – impact of illness and of mental health services received on the lives of people with lived experience of early psychosis and severe and persistent mental illness (Petrakis et al. 2012; Selvendra et al. 2014);
- Outcomes – impact of a family member or friend’s illness and impact of contact with mental health services on the lives of support people (Petrakis, Oxley & Bloom 2013).

2.2 Evidence of research excellence

Individualised Placement and Support Outcomes project with St Vincent’s and MI Fellowship
With the aim of improving access to employment support and employment outcomes for people with a serious mental illness, MI Fellowship and St Vincent’s Hospital (Melbourne) took an innovative approach and established (March 2006) one of the first evidence-based Individualised Placement and Support (IPS) programs in Australia. This resulted in a large number of people with serious mental illness accessing employment services for the first time, achieving employment outcomes with support from integrated clinical staff and employment specialists. The IPS program was established and delivered according to Core Principles of IPS Supported Employment. Research, from Bond, Drake and Becker from Dartmouth in the USA, has identified the core principles of Evidence-Based Supported Employment. These principles are:
1. Every person with severe mental illness who wants to work is eligible for IPS supported employment; 2. Employment services are integrated with mental health treatment services; 3. Competitive employment is the goal; 4. Personalized benefits counselling is provided; 5. The job search starts soon after a person expresses interest in working; 6. Employment specialists systematically develop relationships with employers based upon their client’s work preferences; 7. Job supports are continuous; 8. Client preferences are honoured.

The program developed the capacity of both clinical services and employment specialists to provide effective, individualised support to participants to gain and sustain employment. Co-location of employment specialists created increased awareness of the importance of employment to recovery, fostering a culture of employment as an important and achievable recovery goal. Employment needs became a focus during intake, assessment, ongoing support and exiting processes.
Employment consultants were able to access increased clinical supports for participants when required, often preventing job losses.

‘This is an excellent service which has really opened the door to employment for a great many clients who would otherwise have great difficulty navigating the processes at Centrelink.’ (St Vincent’s Mental Health Homelessness clinician)

The employment outcomes achieved through this program were significantly higher than rates of employment for people with a serious mental illness. Employers in the community were able to access specialised training and support from both clinical and employment services to increase their understanding of mental health and strengthen their capacity to recruit and retain employees with a serious mental illness.

[More will be covered re this initiative in section 4.]

2.3 Evidence of participation of mental health consumers, in the planning, implementation and evaluation as relevant.

Consumer/service user co-production in mental health services
It has been a highlight in how Melissa conducts research that Consumer Consultants, and consumers as participants in the program of research, have been involved in innovative ways in the planning, implementation and evaluation of a strengths-based recovery-oriented approach to practice, and the evaluation of how we are getting this right and as service and what we continue to need to work on. [Melisa is frequently not first named since she is mindful of whose voice has been the most important in a given research undertaking; often, with clinician colleagues and with consumer colleagues, her role has been as mentor.]

Melissa’s research with consumers and carers is the embodiment of an equal partnership in devising research questions, choosing methodologies, analysing data and interpreting results.

It has been our pleasure to share our commitment to co-production of research within the service with the TheMHS audience previously.

Publications that are evidence of the active role of consumers in research follow [please note Liam Buckley, Nadine Cocks, Matthew Scott and Michael Stylianou are all Consumer Consultants who have, over the last 5 years, become Consumer Researchers through their research with St Vincent’s Hospital (Melbourne) Mental Health Service and Mind Australia]:

Book chapter:
Peer-reviewed Journal article:


Peer-reviewed Conference Proceedings:


Commendation:

- In 2013 at TheMHS this team received a Mental Health Service Achievement Special Judges’ Commendation in the Consumer-Provided category: Jayne Lewis, **Melissa Petrakis**, Lisa Brophy, Michael Stylianou, Matthew Scott, Nadine Cocks, Liam Buckley & Kieran Halloran. *Consumer-led evaluation of the Adult Mental Health Reform Initiatives*, St Vincent's Mental Health and Mind Australia in collaboration. [certificate in Appendices]

Melissa’s work possesses elements of freshness in that she is seeking out and using – and thus promoting – consumer-designed and consumer endorsed approaches and tools (Davidson, et al., 2010; Rose 2001). It has been her pleasure to, with social work academic and research colleague Dr Lisa Brophy at Mind Australia, engage with the Priscilla Ridgway at the Center for Community Support and Research, Wichita State University, Kansas, to gain permission to use her Recovery-Enhancing Environment Measure (REE) (Ridgway &Press, 2004) measure with consumers with severe and persistent mental illness and complex needs, to determine what was working and what could be improved in delivering recovery-oriented treatment.

Melissa’s research investigates an emerging paradigm shift in the treatment of severe and persistent mental illness: co-design of recovery strategies with individuals. Compelling evidence points at the benefits of this approach: it reduces the likelihood that treatment will be abandoned; and has the potential to reduce
hospitalisation rates and to ameliorate the risk of unemployment, physical health comorbidities, substance misuse, relationship breakdown, and suicide.

- Win – April this year (2015) announcement: awarded the 2014 SPHC Early Career Researcher (ECR) Publication Prize at Monash University for this paper:
  

Significance of approach: this level of involvement and leadership by people with severe and persistent mental illness, in clinical and community services, is unprecedented in writing for publication; with consumers designing the study, selecting tools, conducting all data collection, analyzing the data, writing for publication and presenting findings nationally.

The impact has been acknowledged nationally: 2013 – Mental Health Service Achievement Special Judges’ Commendation in the Consumer-Provided category (mentioned previous page).

This paper was significant internationally: invited contribution to Special Issue on “Recovery-Oriented Practices in Mental Health – Experiences in Asia and Oceania”, launched to coincide with a significant conference: Joint World Conference on Social Work, Education and Social Development 2014, attended by delegates from 78 countries.

2.4 Evidence of Partnerships and Linkages (collaboration for continuity between organisations).

**Individualised Placement and Support Outcomes project with St Vincent’s and MI Fellowship** example continued

March 2006- February 2013, at which time the funding body changed contractual arrangements such that MI Fellowship no longer delivered DES services within that particular geographic region. [The organisations continue to collaborate actively on other initiatives though, addressing homelessness and addressing CALD consumer and carer engagement strategies.]

**Process, planning and consultation**

A joint oversight committee and working group was established to ensure the program was implemented and delivered according to the IPS principles and fidelity scale. Consumer consultants were included in the working group to ensure consumer input into program implementation and delivery. The committees met regularly and monitored outcomes including engagement in the program, education outcomes, employment outcomes and retention rates. They identified and fostered best practice, and addressed issues to ensure effective integration and collaboration.

The involvement of mental health consumers in the evolution of this innovation collaboration was actively sought. Feedback was incorporated into monthly program reporting and collaboration meetings between the two program partner organisations. Regarding partnerships and linkages (collaboration for continuity between organisations):
MI Fellowship employment consultants were based full time within St Vincent’s Hawthorn and Clarendon clinics. The consultants were integrated into the clinical service, attending team meetings, training and clinical reviews. They received joint supervision from both MI Fellowship and St Vincent’s Health. Consultants worked closely with clinicians to identify potential referrals, engage participants, address non-vocational and vocational barriers in a collaborative and individualised manner and provide intensive follow on support to participants in work. Employment staff and clinical staff shared their own respective knowledge and expertise with one another, developing capacity to improve employment outcomes for participants.

Participants placed into employment reported that in obtaining the benefits of work they gained a number of benefits including: increased confidence, an enhanced sense of belonging in the community, social connections and financial stability:

‘They had given me hope that I would find work for the first time in a very, very long time. There’s a lot of difference between this employment service and others. The others don’t seem to see you as an individual with your own circumstances.’

(Participant of MI Fellowship and St Vincent’s IPS program)

2.5 Verification and Evaluation of the research effectiveness in achieving the goals of the investigation.

Individualised Placement and Support Outcomes project with St Vincent’s and MI Fellowship example continued

The program implemented an IPS model from March 2006- February 2013. During 2013 and 2014, St Vincent’s and MI Fellowship formally evaluated the program’s effectiveness after 7 years, with academic mentoring from Melissa, drawing on resources at Monash University, including her using this as an opportunity to mentor a promising young Honours student with (sibling) carer experiences and a strong commitment to social justice.

Aims: The current study aimed to contribute to the very limited literature examining implementation and use of IPS within the Australian policy and service context (Bowman & Lawlor 2010; Waghorn et al. 2007). It was hoped that analysing outcomes from a long-running IPS program could contribute recommendations for future program implementation and policy modifications toward higher rates of competitive employment for individuals experiencing severe and persistent mental illness who wish to work.

Research Question
What were the outcomes of the Individual Placement and Support model collaboration between an integrated and co-located clinical adult area mental health service and specialist Disability Employment Service provider?

Method:
Clinical Data Mining approach:
Substantial amounts of clinical and outcome information are routinely collected for administrative, clinical, supervisory, and accountability purposes in health and mental health services. This is a meaningful data source for retrospective practice-based research using a Clinical Data Mining (CDM) approach (Epstein 2011). CDM poses several advantages for research, including matters of cost, time and respect for
participant vulnerability (Lalayants et al. 2012). Available information held by the AMHS and NFP organisation was located, extracted and interpreted.

The researchers in this study applied to both St Vincent’s Hospital (Melbourne) and MI Fellowship in 2013 and received ethics clearances to access de-identified data for secondary analysis. Monash University also approved the study in 2014 (Project number: CF14/1430 – 2014000673).

Results

Program Participants
The study cohort (N= 136) included 33 (24.3%) females and 103 (75.7%) males. The mean age of participants was 39 (range 20-65 years), with the majority of participants (N=56, 41.2%) in the 30-39 age bracket. Married or defacto marital status was rare among participants (5.1%), and 83.8% had never married. The gender split indicated that a larger proportion of male participants (N=103/75.7% vs N=33/24.3%) were engaged in the program, a result consistent with the trend in Australian literature (Morris et al. 2014; Waghorn et al. 2014; Sherring et al. 2010).

Of the 136 participants, 103 were born in Australia (75.7%), with a higher rate of Australian-born participants further from the inner city (84.1% vs. 67.2%). Participants came from 19 other countries, representing considerable diversity: Austria, Cambodia, China (including Hong Kong), East Timor, England, Eritrea, Italy, Malaysia, New Zealand, Nicaragua, Phillipines, Poland, South Africa, Turkey, Uganda, United States of America, Vietnam, Zimbabwe. The language most frequently preferred spoken was English (97.7%).

The most frequent accommodation type was ‘lives alone in flat/house’ (33.8%), with 12.5% of participants living in boarding/rooming house arrangements. One marked difference within the region was that 29% of participants in the gentrified suburbs were found to be living with parents whilst this was only 9% of inner city participants.

Schizophrenia was found to be the most common diagnosis (57.4%), followed by Schizoaffective Disorder (11%) and Bipolar Affective Disorder (8.8%).

Hospital Admissions
Hospital admission data was collected via the AMHS’s Data Management Unit from external reporting and internal medical records databases.

The mean number of hospital admissions for participants during program operation was 2.29 (range 0-22) with a mean of 1.35 (range 0-20) for involuntary admission occurrences. Mean length of stay of all admissions was 18.62 days (range 0-460).

Independent t-test statistics found no statistically significant difference between the total length of AIS stays between those who gained employment and those who did not (t=1.606, df=134, P=0.111). There was however, a statistically significant difference between the ‘employment outcome’ and ‘non-employment outcome’ groups in terms of the total number of AIS admissions (t=2.488, df=134, P=0.014) and mean length of stay (t=2.019, df= 134, P= 0.045).
Employment Outcomes

Qualitative and quantitative data about participant employment outcomes was collected from a variety of sources, including: participant file notes, DES datasheets, reporting spreadsheets, and AMHS/NFP organisation monthly reports. Overall, 46.3% of program participants (N=63) achieved an employment outcome (Table 1).

It was possible to confirm competitive open employment for 22.8% (N=31) of roles, non-competitive placement 5.9% (8), and outcome type was not specified for 17.6% (N=24) of placements.

Table 1
Vocational outcomes of IPS program cohort

Job type categories were adapted from the Australian Standard Classification of Occupations (ASCO) 2nd edn. (Australian Bureau of Statistics, 1997)

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<tr>
<th></th>
<th>Program Total</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Consumers placed into work</td>
<td>63</td>
</tr>
<tr>
<td>Consumers placed into confirmed competitive work</td>
<td>31</td>
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Placement duration

<table>
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<tr>
<th>Duration</th>
<th>Program Total</th>
</tr>
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<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>&lt; 4 weeks</td>
<td>12</td>
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<tr>
<td>5-13 weeks</td>
<td>11</td>
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<tr>
<td>14-26 weeks</td>
<td>3</td>
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<tr>
<td>27-52 weeks</td>
<td>8</td>
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<tr>
<td>53-104 weeks</td>
<td>9</td>
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<tr>
<td>104+ weeks</td>
<td>4</td>
</tr>
<tr>
<td>Not specified</td>
<td>45</td>
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Job type

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<tr>
<th>Job Type</th>
<th>Program Total</th>
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<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Cleaning</td>
<td>10</td>
</tr>
<tr>
<td>Labouring</td>
<td>10</td>
</tr>
<tr>
<td>Tradesperson</td>
<td>3</td>
</tr>
<tr>
<td>Services Work</td>
<td>13</td>
</tr>
<tr>
<td>Clerical Work</td>
<td>16</td>
</tr>
<tr>
<td>Sales Work</td>
<td>5</td>
</tr>
<tr>
<td>Nursing Professionals</td>
<td>1</td>
</tr>
<tr>
<td>Social Welfare Professionals</td>
<td>4</td>
</tr>
<tr>
<td>Hospitality</td>
<td>6</td>
</tr>
<tr>
<td>Transport Driver</td>
<td>1</td>
</tr>
<tr>
<td>Not specified</td>
<td>23</td>
</tr>
</tbody>
</table>

N=136
Over the seven year operational period 92 vocational placements were achieved. The most common job types included ‘services work’ (14.1%) and ‘clerical work’ (17.4%) which included the positions: mail sorter, library assistant, administrator, crossing supervisors and food and beverage attendants.

Of the 47 placements with available duration data, 51.1% (N=24) were still held by program participants at program cessation or exit, so the actual end date of the placement is not known. Placement tenure may therefore be greater than indicated by the statistics presented. Available data shows that at least 14.1% (N=13) of jobs were maintained for over 12 months, and ten of those roles were still held by participants at program cessation or exit. Eight (8.7%) roles were held for 6-12 months and, again, a noteworthy proportion (N=6) were still held at contract end or program exit. Of the roles in the shortest length category (‘< 4 weeks’) (N=12), four were held at the point of cessation or exit, indicating that tenure may not be brief for 33.3% of this group and that a follow up study of the cohort is needed to comprehensively understand the nature of placement tenure.

Summary

Overall 46.3% of participants achieved an employment outcome during their engagement in the IPS program. Employment outcome figures are comparable with the only study in Australian adults (Waghorn et al. 2014), yet modest compared with studies measuring IPS internationally with competitive employment outcomes up to 75% (Bond et al 2008). This study utilised the existing service system to implement an IPS program, involving the use of DES funding and service arrangements.

This study found no significant relationship between the demographic characteristics of participants and employment outcomes achieved; consistent with previous literature that there is no significant relationship between gender, age or level of education and employment outcome (Sherring et al. 2010; Bond et al. 2008). Number of days in hospital per admission varied greatly (range 0 – 460). The number of admissions a participant experienced, and the mean length of stay per admission, did have an impact upon whether individuals achieved an employment outcome however; indicating that acuity of illness can be a significant barrier to gaining and sustaining employment (Waghorn & Lloyd 2005).

This work is well regarded internationally, as evidence by the International Society for Quality in Health Care (ISQua) 2014 conference “Quality and Safety across the Health and Social Care Continuum” Rio de Janeiro, Brazil invitation to present:

- Within the theme 'Integrated Care' the paper was: Providing Individual Placement And Support Through An Integrated Employment Program For People With Serious Mental Illness: Clinical And Community Services In Collaboration

- Additional information about the entry - up to 1 x A4 page
Reducing Restrictive Interventions Pre-Admission Liaison (PAL) Team (Peer Support trial) Evaluation with St Vincent’s Hospital (Melbourne)
During 2015 Melissa has been engaging as a research colleague with Peer Support worker and Consumer Researcher Liam Buckley in undertaking this (Department of Health) 1-year trial.

Chinese Community Mental Health Engagement project with MI Fellowship Victoria
As part of a $60,384 grant Melissa co-authored with Inner East Partners in Recovery, an initiative delivered by Inner East Melbourne Medicare Local Commonwealth Government (Department of Health), $9,744 incl GST. [https://pir.iemml.org.au](https://pir.iemml.org.au) Melissa was approached to lead the evaluation, 2014-16, due to her practice-based research expertise and experience across clinical and community-managed sectors, and experience in research projects with mental health carers.

Internet-based Cognitive Behavioural Strategies in Self-Management of Severe and Persistent Mental Illness
During 2014 Melissa was an invited member and active participant of the SMART Worker Reference Group, based at Swinburne University (monthly).

Research Project: Use of online technology to promote self-management and recovery in people with psychosis ($1,966,610), led by Dr Neil Thomas at Swinburne University. Research partners are Swinburne University, La Trobe University, the Mental Illness Fellowship of Victoria, Alfred Health, Melbourne Health, Mind Australia, St Vincent’s Mental Health (Melissa’s involvement was through her affiliation with this organisation) and Deakin University.
This project explores how online, multimedia-based therapy can be better developed and more routinely used by mental health workers, consumers and carers as a core part of treatment. The research focuses strongly on how this can help people with severe mental illness develop skills to effectively manage their own illness. It is rigorously testing the benefits of this approach in achieving improved health and social outcomes.

This is a research project under the Mental Illness Research Fund (MIRF), a $10 million Victorian Government initiative aimed at supporting multidisciplinary and cross-sector collaborative research that has the potential to be translated into tangible improvements for Victorians with mental illness and their carers.
Five research projects awarded the MIRF were announced by Minister for Mental Health, the Hon Mary Wooldridge MP, in November 2012.

International linkages
Melissa was an invited member of the Virtual Local Program Committee of the Joint World Conference on Social Work, Education and Social Development, 9-12 July 2014.
3 Conclusion:

Dr Melissa Petrakis was a dedicated mental health clinician for over a decade before she moved into research. She has been a counsellor, trainer and practice model developer in 24-hour crisis telephone counselling and referral; she has managed a psychiatric disability rehabilitation and support service; she has worked in in-patient acute psychiatry services; and at the emergency department, working in as a senior clinician exclusively intervening after suicide attempts in a 3-year project funded by Department of health & Aging. Concurrent to clinical and management roles, Melissa spent one morning each week at University of Melbourne for 9 years; helping students understand theory and develop empathic, pragmatic, respectful practice.

Over the last decade, Melissa has established herself nationally and internationally as a practice-based researcher. As a teacher she has a particular interest in collaborative undertakings: collaborating with skilled clinicians, new to evaluation or research, to help them share their practice outcomes; collaborating with carers to evaluate how services include them and what the barriers might be, and how to overcome these; and collaborating with consumers, Consumer Consultants and the emerging peer workforce, to co-design methodologies to answer their questions, and co-create the discovery of how we are progressing toward outcomes that matter.

Acknowledgments with regard to this award category

It was Melissa’s honour, as an emerging early career researcher, to know and be mentored by Professor Trauer over a number of years. He is explicitly acknowledged in her co-authored 2012 European Psychiatry paper: Thank you to Tom Trauer for statistical consultancy, advice and support. It was a pleasure to be a fellow author with him for a paper in Australasian Psychiatry. Melissa humbly puts forward this application wanting to also note that he was instrumental to the decision to trial consumer-rated recovery-orientation-of-the-service measures in 2011. He/we were all inspired by the leadership of the Australian Mental Health Outcomes and Classification Network (AMHOCN) review: Burgess, P., Pirkis, J., Coombs, T. & Rosen, A. (2010). Review of Recovery Measures. Final Report, for Australian Mental Health Outcomes and Classification Network. Parkville, Australia: The University of Melbourne.

4 Referees:

Liam Buckley, Peer Worker/Consumer Consultant/Consumer Researcher (Adult Mental Reform Health Initiatives, 2011-2013), St Vincent’s Hospital (Melbourne). liam.buckley@svha.org.au

Graeme Doidge, Manager, Clarendon Community Mental Health Centre, Mental Health Service, St Vincent’s Hospital (Melbourne). T:+ 61 3 9417 5696 graeme.doidge@svha.org.au

- An Appendix of Support Material of up to 8 x A4 pages – included.
Letter of Commendation

For

The Adult Mental Health Reform Initiatives:
A consumer-led approach to evaluation and research

This letter is written at the request of the judging panel for the
Consumer Provided category
Of the Australian and New Zealand
Mental Health Service Achievement Awards
2013

This program was nominated by the judges
for a letter of commendation
in recognition of quality aspects of the program
and to encourage continuing development
because of the important potential identified.

Signed on behalf of this category panel by

[Signature]
Lynette Dumbrell
TheMHS Achievement Awards Coordinator
Deputy Chair of the Awards Committee

Melissa Petersen

2013 Achievement
Letter of Commendation

[Stamp]
Introduction

Chapter aims

Kathryn Halligan and Helen Sparks
Michael Stack and Joanna Lemon
Liam Buckley, Nadine Cock, Matthew Scott

An Australian encounter of learning: Are we recovering adequately? Twelve

Community action and participation
Consumer measures and research co-production: a pilot study evaluating the recovery orientation of a mental health program collaboration

Melissa Petrikis, Lisa Brophy, Jayne Lewis, Michael Stylianou, Matthew Scott, Nadine Cocks, Liam Buckley and Kieran Halloran

"St Vincent's Hospital (Melbourne), Mental Health Service, Melbourne, Australia; "Department of Social Work, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia; "Mind Australia, Melbourne, Australia; "Centre for Population Health, Policy and Economics, University of Melbourne, Australia"

(Received 24 October 2013; final version received 7 January 2014)

A clinical service and a community-managed service have collaborated to deliver a service supporting people with severe and enduring mental illness and complex needs. This study aims to evaluate the recovery-orientation of the service by means of a consumer-led program evaluation utilising validated measures and qualitative interviews. The Recovery Self-Assessment (RSA) and the Recovery Enhancing Environment measure (REE) indicated that the things done well included goal setting and monitoring, practical assistance and encouragement. Things to improve were access to records; variety in treatment options; contributing to advisory boards; and support regarding sexuality, spirituality and relationships. Consumers interviewed peer-to-peer actively engaged with the evaluation.

Keywords: mental health; recovery; service user; evaluation; consumer

Introduction

State and national mental health policies in Australia emphasise the importance of services providing opportunities for consumers to recover from mental illness and associated disability (State Government of Victoria, 2011). There has also been considerable effort to develop ways of investigating the degree to which mental health services are recovery oriented (O’Connell, Tondora, Croog, Evans, & Davidson, 2005). There is, however, no international consensus as yet on the best measure for services to utilise to assess their level of recovery-oriented practice.

In February 2010 the Australian Mental Health Outcomes and Classification Network (AMHOCN) completed a review of Recovery Measures in the treatment of mental illness. Burgess, Pick, Coombs, and Rosen (2010) investigated the suitability of a recovery outcome measure for use across all specialist mental health services. They found a diversity of measures that were inconsistent in approach and not necessarily compatible with the Australian context. They noted considerable limitations and could not reach agreement in trying to assess and determine a measure that would be suitable for broad application across clinical and community managed contexts and across the nation. They found that measures reflected a distinction between the measurement of individual recovery and the recovery orientation of the mental health service. It is potentially
Publications – Dr Melissa Petrakis PhD, MSW (Research), BSW, BA

Book chapters:


Journal articles:


**Peer-Reviewed Conference Proceeding papers:**


Needs, 'Forging the Future' 23rd Contemporary TheMHS in Mental Health Services, Melbourne Conference Book of Proceedings, Australia.


Awards and commendations:

- 2015 - Melissa Petrakis, Bridget Organ, Kate Higgins, Tracey Swadling, Laura Collister & Yolande Stirling. Consumer and service outcomes through 7 years of integrated Individual Placement and Support. Leaders in Catholic Healthcare and service to the poor and vulnerable. SVHA Innovation and Excellence Awards, St Vincent’s Health Australia, 13 October.


- 2015 - Melissa Petrakis – (School of Primary Health Care) SPHC Early Career Researcher (ECR) Publication Prize at Monash University, also for 2014 publication Consumer measures and research co-production: a pilot study evaluating the recovery orientation of a mental health program collaboration. Petrakis M., Brophy L., Lewis J., Stylianou M., Scott M., Cocks N., Buckley L. & Halloran K.

- 2013 – Jayne Lewis, Melissa Petrakis, Lisa Brophy, Michael Stylianou, Matthew Scott, Nadine Cocks, Liam Buckley & Kieran Halloran. Consumer-led evaluation of the Adult Mental Health Reform Initiatives, St Vincent’s Mental Health and Mind Australia in collaboration, Mental Health Service Achievement Special Judges’ Commendation in the Consumer Provided category, August.


- 2011 – Bridget Organ, Brad Wynne, Melissa Petrakis, Mick Wilson, Corinne Owens, Phyl Halpin and Maria Haydock. Victorian Public Healthcare Awards – Minister for Mental Health Award for enabling person & family-centred mental healthcare: Highly Commended for Mental health strengths model, November.
2011 – Bridget Organ, Brad Wynne, Melissa Petrakis, Mick Wilson, Corinne Owens, Phyl Halpin and Maria Haydock. Mental Health Service Achievement Silver Award, “The ‘Strengths’ model of case management in a community mental health service”, August.

At TheMHS in 2011:

(Melissa is at the end on the right)

Grants: