

Grow



mental wellness program

Royal Commission into Victoria's Mental Health System Submission by GROW

Date: 5 July 2019

For further information

contact: David Butt,

National CEO

GROW Australia

0411 474912

PO Box 178

Holland Park Brisbane

4121

ceo@GROW.org.au

Summary

GROW Australia strongly recommends that all Victorians with mental ill-health challenges should have the option of accessing peer support and self-help programs which are focused on recovery such as those provided by GROW.

This means that the Royal Commission should consider recommending that:

- The Victorian Government should support and fund peer-led community programs across the spectrum of mental health and wellbeing
- This should include engagement of people with lived experience in programs to reduce stigma and discrimination through clubs, schools, workplaces and in the community
- Mutual support and personal development should be integrated into pathways of care, to link Victoria's clinical services with non-clinical peer support and provide an enhanced opportunity for recovery
- People with psychosocial disability and an NDIS package also should be provided – either through the NDIS or through separate state funding – with the opportunity to participate in peer support programs in recognition that they have the right to aim for recovery (in whatever ways they might describe recovery) just like anyone else
- The carers programs of mutual support, delivered by GROW for the past decade and which will close in December due to withdrawal of funding, should continue to be funded, supported and indeed expanded as vital support for the unique circumstances and challenges of carers
- The Victorian and Federal Governments should jointly support a national and regional eGROW digital service that provides support to both geographically and socially isolated Victorians
- To attract and retain staff, the Victorian Government should provide the NGO sector with greater certainty of funding, including three-year rolling contracts, standard contracts, indicators and reporting timeframes, including financial provision for the added administrative burden of meeting tenders and new contract requirements
- Dual diagnosis residential and day rehabilitation programs to be expanded to better meet demand across Victoria
- Youth focused Program, Get Growing, to be funded and available in schools across Victoria
- Additional support be provided to extend Young Adult Groups, to build on recent Victorian evidence of success.

For more than 60 years, GROW has been the leader in peer group support for good mental health throughout Australia, and demonstrated the value, effectiveness and impact of programs which are consumer led, supported by peers, and focused on recovery.

GROW is a community-based organisation that has helped tens of thousands of Australians recover from mental illness through a unique program of mutual support and personal development which traverses the spectrum of mental ill-health – mild, moderate and severe.

This is a low-cost model which has demonstrated over decades that it is scalable, sustainable and effective in meeting the diverse needs of different people, communities and populations, and which has expanded its reach and access to include schools-based and online programs.

GROW has led Australia – and indeed provided international leadership – in the development and delivery of peer-led services where people with lived experience have supported each other to build resilience and lead contributing lives.

It evolved as, and remains, a unique leadership model which is designed and delivered by people with lived experience – at the vanguard of co-designed service delivery models where consumers lead and deliver the program. In addition, staff employed by GROW provide them with the support and systems to build capacities, competencies and capabilities which maximise the impact and effectiveness of what they do.

Most people learn about and choose to participate in GROW programs through word-of-mouth promotion from satisfied participants, or through Google search. GROW aims to provide programs free of charge that are accessible to people across Australia without a diagnosis or referral.

However, there are substantial opportunities to integrate GROW programs into referral pathways for GPs, hospitals and other clinicians as part of a more holistic approach to recovery. Not everyone will want to participate in a GROW program, but for those who do, and can use GROW programs as support for their recovery, that opportunity should be available.

Extra funding therefore needs to be provided to enable programs to be more broadly available, including specific programs for hard-to-reach populations and those at greatest risk from mental ill-health.

Importantly, programs such as those provided by GROW can be effective across the full range of needs and wants in mental health and wellbeing – promotion, prevention, early intervention, treatment, and rehabilitation, always with recovery as its focus.

GROW confirms that its programs and its peer-led approach can be applied as an evidence-based response to many of the questions raised by the Royal Commission. This includes:

- Opportunities for face-to-face engagement to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination
- Programs with evidence of how they are already working well and can be expanded in scale to prevent mental illness, to support people to get early treatment and support, and help to prevent suicide
- Proven ways to enhance how people find, access and experience mental health treatment and support and how services link with each other
- Targeted approaches to address concerns about communities in Victoria experiencing poorer mental health outcomes
- Effective support for family members and carers demonstrated through GROW programs currently operating in Gippsland: however, these programs are likely to close due to withdrawal of Commonwealth funding
- Demonstrated successful methods to attract, retain and better support the mental health workforce, including peer support workers

- Recovery-driven services which are focused on realising opportunities in the Victorian community for people living with mental illness to improve their social and economic participation.

This submission:

- (a) Provides background on GROW (a Company Limited by Guarantee and registered with the ACNC)
- (b) Demonstrates the value of GROW's programs in providing cost effective support for people to recover and maintain good mental health
- (c) Presents the case that investment in GROW programs make good economic sense, and
- (d) Responds in more detail to several of the questions raised by the Royal Commission.

GROW would be delighted to meet with Commissioners and/or staff to discuss this submission further.

About GROW

For more than 60 years, GROW has facilitated the establishment and on-going success of peer led mutual help groups and residential rehabilitation services across Australia. We were pioneers in the lived experience movement that has changed lives.

The value of peer support programs to individuals, health services and society is well demonstrated in research around the world (Burke, Pyle, & Machin, 2018; Finn, Bishop, & Sparrow, 2009; "GROW in America,"; Repper & Carter, 2011). While self-help, peer support groups are not for everyone, a meta-analysis concludes that for people who do participate, they have beneficial effects on recovery (Markowitz, 2015).

GROW is a national organisation which operates at state, regional and local levels including across Victoria. GROW's approach is based on people with lived experience supporting each other to build healthy communities, where they can tell their stories as a pathway to garner hope, build resilience, and enable recovery.

GROW supports people who have experienced or are experiencing mental illness, in their personal growth and development. GROW Programs help people to help themselves, to overcome obstacles and to live a life full of meaning, hope and optimism.

GROW programs are directly informed by consumer experience, ensuring our peer group programs are evidence-based and relevant. We are proud to be a community of excellence in consumer engagement, mutual help and peer support. Our mission is to enable people and communities to grow, recover and maintain good mental health.

Programs and clients

Approximately 1,200 people attend a GROW program nationally every month with 410 people participating in 31 peer led recovery groups in Victoria. This results in more than 8000 attendances at a GROW peer led group in Victoria per annum.

In Victoria, these groups include

- General Grow Groups 17
- Young Adult groups 5
- Prison Groups 4
- Carer Groups 2
- eGrow Carers 2
- eGrow General 1
- Number of groups 31

The ages of those participating range upwards from 18, with 65 per cent being between 35 and 64. The GROW program caters for people from all backgrounds. While 42 per cent identify as Christians, 33 per cent indicate that they have no religion.

People who come to GROW are not asked about a mental health diagnosis. From our survey results, it is clear they range across the spectrum with three-quarters reporting depression or anxiety, one in five post- traumatic stress disorder or bipolar disorder, and about 15 per cent with personality disorder or schizophrenia.

GROW provides the following programs:

- **GROW Mutual Support Group Program for recovery and maintenance of mental health**
 - In person and video conference groups. All GROW groups use a cycle of continuous improvement. They do this through a weekly evidence-based evaluation framework where participants self-evaluate the performance of the group. This empowers participants to take personal responsibility for the success of the groups, and exercise leadership in their recovery.
- **GROW Residential Rehabilitation and Recovery Services**
 - The GROW Residential Rehabilitation program has been successfully providing a structured rehabilitation service for people with coexisting drug, alcohol and mental health issues for over 30 years. The program offers individuals with personalised support by adopting a holistic and stepped care approach towards treatment. The prime focus of the program is for individuals to beat an addiction and work through mental illness in a long term supported residential setting.
 - The GROW Program is used as the foundation for clients with dual diagnosis, with the goal to have all participants transition to a healthier and happier lifestyle. The program is resourced through a combination of government funding and residents' contributions.
 - Currently residential programs are operated by GROW in NSW and the ACT. However, there is well-established and significant demand for dual diagnosis programs – both residential and day programs – and GROW would be delighted to use its experience and expertise gained in operating such programs to expand into Victoria, were we given proper financial support.
- **GROW young adults** - facilitated peer support program for early intervention and recovery
 - Young Adults attend for a shorter period than the general GROW groups. In the young adults' groups, young adults are equipped with the skills they require to self-activate and navigate their problems. Once they have developed these life skills they tend to move on and apply them.

Additionally, the young adults tend to quickly build a peer community, so they don't require formalised groups for community interactions

- **GROW carers** - facilitated peer support program for good mental health of carers
 - In person, video conference and online forum – the Commonwealth funding for this work will cease next year as the funding is transitioned into the NDIS. As it is not an ongoing program, the focus of these groups is supporting carers to stay well and talk with peers.
- **Get Growing Schools Program** - 10 week facilitated peer groups program for early intervention and prevention of mental illness
 - This program again is evidence based and was developed using the GROW principles to make them more accessible to a youth audience. The program has had such positive outcomes in the Northern Territory that we have had unprecedented demand for the program in schools. We are unable to meet the demand for the program in the Northern Territory with our current funding. The Get Growing Schools program is mapped against the National Curriculum and helps to satisfy learning outcomes. The program is also evaluated by its consumers.
 - While this program so far has only operated in the Territory, GROW is keen for it to be expanded into other school settings such as in Victoria.
 - The program is identified by Be You in the Program Directory as a support program for students <https://beyou.edu.au/resources/programs-directory/get-growing>
- **GROW prisons** - facilitated peer support program for recovery and good mental health.

Participation and recovery: a Victorian experience

In Victoria, GROW has been working with our consumers in their personal development and confidence to participate in the social and economic life of the broader community. As an essential part of their recovery, 35 Victorian "growers" have been trained and supported in their public presentation skills and in writing and telling "their story" of recovery. The importance of community education about living with mental ill-health is an essential part of reducing discrimination and unintended bias.

Carers in Victoria: a vital service at risk

GROW urges the Royal Commission to specifically consider the rights of carers to participate in programs such as ours, with those services currently destined to be closed due to funding being redirected to the NDIS.

For more than 10 years, GROW in Victoria has supported carers of people with a mental illness. Carers experience compassionate fatigue, causing a person to feel tired, stressed, anxious, experience sleeping difficulties, loss of appetite and diminishing participation in personal interests and pursuits.

Carers do not always have set working times, conditions and helpers, like other caring professions. It can be overwhelming and isolating. GROW in Victoria has provided fortnightly facilitated peer support groups that provide education and support in maintaining wellbeing and navigating their way through the challenges of being a carer and the impact on their lives. The peer approach helps develop new personal networks while providing a forum to share problems and find solutions.

Video conference as well as face to face groups allow carers to share their personal stories, experience and collectively seek solution in a friendly caring and nonjudgmental environment. We have extended this program to the Gippsland region with a local support worker who has also developed and delivered workshops for carers aligned to the stages of change and challenges in the life of a carer.

This funding will cease in December 2019 as it was from a Commonwealth program that has been rolled into the NDIS. As it is not an ongoing program, the focus of these groups is supporting carers to stay well and talk with peers via online Forums embedded with Grow philosophy and the habits and skills for good mental health.

GROW seeks support from the Royal Commission to see this program sustained and indeed expanded, to ensure carers receive the mutual support opportunities they so vitally need.

eGROW

GROW operates one eGROW group in Victoria and is keen to expand in this area to support people who otherwise would not gain access to our peer support and recovery services – for example, people living in rural and remote areas.

GROW established the eGROW project in 2015 with funding support from the Queensland Mental Health Commission to investigate a strategy for GROW's mutual help groups to be delivered effectively using videoconferencing. We partnered with the University of Queensland to ensure a robust formative evaluation methodology that would provide clear evidence of how online peer support groups could enable the same level of recovery as a face to face group (Centre for Online Health, 2019).

Two groups were established in Queensland by the end of 2016, a further group in Victoria in 2017 and one in Western Australia and negotiations are underway to establish more groups in Western Australia.

The following comments from members participating in the evaluation attest to the value of the groups:

"You don't feel so alone"

"I was feeling suicidal, I didn't want to go travelling or do anything. Being able to go online, in my own home, was an option that was suitable for me"

"Knowing no matter how far aware you are, how remote you are, someone cares"

"I think the opportunity to participate in a group, where otherwise there is no group is profound."

The cost of mobile data has been a challenge in delivering this service as has intermittent web access in some regional areas.

Our organisation envisions a future for eGROW that is spread across the country and not bound by State borders. The Royal Commission is encouraged to seek joint funding from the Victorian and Federal Governments for a national and regional eGROW service that provides support to both geographically and socially isolated Australians. GROW's recent efforts and success with eGROW, and the direct engagement with consumers, demonstrates that greater use of technology can deliver quality consumer focused interventions and social support.

Young Adult Groups

Grow Victoria has been developing a co-designed program of peer support for Young Adult Groups (YAG) for 18 months. This process has identified their needs and guided GROW in developing a program adhering to GROW's best mental health practice, within a mutual peer support framework that responds to their needs. GROW started with one group and has now engaged more than 150 young adults in the program. GROW has learnt:

- The demographic is seeking support for early intervention and to cope with the increased stress and pressures of studying and or working
- The average attendance is around 6-8 weeks and their feedback has been that they received the intervention they needed, and felt able to continue without the weekly group meetings (GROW does keep in contact with all members after leaving the group and continues to invite them to upcoming socials and ensures they are aware they can return to a group at any time)
- In the groups, they developed an extended peer network which remains important and they maintain the social connections
- The members are interested in contemporary social and psychological research, such as neuroscience and mindfulness as well as presentations that highlight alternate theories and different perspectives which challenge thinking.

Anecdotal evidence would suggest that the YAG exhibit maturity as a group through:

1. Maintenance of strong social relationships
2. Mutual support and sharing personal story
3. Shared leadership
4. Critical learning.

GROW programs make economic sense

There is no doubt that greater support for programs like GROW that offer structured peer-support programs will enhance social inclusion and participation and enhance employment outcomes, with resultant economic and productivity improvements.

The GROW Program is supported by substantial evidence of recovery through the personal testimony of members and thousands of peer reviewed papers written by Growers on recovery and use of the Program. In our 2018 annual survey, participants reported that because of their involvement in GROW:

- 80 per cent reduced their hospitalisation
- 44 per cent reduced their need for medication
- 42 per cent received help to gain employment
- 75 per cent reduced their need for professional help

Recent reports point to the rapid and concerning increase in the use of antipsychotic drugs among Australian children with a 24 per cent increase in the number of children aged 17 or under prescribed antipsychotics between 2013-14 and 2017-18, compared with a 5 per cent increase in population growth (Magarey, 2018). These drugs can cause obesity, diabetes, impairments, and movement disorders (Christoph & Carlson, 2006). Programs that help people reduce their reliance on medications must be supported.

GROW receives most of its funding from State governments. In 2018/19 this funding totalled approximately \$4 million which translates to an average of \$250 per person attending GROW per month. Compared with an average cost per patient day in a public hospital in Australia of more than \$1,000 and average cost per patient day for residential mental health services of more than \$400 (AIHW, 2019), it is clear that if participation in a GROW program can keep a person well and living in their own home for even a month, then there are substantial savings to government. For those who recover and maintain or regain employment, the economic benefits are even greater.

Importantly our data shows that most people heard about GROW from friends and 98 per cent of survey respondents would refer others to GROW. Referrals rarely come from GPs or health services. It is therefore essential that our funding base allows us to strengthen and extend our reach directly to people who need help irrespective of where they live or the referral habits of their local health services.

In addition, there is a strong case for the Victorian Government to work to extend clinical pathways – including hospitals and specialised community mental health services – to include referral to non-government community services such as those provided by GROW which focus on mutual peer support and recovery.

Stigma and discrimination

Isolation is a key risk for exacerbation of mental illness which can be caused by many factors including that people self-stigmatise. This isolation is compounded by stigma and discrimination which results in exclusion from everyday community activities and groups. Mental health organisations have historically worked separately from the general community. GROW proposes that what is required is for the sector to build partnerships at the local community level with general community groups.

People without stigmatised conditions often have little meaningful contact with those who do, which fosters discomfort, distrust, and fear. This fear and discomfort then result in behaviours of active and unintended discrimination including avoidance, exclusion of people from employment, social or educational opportunities, and reluctance to include in a team or an event. (Corrigan, Morris, Michaels, Rafacz, & Rüsck, 2012).

Although stigma is moderated by knowledge of mental illness, direct contact between members of the public with people who have lived experience of mental illness, has significantly better effects on behaviour than awareness/ education alone. (Corrigan, Morris, Michaels, Rafacz, & Rüsck, 2012).

Changing attitudes to mental illness requires a local level engagement between the community organisations that make up the fabric of local community life including local sporting clubs, recreation clubs, fitness clubs, church associations and other community groups to provide the opportunity for personal contact.

GROW considers that what is required is to work directly with local and neighbourhood community organisations to improve their understanding of the needs of people with psychosocial disability and improve their skills and knowledge to be more inclusive and increase inclusion.

This proposed approach applies the work of Sturt, Arboleda, Florez, Sartorius (2012) in the design of anti-stigma programs including that community educational approaches should be driven by personal recovery stories and personal contact.

Government support is required to move away from a focus on one-off events such as having a someone with lived experience speak at a workplace, and expecting that to change behaviour and attitudes, to enabling a sustained approach in clubs, workplaces, community services, government agencies and indeed in health services. The aim would be to demystify mental illness, and challenge inaccurate stereotypes which requires a deeper engagement than one-off events to bring about lasting change. These sessions would offer a safe space for employees and members to ask the “unaskable” questions and improve understanding about living with and recovering from mental illness. This first step needs to be extended to increase the impact with resources, templates, advice, and guidance on creating internal behavioural change. The output will be organisations making a Commitment and Action Plan for Inclusion.

Such an intervention has future potential for partnering with mainstream businesses/services (home rental agencies) to reduce exclusion of people with mental illness. Such a program could assist mainstream services to understand their unintended exclusion practices and develop inclusive organisations.

The 35 individual Victorian “Growers” who already have been trained and supported in their public presentation skills and in writing and telling “their story” of recovery may be considered for participation in such a program.

The NDIS and GROW

The National Disability Insurance Scheme (NDIS) is based on the concept of permanent disability, yet continues to grapple with the challenge that many people with a psychosocial disability do not label themselves as being disabled, nor that they will not “recover” – often their hope and inspiration for the future is based on being on a constant pathway to recovery.

In this context, those with NDIS packages should not be excluded from government support for engagement in programs such as those offered by GROW, but rather should be supported and encouraged to engage in mutual support and recovery-oriented programs.

Attracting and retaining the mental health workforce, including peer support workers

GROW’s model of peer support is consumer led, where people with lived experience meet in groups and participate in a weekly, structured program. Their length of participation can vary significantly, with no limitations but rather an emphasis on their perception of their own recovery.

Over time, they may be encouraged to take on increasing functional and leadership roles within their groups and potentially in society, as part of that journey of recovery.

GROW the organisation provides support for the groups and individuals, to enable communities to grow, recover and maintain good mental health, ensure quality and safety, and provide effective training. The organisation works to be the leader in peer group support for good mental health by:

- continuously developing the Grow Program of Recovery and Personal Growth
- providing sustainable and vibrant peer group programs that attract and retain people

- developing and delivering prevention and early intervention strategies and programs applying the Grow Philosophy.

To continue to enable effective impact, GROW needs to attract and retain talented and experienced staff. However, this is made extremely difficult by the short-term nature of funding agreements, the complexity of reporting under numerous funding agreements, to different performance indicators and at different timeframes, and the lateness of resolution of funding issues.

To attract and retain the workforce, including peer support workers (and a large proportion of GROW workers have lived experience), GROW urges the Royal Commission to recommend greater certainty of funding, including three-year rolling contracts, standard contracts, indicators and reporting timeframes, and financial provision for the added administrative burden of meeting tenders and new contract requirements.

Growing NGO/private partnerships: a case study

Additional government funding will be essential to enable more people to have the option of participating in programs such as those provided by GROW, to aid them on the pathway to recovery, and keep them out of expensive emergency department attendances and in-hospital treatment.

However, the private sector – industry in general – also can play a bigger part. In this context, GROW cites the example of its partnership with the private sector through its annual Odd Socks Day, held in the lead-up to Mental Health Week to raise awareness about stigma and discrimination, encourage workplaces and communities to take action against discrimination, and raise funds to be invested in GROW services.

In 2013, GROW trademarked its Odd Socks brand initially with the view to simply raising awareness that everyone can have an odd day establishing the first Friday in October as Odd Socks Day (4 October this year).

A strengthening partnership with Mitch Dowd, an Australian owned company specialising in socks and men's underwear, is resulting in a greater emphasis on fundraising. The implications for the organisation are significant in terms of its capability to embed an appreciation of the importance of communications, marketing and fundraising among all staff as opposed to a sole focus on traditional service delivery.

This includes marketing of Odd Socks Day and its anti-stigma message by Mitch Dowd, including through Myer stores, with a percentage of any sales of socks over a two-week period being donated to GROW.

Conclusion

The evidence is clear that peer-support programs such as those provided by GROW improve and save lives and help people with mental health problems to recover, engage and contribute to the community and to the economy. Participation in GROW's programs reduces people's dependence on expensive medical interventions, emergency attendances and hospitalisations, and help them to re-engage in community, education, and work.

With additional funding support, GROW could achieve its objective of enabling all Victorians with mental ill-health challenges to have the option of accessing peer support and self-help programs which are focused on recovery (including greater support for eGROW and Get Growing services). Currently, many do not have that option.

This should include support for those who participate in NDIS programs, as well as specific mutual support for carers.

Like other NGOs, GROW also needs greater certainty of funding from the Victorian Government (indeed from all governments). Lack of certainty of funding makes it extremely difficult to attract and retain skilled staff. Three year rolling funding needs to be built into all contracts, as should funding for the high transactional costs of new contractual and reporting requirements.

Programs designed to reduce stigma and discrimination should go beyond awareness and education campaigns to a sustained approach involving people with lived experience.

References:

AIHW (2019). Mental health services in Australia.

Retrieved from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services/specialised-mental-health-services-expenditure>

Burke, E., Pyle, M., & Machin, K. (2018). Providing mental health peer support 2: Relationships with empowerment, hope, recovery, quality of life and internalised stigma. *International Journal of Social Psychiatry*, 64(8), 745-755.

Corrigan PW Mittal D, Sullivan G, Chekuri L, Allee E. Empirical Studies of Self-Stigma Reduction Strategies: A Critical Review of the Literature. *Psychiatric Serv.* 2012 Oct; 63(10):974-81.

Centre for Online Health. (2019). eGROW: Planning a virtual mental health peer support group. Retrieved from <https://coh.centre.uq.edu.au/eGROW>

Christoph, U., & Carlson, H. (2006). Endocrine and Metabolic Adverse Effects of Psychotropic Medications in Children and Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(7), 771-791.

Finn, L., Bishop, B., & Sparrow, N. (2009). Capturing Dynamic Processes of Change in GROW Mutual Help Groups for Mental Health. *American Journal of Community Psychology*, 44(3), 302-315.

Magarey, J. (2018). Spike in number of Australian children put on antipsychotic drugs. Retrieved from <https://www.news.com.au/lifestyle/health/health-problems/spike-in-number-of-australian-children-put-on-antipsychotic-drugs/news-story/4a4e4f373d3a98bdd5e8cfc66669e028>

Markowitz, F. (2015). Involvement in mental health self-help groups and recovery. *Health Sociology Review*, 24(2), 199-212.

Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392-411.

Rappaport Julian, Edward Seidman, Paul A. Toro, Lisa S. McFadden, Thomas M. Reischl, Linda J. Roberts, Deborah A. Salem, Catherine H. Stein, and Marc A. Zimmerman () Collaborative Research with a Mutual Help Organisation

McFadden Lisa, Edward Seidman, Julian Rappaport, A Comparison of Espoused Theories of Self- and Mutual Help: Implications for Mental Health Professionals *Professional Psychology: Research and Practice* 1992, Vol. 23, No. 6, 515-520 0735-7028/92/ <https://www.grow.org.au/wp-content/uploads/2019/06/Theories-of-self-help-implications-MH.pdf>

Heather Stuart, Julio Arboleda-Florez, and Norman Sartorius *Paradigms Lost: Fighting Stigma and the Lessons Learned* Publisher: Oxford University Press Jun 2012 Print ISBN-13: 9780199797639 <https://oxfordmedicine.com/view/10.1093/med/9780199797639.001.0001/med-9780199797639>