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Bondi Prevention and Recovery Centre (PARC) Evaluation

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Prepared for

Independent Community Living Australia (ICLA) and South Eastern Sydney Local Health District (SESLHD) Mental Health Services

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Acknowledgement of country

We value the cultures, knowledge and practices of Aboriginal and Torres Strait Islander Peoples and how this contributes to quality research. We are committed to not perpetuating harms that have been caused by research on and about Indigenous Peoples. We embrace and honour Indigenous knowledges and continue to learn from Indigenous Peoples where we work.

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Independent Community Living Australia (ICLA) and South Eastern Sydney Local Health District (SESLHD) Mental Health Services

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Glossary

AOD	Alcohol and other drugs
Bondi PARC	Bondi Prevention and Recovery Centre
CC	Care Coordinator
CMHDARN	Community Mental Health, Drug & Alcohol Research Network
CNC	Clinical Nurse Consultant
Guest	Person with mental health conditions and alcohol and drug concerns planning to stay (referred to) or previously stayed at Bondi PARC
ICLA	Independent Community Living Australia
MHCC	Mental Health Coordinating Council
Referring services	Partner organisations (community and inpatient, hospital) and SESLHD MH Care Coordinators
SESLHD	South Eastern Sydney Local Health District
SESLHD MHS	South Eastern Sydney Local Health District Mental Health Services
SUSD	Step-up and Step-down services
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

Short summary

Independent Community Living Australia (ICLA) and South East Sydney Local Health District Mental Health Service's (SESLHD MHS) Bondi Prevention and Recovery Centre (PARC) is a community-based hospital alternative for people with co-occurring acute mental health conditions and alcohol and drug concerns (guests). The program facilitates short term early intervention, providing intensive community support to avoid hospitalisation (step up) and recovery oriented and integrated care for people leaving hospital environment (step down).

ICLA was funded by Community Mental Health, Drug & Alcohol Research Network (CMHDARN) to commission researchers at the Social Policy Research Centre (SPRC) UNSW Sydney to evaluate the Bondi PARC model. The research was a mixed method evaluation designed within the parameters of time, budget and feasibility. The evaluation used three data sources to answer the research questions (review of PARC program documents, PARC guest outcomes data in aggregate form, and collection of qualitative data through on-site fieldwork). The study had SESLHD 2024/ETH01520 ethics and governance approvals.

Guests, staff and referring clinicians said Bondi PARC enhanced quality of life and personal recovery during guests' stay and once they returned home. This was achieved through a model of least restrictive community integrated care, recovery oriented practice, centred on guests' agency to achieve personal recovery goals and wellbeing.

The recovery oriented and peer leadership principles used in Bondi PARC translated into positive guest experiences and service satisfaction during and after their stay. Use of hospital emergency and inpatient mental health services reduced. Guests who had previously stayed at PARC learned how to make early decisions about when to step up into PARC instead of requiring hospital care.

PARC staff and referring providers agreed Bondi PARC intake screening criteria were thorough. They said the criteria helped ensure the program delivered a safe and supportive, least restrictive community service, conducive to reducing experiences of heightened distress, managing mental illness and promoting personal recovery and wellbeing. PARC guests emphasised the person centred model provided a preferred and safe alternative to hospital care, fostering autonomy, choice and delivering person centred care and recovery outcomes.

Guests and stakeholders said Bondi PARC, though its peer leadership and peer worker support recovery model of support, met a significant gap in services. The model was an effective alternative to inpatient care for people with psychosis, schizoaffective or bipolar disorders, and other non-acute presentations, including co-occurring substance use.

Executive summary

Independent Community Living Australia (ICLA) and South East Sydney Local Health District Mental Health Service's (SESLHD MHS) Bondi Prevention and Recovery Centre (PARC) is a community-based hospital alternative for people living with co-occurring acute mental health conditions and alcohol and drug concerns. The program facilitates short term early intervention, providing intensive community support to avoid hospitalisation (step up) and recovery oriented and integrated care for people leaving hospital under a least restrictive care and support environment (step down). Bondi PARC has been in operation since August 2020.

The program objective is to support personal recovery, community integration and improved quality of life for people who were experiencing any mental health distress The cornerstones of Bondi PARC are a small, least restrictive community setting (8 single bedrooms), lived experience leadership and mixed staffing that integrates peer workers, mental health support workers and clinical care teams to deliver holistic care and recovery 24/7 (two peer workers from 7am to 11pm, a clinical nurse from 9am-5pm and one peer worker overnight).

Background and study rationale

People experiencing acute mental ill-health and alcohol and other drugs (AOD) concerns report presenting to emergency departments and impatient units as stressful, confronting and lacking in holistic care, including transition support in and out of care (Productivity Commission, 2020). Despite the growing evidence base about the impacts and effectiveness of alternatives to inpatient mental health care (Brophy et al., 2024; Farhall et al., 2021; Smith et al., 2024) and the preference of some consumers for models of flexible, person-centred, recovery oriented support that can cater to changing needs (Hopkins, Lee, Collister, Smart, & Birks, 2022), the availability of SUSD services remains limited and was identified as an area for future investment (MHCC, 2022, 2023).

Policy and practice need evidence about how community based, least restrictive alternatives to inpatient care, such as step up and step down (SUSD) mental health services, like Bondi PARC, can enhance mental health consumer recovery outcomes, provide greater options and choice around services and pathways to support for people with cooccurring mental ill-health.

ICLA received research funding from Community Mental Health, Drug & Alcohol Research Network (CMHDARN) and commissioned a team of researchers, including with lived experience, at UNSW Sydney, the Social Policy Research Centre (SPRC), to undertake the mixed method evaluation of the Bondi PARC model. The purpose of this evaluation was to generate evidence about the potential benefits and consumer outcomes, costs and the recovery-oriented service delivery features of this SUSD service that can inform advocacy and mental health policy in Australia.

Questions, methods and ethics

This research evaluated the outcomes, impact and process of Bondi PARC by addressing the following questions

- How did the Bondi PARC step-up and step-down service enhance the personal recovery, community integration and quality of life of guests with co-occurring mental health and AOD concerns?
- What were the short term impact and medium-term recovery outcomes of this model of integrated recovery oriented practice and care, including potential to reduce acute presentations and hospitalisation post-service engagement?
- Which PARC practice elements and processes enhanced positive outcomes and experiences for guests during their stay, during transitions in or out of hospital or home and post program exit?
- What were the gaps and limitations of the current model?

The research was a mixed method evaluation designed within the parameters of time, budget and feasibility. The study was designed in collaboration with ICLA and SESLHD MH staff and input from prior guest representatives connected to Bondi PARC. The evaluation used three data sources to answer the questions. Program and guest outcomes data were held by Bondi PARC for management purposes and transferred in aggregate to the evaluators to protect confidentiality and privacy. Qualitative data were collected through on-site fieldwork with past and current guests, program staff and managers and referring stakeholders and community mental health care teams. Lastly, the research analysed PARC program documents against the research questions.

The evaluation study, including data collection tools, interview questions, consent forms and recruitment material had SESLHD 2024/ETH01520 ethics and governance approvals.

The research relied on administrative data, program documents and a small sample of point in time interviews. This design was to accommodate the time and budget of the evaluation and was sufficient to demonstrate preliminary process and outcome findings.

Guest outcomes

Guests, staff and referring clinicians said Bondi PARC enhanced quality of life and personal recovery during guests' stay and once they returned home. This was achieved through a model of least restrictive community integrated care, recovery oriented practice, centred on guests' agency to achieve personal recovery goals and wellbeing.

The recovery oriented and peer leadership principles used by Bondi PARC translated into guests' experiences and impacted them in various ways. Personal recovery measured by RAS-DS scores improved on average by 8.23 points (of 152; Table 3), particularly in the psychological domain of looking forward. Guests emphasised that PARC support was holistic and integrating with their life while prioritising their personal wellbeing.

Confidence and self-acceptance improved post-PARC stay, guests reported their needs were met with understanding. Guests identified recovery goals that enhanced their self-care and mental health management skills. Social skills and functional life skills improved through the participation in the daily activities at PARC and the modelling from staff and other guests.

Engagement in social and community life was strengthened through the opportunities in the community location of Bondi PARC and the connections some guests made that they could continue after they returned home. Health and community service connections were reinforced or strengthened during their stay at Bondi PARC.

Hospital emergency attendances and inpatient mental health admissions were reviewed by SESLHD MHS in 2022 Guests and mental health clinical teams , made early decisions about when to step up into PARC as an alternative to requiring hospital care. The comparative cost of Bondi PARC ($400 per day) in 2022 was about one third of the cost of inpatient support ($1438 per day).[1]

Bondi PARC processes

A range of SESLHD MHS consumers were guests at Bondi PARC. Guests were represented across ages, gender, culture and First Nations peoples. The most common presentations were schizophrenia and schizoaffective disorder. PARC accepted referrals of people with underlying drug and alcohol use when the AOD concerns are not acute and it is safe for the person to stay.

One third of referrals were step up from home and two thirds step down from hospital. Intake criteria were housing continuity, connection to a SESLHD MHS community team.

PARC staff and external referring providers agreed that the Bondi PARC intake screening criteria were thorough and effective. The criteria helped ensure the program delivered a safe and supportive, least restrictive community service, conducive to reducing experiences of heightened distress, managing mental illness and promoting personal recovery and wellbeing.

[1] https://www.aihw.gov.au/mental-health/topic-areas/expenditure 2021-22

PARC guests emphasised the Bondi PARC's person centred model provided a 'real', 'preferrable' and 'safe' alternative to hospital inpatient care which enabled autonomy and choice (e.g. by involving guests in the decisions and directions about their support and care plan; activating sense of hope and self-worth; building independent social and living skills). As a result of the recovery-oriented model, guests were generally satisfied with the supportive transitions in and out of PARC that included information, visits and flexibility. They noticed service improvements over time responding to their suggestions (improvements to the decoration, activities offered, information and engagement process, peer-produced video of PARC).

Guests were satisfied with the process and experience of transitioning in and out of Bondi PARC. They felt access was supported and flexible, they had the right level and variety of information and support to make decisions about their stay and felt 'in control'. Most people stayed once and usually for the full 4 weeks. Some flexibility in stays were due to moving in and out of hospital, in particular for physical health concerns and some mental health assessment.

Lessons from Bondi PARC and recovery oriented features of the model

Bondi PARC guests, staff and management and referring partners agreed in the interviews that Bondi PARC was a high-quality, effective model of support. They agreed the approach was a more effective alternative to hospital for people with reoccurring mental illness, at risk of frequent admission to inpatient units and hospital and who met the PARC eligibility criteria.

Stakeholders said the Bondi PARC approach met a significant gap of support for people with ongoing metal health concerns. They observed the approach was effective for mental health consumers' needs, in particular for people living with psychosis (schizophrenia) and schizoaffective or bipolar disorders, as well as a range of other presentations.

Bondi PARC achieved these outcomes (Section 2) due to its intentional design and adherence to defined principles of least restrictive practice in a community setting maintaining a therapeutic (relaxing, safe, friendly, supportive) environment (i.e. guest being able to enter and move around the premises, no involuntary stays, person centred goal and wellness plan setting).

Underpinning the PARC model were core principles of lived-experience leadership, peer based support and personal recovery and wellbeing (Section 3). These principles meant Bondi PARC was not clinically focused, instead it built on peer support, consumer autonomy and choice, community re-integration, enhancing guests' social, daily living skill and mental health awareness and wellness management.

Bondi PARC 28 day stay service model and clear referral pathways for guests and referring community providers, allow PARC as 'acceptable and accessible'.

Bondi PARC was built on a mixed staffing model, where an integrated team of peer support workers, mental health support workers and clinical staff deliver recovery focused support and interventions in a home-like environment. The clinical staff for example participated in most of PARC group activities like meal preparation. They supported the coordination of information with the community MHS Care Coordinators and clinical aspects of guests' support (e.g. medication, dosing, prescriptions, shared care meetings with referring community partners).

The second feature of Bondi PARC was the integration of guests' Mental Health Services (MHS) Care Coordinators in and around people's stay. The continuity of care ensured that guests were supported prior to attending PARC (e.g. come to assess the suitability of PARC together with a Care Coordinator), during their stay (e.g. connected with the community care team to continue appointments, support arrangements) and once they exited/transitioned back home (e.g. Care Coordinators ensured ongoing wellbeing and community support).

Bondi PARC was effective at achieving the planned outcomes for guests (personal recovery, community integration and quality of life) due to the mixed, primarily peer worker staffing model, continuity of care and integration with community mental health care that was maintained and prioritised during PARC stays.

Opportunities to enhance the model

A peer worker model requires building staff capacity, including how to avoid the risk of burnout and empathy fatigue. Some capacity building processes were already in place and PARC management were in the process of developing additional tailored individualised trainings for peer support workers.

Opportunities to enhance the model could involve a reconsideration of the referral criteria for consumers who are not linked with a Care Coordinator via SESLHD MHS. Other opportunities for partners with SESLHD MHS include Mental Health Virtual Care, Mental Health Acute Care, General Practitioners and private practice. A shared care arrangement could be explored.

Bondi PARC was successful because of its partnership between SESLHD MHS and ICLA, a non government community mental health organisation with long-standing experience of preventive models of support and support services working together. The partnership shared values and a strong commitment to the PARC model. Complexities of the joint partnership model of a health service and non health service is variances in governance processes and long-term joint funding opportunities.

1. Introduction to Bondi PARC evaluation

Bondi Prevention and Recovery Centre (PARC) is a community-based hospital alternative for people living with co-occurring acute mental health conditions and alcohol and drug concerns. The program facilitates short term early intervention, providing intensive community support to avoid hospitalisation (step up) and recovery oriented and integrated care for people leaving hospital under a least restrictive care and support environment (step down). Bondi PARC was in operation since August 2020.

The program objective was to support personal recovery, community integration and improved quality of life for people who were experiencing any mental health distress that impaired their ability to lead meaningful lives. The cornerstones of Bondi PARC are a small, least restrictive community setting (8 single bedrooms), lived experience leadership and mixed staffing that integrates peer workers, and clinical care teams to deliver holistic care and recovery 24/7 (two peer workers from 7am to 11pm, a clinical nurse from 9am-5pm and one peer worker overnight).

The purpose of this evaluation was to generate evidence about how step-up and step-down (SUSD) services can enhance mental health and consumer recovery outcomes, including for people with co-occurring mental health and substance use, reduce readmission hospital rates and support care transitions between home and hospital.

SUSD models have an established evidence base in Australia (Brophy et al., 2024; Farhall et al., 2021; Fletcher et al., 2019; Isobel, Thomas, Boardman, & Clenaghan, 2021; Parker, Arnautovska, Korman, Harris, & Dark, 2023; Smith et al., 2024). The Bondi PARC evaluation adds to that evidence documenting outcomes from a SUSD model that includes a large proportion of step-up guests. Contributing to the evidence base can demonstrate the potential benefits, outcomes, costs and service delivery features of this alternative to in-patient care to inform advocacy and health policy in Australia and internationally.

1.1 Study rationale

Mental disorders are costly to people, families, health systems and the economy, reducing people's quality of life, capacity to contribute and participate, and causing premature death (GBD 2019 Mental Disorders Collaborators, 2022). In Australia, mental ill-health was estimated to cost over $200 billion per year, with one in five Australians (aged 16-85 years) reporting experiencing mental ill-health in the previous year (Australian Bureau of Statistics, 2020-22; Australian Government Productivity Commission, 2020).

People experiencing acute mental ill-health and AOD concerns report presenting to emergency departments and impatient units as stressful, confronting and lacking in holistic

care, including transition support in and out of care (Productivity Commission, 2020).

Policy and practice needs evidence about how community based, least restrictive alternatives to inpatient care, such as SUSD mental health services like Bondi PARC can enhance mental health consumer recovery outcomes, options and choice of care and support, including for people with co-occurring mental health and substance use (Australian Government Productivity Commission, 2020).

There is a small and growing evidence about the impacts, consumer outcomes and effectiveness of SUSD services in Australia (Harvey et al., 2019; Mental Health Commission, 2017), demonstrating positive outcomes for consumers (Brophy et al., 2024; Harvey et al., 2019; Isobel et al., 2021; Ngo et al., 2020).

Some models demonstrate cost efficiency in comparison to inpatient hospital care (Roos, Bjerkeset, & Steinsbekk, 2018). However, solely focusing on a reduction of inpatient bed days for a SUSD services, built on principles of personal recovery and peer leadership, have been questioned as key evaluation indicators of these alternative models (Heyeres et al., 2018; Isobel et al., 2021).

Despite the growing evidence of the positive impacts SUSD services have on people with reoccurring mental illness (Heyeres et al., 2018; Hopkins et al., 2022; Ngo et al., 2020; Parker, Dark, et al., 2019; Parker, Hopkins, et al., 2019; Sly et al., 2020; Smith et al., 2024; Thomas & Rickwood, 2016) and the preference of some consumers for more flexible person-centred support and access to a range of services that cater to changing needs (Hopkins et al., 2022), the availability of SUSD services remains limited. In NSW for example, SUSD services are available only in a few locations and were identified as an area for future investment (MHCC, 2022, 2023).

Understanding the effectiveness and impact of different SUSD models can enhance our understanding of community based alternative models of mental health care, the population groups most likely to benefit from these services, as well as limitations of particular service models or environments (Harvey et al., 2019).

The evaluation of Bondi PARC contributes to the knowledge gap by measuring the impacts and outcomes for guests, as well as identification of recovery-promoting features of the service model and approach – peer worker model and peer leadership, staffing mix, personal recovery orientation and non-clinical approach, community integrated least restrictive short stays.

1.2 Evaluation questions

This research evaluated the outcomes, impact and process of Bondi PARC. The detailed questions are in Appendix A and the executive summary.

1.3 Evaluation approach and methods

The research was a mixed method evaluation designed within the parameters of time, budget and feasibility. The study was designed in collaboration with ICLA and SESLHD MH staff and input from guest representatives connected to Bondi PARC. The design considered the capacity of ICLA and SESLHD project staff and resources by primarily using existing data about program impact and guest outcomes already collected for Bondi PARC.

The evaluation used three data sources to answer the questions. Program and guest outcomes data were held by Bondi PARC for management purposes and transferred in aggregate to the evaluators to protect confidentiality and privacy. Qualitative data were collected through on-site fieldwork with past and current guests, program staff and managers and referring stakeholders and community mental health care teams. Finally, program documents used to manage Bondi PARC were analysed against the research questions.

Bondi PARC guests provided their consent at clinical intake for program data collected to manage the program to also be used for research purposes (Table 1). The program data analyses (Appendix B) is described and included

- Referral and stay data (program activities and outputs)
- Guest program satisfaction (post stay feedback surveys)
- Guest mental health outcomes (RAS-DS scores).

The first qualitative method was interviews (Table 1). These were arranged on-site at Bondi PARC as group or individual interviews. One group was held with guests and another with staff and managers. The individual in-person interview was with a guest to meet their preference for inclusion. The final focus group was held online with other Bondi PARC staff and stakeholders, referring partners and community MH Care Coordinators. The topics discussed in the interviews were about the process and outcomes of Bondi PARC.

The interview selection criteria for Bondi PARC guests was purposeful sampling through the Most Significant Change (MSC) approach to identify past and current guests with significant outcomes using Bondi PARC stay data (RAS-DS scores) (Hancock, Scanlan, Honey, Bundy, & O'Shea, 2015; Ramesh, Scanlan, Honey, & Hancock, 2024).

Table 1: Samples in the Bondi PARC evaluation

Data type	Source	PARC guests	Staff, managers	Stakeholders
Quantitative	Referral and stays	391	-	-
	Post stay survey	60	-	-
	Matched RAS DS[1] score	84	-	-
Qualitative	Focus group	7	9	7
	Individual interview	1	-	-
	Written responses	-	3	1

Source: Bondi PARC evaluation November 2024 Note: 1. Recovery Assessment Scale – Domains and Stages (RAS-DS)

The second qualitative method was analysis of program documents used in the management of Bondi PARC. These included a report from 2022 about the impact of Bondi PARC on hospital service use (Taylor & Clogher, 2022).

1.4 Ethics

The evaluation study, including data collection tools, interview questions, consent forms and recruitment material had SESLHD 2024/ETH01520 ethics and governance approvals.

1.5 Analysis

Bondi PARC supplied the research team with three deidentified excel spreadsheets of program data and annual expenditure/cost data (Appendix B).

Referral and stay data

This dataset contained 391 occasions of service, each relating to a stay at Bondi PARC. Data included a guest identification number, basic demographic information, a brief health overview, referral pathways before and after a stay in Bondi PARC and stay dates and length. The 391 occasions of service related to 230 unique individual guest identification numbers. Frequencies were run on the 230 guests about demographic information at the time of their most recent referral and on each of the 391 occasions of service to describe Bondi PARC stays and referrals. Crosstabulation were conducted to determine patterns in guest experiences and stays. Findings from crosstabulation are reported only where relevant.

Post stay feedback responses

This dataset contained 60 responses providing feedback on a Bondi PARC stay between 2022 and 2024. Guests were asked a range of questions about the quality, responsiveness and respect they experienced at Bondi PARC, as well as to consider how their outcomes at Bondi PARC compared to the alternative of no option to stay at Bondi PARC.

Matched RAS DS scores

This dataset included recovery measurements on the Recovery Assessment Scale – Domains and Stages (RAS-DS). It provided 84 matched pairs of pre and post-stay assessments across 4 domains, a RAS score and a percentage pre/post difference for each guest.

Descriptive analyses were conducted to compare means for each domain pre and post Bondi PARC stay, as well as to compare changes for each guest.

Interview data and program documents

The interview data and program documents were analysed by themes from a coding framework derived from the evaluation questions. All quotes are pseudonyms.

1.6 Limitations

The research relied on administrative data, program documents and a small sample of point in time interviews. This design was to accommodate the time and budget of the evaluation and was sufficient to demonstrate preliminary process and outcome findings.

Future research about Bondi PARC could include longitudinal qualitative data and unit record analysis of all program data and linkage to other health or social service data. These options were considered at the outset but were not feasible within the pre-defined timeframes and budget. The linked data could be analysed per person over time to demonstrate change and identify patterns in outcomes according to characteristics and service use, including all or most people who used Bondi PARC. Other additions to the quantitative analysis would be comparison to similar NSW Health mental health consumers and health and social service use data before and after contact with Bondi PARC.

2. Consumer outcomes

- How did the Bondi PARC step-up and step-down service enhance the personal recovery, community integration and quality of life of guests with co-occurring mental health and AOD concerns?
- What were the short term impact and medium-term recovery outcomes of this model of integrated care, including potential to reduce acute presentations and hospitalisation post-service engagement?

2.1 Summary of outcomes

Guests, staff and referring clinicians said Bondi PARC enhanced quality of life and personal recovery during guests' stay and once they returned home. This was achieved through a model of least restrictive community integrated care, recovery oriented practice, centred on guests' agency to achieve personal recovery goals and wellbeing.

Personal recovery measured by RAS-DS scores improved on average by 8.23 points, particularly in the psychological domain of looking forward.

Confidence and self-acceptance improved post-PARC stay, guests reported their needs were met with understanding. Guests identified recovery goals that enhanced their self-care and mental health management skills. Social skills and functional life skills improved through the participation in the daily activities at PARC and the modelling from staff and other guests.

Engagement in social and community life was strengthened through the opportunities in the community location of Bondi PARC and the connections some guests made that they could continue after they returned home. Health and community service connections were reinforced or strengthened during their stay at Bondi PARC.

Hospital emergency attendances and inpatient mental health admissions were reviewed by SESLHD MHS in 2022 Guests and mental health clinical teams, made early decisions about when to step up into PARC as an alternative to requiring hospital care. The comparative cost of Bondi PARC ($400 per day) in 2022 was about one third of the cost of inpatient support ($1438 per day).[2]

[2] https://www.aihw.gov.au/mental-health/topic-areas/expenditure 2021-22

2.2 Impact of PARC stay

Guests said Bondi PARC enhanced their quality of life and personal recovery during their stay and once they returned home. This was achieved through a model of least restrictive community integrated care in contrast to the alternative of hospital. Bondi PARC guests were afforded quality of life, agency, such as making decisions about their care, centred on guests' personal recovery goals and their priorities at the time. The PARC process is analysed in Section 3.

Most Bondi PARC guests said the program met their needs by providing a safe, supportive, sanctuary and home like physical and social environment. They preferred to go to PARC than to hospital. Almost all guests (93.3%) said they 'always felt safe during their stay', staff were 'always supportive, helpful and respectful' (98.3%) and they 'felt their values, language and cultural needs were considered' (95.0%) (Table Table 2). The focus group data echoed this sentiment. They experienced Bondi PARC as a relaxed, safe place that fostered reflection and healing.

> I agree [PARC is the better alternative]. Last time I came I had a cripplingly depression and I couldn't be on my own, it wasn't safe … This was a great place to be around other people, I also had space for myself. [At PARC] there is always someone to talk to, which is what I needed at the time … There were only four others staying, it was not too crowded. (Adrian)

Guests said Bondi PARC was their preferred alternative to hospital, particularly when they were becoming unwell but did not need to be in hospital or when a hospital environment did not fit with their support needs. Some guests said that hospital inpatient care had triggered re-traumatisation from previous experiences of emotional, psychological or physical harm including previous experiences of hospitalisation.

> [Bondi PARC] is a safe place for reflection and for healing. I always go away from here motivated and positive. It's different each time I come here, vastly different to hospital … Sometimes, I come here I am unwell with mania, where I don't fit in hospital and can't really stay home on my own. Then, [PARC] is like a refuge … I've been here when I was depressed and paranoid, things like that … I use the service differently, depending on what is going on for me. (Kristel, repeat guest)

Table 2: PARC stay feedback, guests

	Number of guests	Percent		
		Always	Sometimes	Rarely
Felt safe using service	60	93.3	6.7	0.0
Staff were supportive, helpful & respectful	60	98.3	1.7	0.0
Discussed support needs with staff	60	95.0	5.0	0.0
Encouraged & supported to be involved in decisions about self	60	96.7	3.3	0.0
Values, language & cultural needs considered	60	95.0	5.0	0.0
Staff talked about mental health in a way that was helpful	59	83.3	13.3	1.7

Source: PARC Post Stay Feedback, 2022-2024

A foundation of Bondi PARC model were the lived experience values and principles that focused on personal recovery, community integration, personal agency and dignity for mental health service users. These principles translated into guests' experiences and impacted them in various ways. Participants said Bondi PARC supported their personal recovery and community integration by making it 'easy to leave and return' to the premises.

> You can still have a social life [at PARC], keep your appointments [with the psychologist or GP], or go out [in the community]. It's not like that in hospital! There, your outside life, it just stops. (Susan, first time guest)

Other guests emphasised that PARC was holistic and integrating with their life while prioritising their personal wellbeing. Maintaining relationships and appointments outside, attending part-time work or study also seeing family and friends were, for most guests, an important aspect of enhancing their personal wellbeing and recovery during and post stay.

Guests said a further difference to hospital was how Bondi PARC enabled autonomy and choice by involving guests in decisions about their treatment and medication and overall care. Most guests said they discussed their support needs with staff (95%), they felt encouraged and supported to be involved in decisions that affected their life and wellbeing (96.7%) and spoke with staff about mental health in a way that was helpful (83.3 %) (Table Table 2). They gave examples of the impact of PARC building their mental health self-efficacy and personal recovery when they felt more confident and resourced to navigate their health and recovery during the PARC stay and beyond and reintegrate in community life.

> I like the autonomy here … you don't get that in hospital … here [Bondi PARC] the staff encourage you to do things outside in the community … [like] seeing your social worker, or a psychologist. (Layla, first time guest)

> PARC is about de-escalation, helping you to take back your life and find solutions, it is strengths focused. What can you do to make yourself better? It's not all clinical focused … This helps me with my recovery. I have a good doctor [in the community], but when I go to hospital, you don't always get to see your doctor … [In PARC] when you bring up something difficult, the staff will go to the wellness and safety plan, because they want us to be able to use the strategies to stay well … It helps you when you go back home to check in, stay accountable to yourself, "Where I am at … what can I do to feel better". (Lila, repeat guest)

2.3 Personal recovery and other outcomes

The program data and interview data from all stakeholder groups (PARC guests, program staff and managers and referring SESLHD MHS community teams) demonstrated personal recovery for most guests. They said the main recovery outcomes for Bondi PARC guests, described below, included

- Personal recovery
- Confidence and self-acceptance
- Self-care and mental health management skills
- Social skills and functional life skills
- Engagement in social and community life
- Health and community service connections
- Reduced hospital use

Personal recovery

Guests said their personal recovery and confidence to manage their health and wellbeing (mental health self-efficacy) were central outcomes from staying at Bondi PARC, seen in the quotes above. The positive change in the average mental health measure also demonstrated this impact on personal recovery for most guests. The Recovery Assessment Scale – Domains and Stages (RAS-DS) showed recovery scores improved on average across all four domains, with a combined change of +8.23 (Table 3). 'Looking forward' was the largest domain change (psychological outlook, +4.66).

Table 3: RAS-DS scores

Recovery domain	Aspect	Pre PARC	Post PARC	Mean change
Connecting and belonging	Social	20.68	21.70	+1.02
Doing things I value	Functional	18.67	19.56	+0.89
Looking forward	Psychological	50.54	55.20	+4.66
Mastering my illness	Symptom management	18.37	20.01	+1.64
RAS Score		108.25	116.48	+8.23

Source: PARC Matched RAS-DS Scores[3], 2021-2024. n=84 guests. Total potential score 152 (Hancock et al 2019)

Notes: Per guest: range of change from -29.61% to 57.89%. Mean percentage change improvement 5.41%. Median change improvement 3.95%, meaning half of all guest RAS scores improved by 3.95% or more.

All stays (one or more stays per guest): RAS-DS score changes ranged from -29.61% to 34.54%. Mean percentage change improvement was 5.41% and median 2.96%.

External community partners and program staff also observed small to big recovery outcomes for guests post exit. External stakeholders reported some guests became more aware of their own recovery and confident to apply strategies to stay well in daily life. They said guests were also more proactive about seeking out support early, to stay out of hospital, including returning to Bondi PARC when needed.

> Bondi PARC supports all guests in their own recovery, having a patient centred approach and having an individual care plan. This model allows the guest to drive their own recovery and goals. I can see how it has supported consumers to continue to be independent in their daily routine, prompting health and wellbeing to ensure they continue this when they return home. (Referring CNC nurse)

Confidence and self-acceptance

All stakeholders including past Bondi PARC guests reported the program improved their personal confidence, self-worth and self-acceptance, activating their sense of hope. They said their increased self-worth was because at PARC their ill-health and associated behaviours were not medicalised. Instead their needs were met with understanding, which normalised it. The staff and clinicians summarised the link between these outcomes and the

[3] RAS-DS measures recovery across four domains with 38 items. Users rate items on a four point scale (1 untrue, 2 a bit true, 3 mostly true, 4 completely true) (Ramesh, et al., 2024).

approach at Bondi PARC.

> This peer lived experience centered and run model, it helps guests destigmatise their experience. As peer workers we bring understanding and empathy and compassion for those days, where it is difficult to do the more basic things … they get to experience what it is like when their illness is normalised and accepted, they are met with compassion. (PARC staff)

> That kind of daily structure and then the kindness and care from the workers, these [are] things some [guests] don't experience at home. It fosters self-worth and social skills … The peer workers also validate their mental health concerns, it's not the stress of a mental health ward. This had a profound impact on the clients I have referred. (Clinical psychologist)

Self-care and mental health management skills

Bondi PARC relied on lived experience practice and everyday wellbeing strategies to build mental health self-efficacy and management skills. Guests were encouraged to identify individual, person centred recovery goals and everyday practices and associated habits. In this way, the Bondi PARC activities helped guests towards their personal recovery goals. Lucy, for example, wanted to identify her 'triggers and what I can do' to stay 'in the yellow zone'. Matt's primary motivator was to build daily routines to feel energised so she could take care of her dog, take him on daily walks by building strategies to master her illness.

> In the first days at PARC we filled in my wellness plan. I decided what I wanted to get out of my stay. I said I wanted to get my routines back and be able to look after myself. [At PARC] in the morning I go to get my coffee, then get a smoke, have my breakfast and a shower, so I feel ready for the day. The workers helped me, they made a sheet where I could tick off every time I achieved on of my morning routines… That's what I am practising at PARC, little things that will help me cope in my daily life back home. So, I can look better after my dog, take him on his daily walks. (Layla, first time guest)

> [At Bondi PARC] we have a wellness plan we pick the goals we want to work on, we choose, rather than someone else, a doctor saying what is wrong with you and what you need to do … It is *our decision* what we want to achieve while we are here. In hospital they tell you, they chose your treatment for you … The wellness plan identifies *my* specific needs, what I can do, like and my goals … The plan has helped me recognise when I am going into the red zone. I want to stay in the yellow, I don't want to go to hospital. At home, I look at the things I can do to shift the traffic light, to stay out of the red zones. (Lucy, repeat guest)

> [PARC] also helps modelling of a lot of the sensory and self-care stuff, like listening to guitar music, going for a barefoot walk in the sand. We [allied health professionals] promote that, but [at Bondi PARC], it's actively modelled for consumers and embedded in their daily routines. (Clinical psychologist)

Daily life and social skills

Personal recovery of most guests included refreshing and acquiring new practical skills for daily living in a supportive environment. Guests had choices about the extent and type of housework they wanted to be involved in at PARC. Over the course of a stay, guests were encouraged to engage in activities of daily living. Guided by peer staff, they participated in and observed daily morning and evening routines, weekly planning for meals, shopping, and appointments, were involved in meal preparation, laundry, tidying, managing external appointments and acquired other daily living skills. Mia explained how the PARC stay had a lasting impact on her ability to manage everyday tasks and stay well in daily life.

> You have a schedule here; I learned a lot from that! … Like cooking and planning meals, being more organised around how to 'do my day', stuff like that. So, it really helped me be more organised when I come home … Now, [at home], I make sure I have regular meals; I plan and have food in the fridge … That helps me to feel better. (Mia, repeat guest)

Program staff noted that some guests had limited role modelling at home, especially if they lived alone, and little opportunity to learn or apply practical skills in their daily life. The recovery focused peer-led Bondi PARC model actively modelled these daily living skills. They aimed to help guests establish routines, towards independence and longer-term wellbeing.

> [PARC] provides guests a non-judgemental and supportive platform to build confidence. They come here, not really having … an understanding how they can navigate life and their illness. Here, guests have the support of everybody – all our different skills and lived experiences … Guests get encouragement to integrate skills they [already] have and try new ones, they can continue at home. (PARC staff)

> I work with mostly young women with trauma histories. I've made about 3 or 4 referrals … They've [clients] had poor support systems, families with poor boundaries, no structure at home. The modelling of simple things like to have breakfast and daily routines … the program structure and the workers being kind and empathetic. That's made a big difference to those young women … the impact can't be underestimated. (Referring allied health staff)

Bondi PARC's design provided a platform for independent living and other skills building, by

affording opportunities for social interactions with peers and peer workers. Social skills developed indirectly by guests, through observing other interactions, and directly, by guests participating in social and group activities. Guests noted they did not always have opportunities to engage in social activities at home. Examples included regular mealtimes, shared food preparation, participation in group art/creative pursuits, mindfulness practices (like active music listening) and social outings (beach walks, movies and library visits).

> Some people experience severe loneliness and social isolation … As a team we work well … to assist easing that loneliness and feeling of isolation. For example, instilling confidence in the person, they can heal and recover and yes, it takes time and it's hard, but it can be done. We reassure guests, they can rebuild and make new friendships. (PARC staff)

> Getting to experience a safe and non-clinical environment where [guests] are respected, listened to and encouraged to work towards their goals. It has been particularly rewarding to see clients who are known to have antisocial behaviour in hospital (e.g. distressed, vigilant, angry) come to [Bondi PARC] and feel safe enough to relax, start socialising, make jokes. They try group activities and [are comfortable] to open up about their lived experiences. (PARC staff)

Engagement in social and community life

Bondi PARC intentionally advanced guests' ability to participate and re-connect with community life, relationships, services and the local community. The aim was to build social connections and belonging, to strengthen networks of formal and informal support. Bondi PARC staff supported guests in various ways to connect with community. Examples were attending public spaces (parks, beaches, cafes) together, building guests' confidence to attend on their own, connecting guests with services they needed or finding alternatives to a current provider (GP, health, social) and community groups beneficial to the persons' recovery. Monique was an inpatient prior to coming to PARC and lived in a noisy area. The PARC staff built her confidence to access local spaces and activities (beach, coastal walk, cinema). After two weeks at Bondi PARC Monique already felt more comfortable to be 'out and about' and meet other people in the community (speak to strangers also meet her friends near PARC).

> I love the location of the centre, it is in a really nice area, close to the beach. I go out every day, it is so quiet and calm here [compared to where I live]. I am using my last two weeks [at PARC] like a holiday, away from my everyday life … Most days, I get coffee in a nearby cafe, go for a walk, alone or with a peer worker … I enjoy the social activities [at PARC], sitting down with other guests doing art, sharing a meal. It's social, calming and quiet here. (Monique, first time guest)

Other guests spoke about the value and quality of life they derived from the PARC's location, in a 'vibrant busy community', close to 'natural beauty' and accessible public spaces. They said the way PARC was embedded in the local area made it easier for guests to take first steps towards community reintegration and enjoy participation in community life.

Past and current guests said they 'really enjoyed' the opportunity for social connection and doing 'things with others' at PARC. Some past guests said they had continued groups and activities they first got to know through PARC after they returned home (e.g. social, physical activity and other day programs, meet-ups for people experiencing mental illness or seeking social connection).

Health and community service connections

Bondi PARC program staff encouraged guests to remain engaged with community mental health and primary health services during their stay. They also assisted in identifying other relevant health and community services. PARC staff were limited in their capacity to actively connect guests to new services. They said their advantage was 'time to get to know' the person and gain in-depth insights into what supports or services were missing or misaligned with the person's personal recovery. Staff shared their insights with the community mental health teams and providers working with the person. Guests described this peer-led holistic way of working as positive because they were 'seen as a whole person' and 'supported holistically'.

2.4 Use of hospital services

The evaluation did not collect or analyse new data about hospital presentation, admission or length of stay except through the interviews and program documents. The interview participants said the Bondi PARC model reduced the frequency and duration of hospital emergency presentations and inpatient admissions for guests. The PARC guests, staff and external stakeholders said that Bondi PARC supported guests to recognise their personal warning signs or 'triggers' of declining mental health and that this support improved guests' capacity to make timely, informed decisions about whether to stay home or step-up, to enter PARC, before their mental health declined to the point of needing to go to hospital. PARC guests said PARC was accessible to them, offering a 'real alternative' to hospital when they required extra support.

> In PARC you can step up before you reach that acute stage, rather than go to hospital. When you are here you talk about your triggers or warning signs, to help you recognise when you are going down that spiral before it's too late. (Ronny, repeat guest)

> Previously I had a paranoid attack … when that happened I … injured myself badly. So last time, when the environment around me was triggering, I knew, all I had to do is to go back to PARC … Here, I can get away from these external things that can drive me off a cliff. I knew, I'd be safe here, and the staff will make sure I feel okay. (Riika, repeat guest)

Staff at referring services and community mental health providers said Bondi PARC offered a 'much needed' alternative to hospital and 'menu of options' for people experiencing reoccurring mental illness.

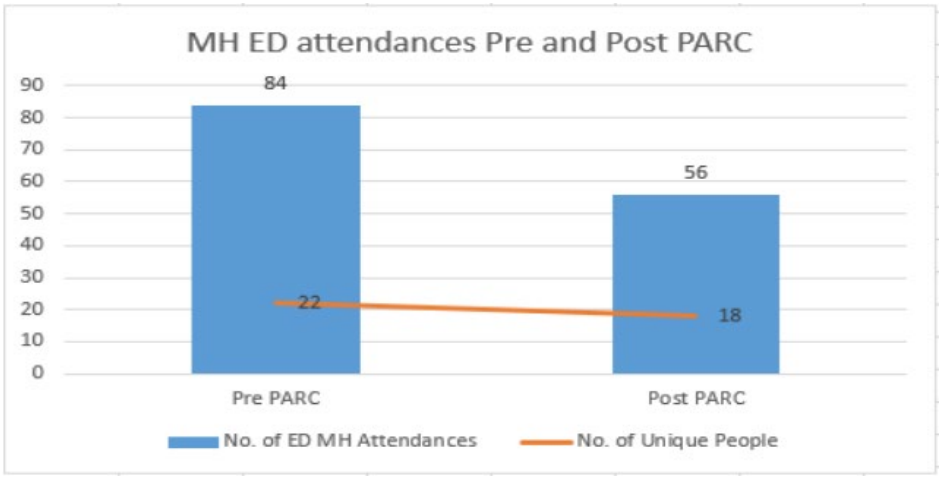
> Bondi PARC, because of its design, it helps to support people to not go back onto the wards, instead have a bit more support and stay in the community. (Community CNC)

In 2022, SESLHD MHS reviewed SESLHD MHS hospital data for Bondi PARC guests between September 2020 to November 2021 (Taylor & Clogher, 2022).[4] During that time 45 guest journeys equating to 60 occasions of service were reviewed. The review analysed Electronic Medical records (eMR) for select guests 6-months before entry to PARC and 6-months post stay. The review gave a snapshot on outcomes relating to the impact of PARC on their emergency department mental health presentations, inpatient mental health admission and inpatient length of stay.

- 82% of guests had prior mental health contact with the emergency department or inpatient services or both
- The 45 guests had a total of 84 emergency mental health attendances pre PARC and 56 attendances post PARC, a decrease of 33%
- 38% (17 guests) reduced the number of emergency presentations pre and post PARC (Figure 1). Post PARC 80% (35 guests) presented to emergency only once or not at all. The 6 guests who most frequently presented to emergency pre PARC all reduced their emergency attendance post PARC
- The 45 guests had a total of 62 mental health inpatient admissions pre PARC and 35 admissions post PARC, a decrease of 44% (Figure 2)
- 29% (1 in 3) guests with an inpatient admission pre PARC had no admission post PARC
- The change for guests with complex support needs was greatest. 2 guests pre PARC had a total of 412 inpatient days pre PARC and no days post PARC. 1 guest had 10 admissions pre PARC and 2 admissions post PARC.

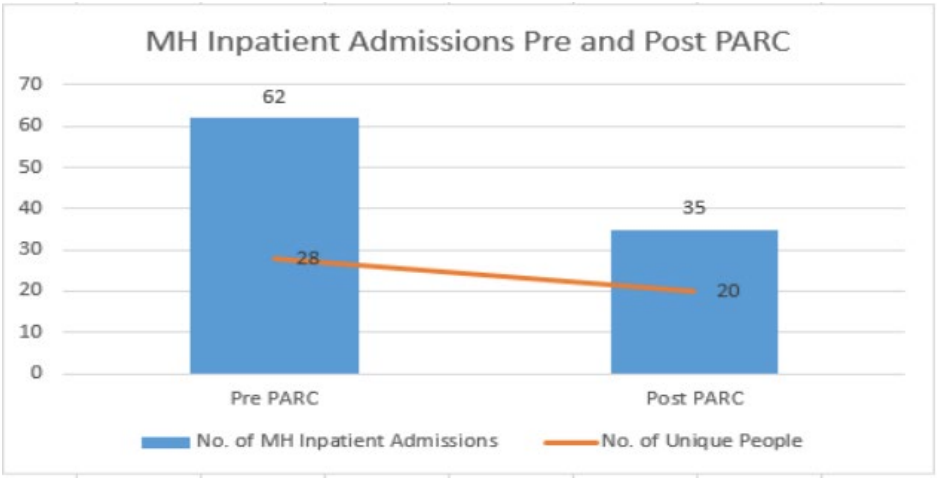
[4] Taylor, D., Clogher, C. (2022). Review: The Prevention and Recovery Centre (PARC), SESLHD.

Figure 1 Mental health emergency attendances pre and post PARC



Source: Taylor, D., Clogher, C. (2022). Review: The Prevention and Recovery Centre (PARC), SESLHD. September 2020 to November 2021, eMR health data before entry to PARC and 6-months post stay, n=45.

Figure 2 Mental health inpatient admissions pre and post PARC



Source: Taylor, D., Clogher, C. (2022). Review: The Prevention and Recovery Centre (PARC), SESLHD. September 2020 to November 2021, eMR health data 6-months before entry to PARC and 6-months post stay, n=45.

The 2022 review calculated the cost for 60 occasions of 28 days in the review period to compare PARC cost ($400 per day = $672,000) and inpatient admission cost ($1247 per day = $2,094,960) (Taylor & Clogher, 2022).[5] The limitation to the comparison is that not all PARC guests would necessarily otherwise have been in inpatient care or for 28 days, some might have stayed shorter, others longer. The strength of the reductions in emergency and inpatient hospital use demonstrates the cost comparison is a useful indication of reduced costs for these mental health guests during the review period. They also indicate likely reduced hospital use and associated hospital costs for these same guests after the review period.

[5] Or the higher cost of inpatient support ($1438 per day) from AIHW https://www.aihw.gov.au/mental-health/topic-areas/expenditure 2021-22.

3. Bondi PARC processes

- Which PARC practice elements and processes enhanced positive outcomes and experiences for consumers during their stay, during transitions in or out of hospital or home and post program exit?
- What were the gaps and limitations of the current model?

3.1 Summary of processes

A range of SESLHD MHS consumers were guests at Bondi PARC. Guests were represented across ages and gender, culture and First Nations peoples. The most common presentations were schizophrenia and schizoaffective disorder. PARC accepted referrals with underlying drug and alcohol use when the AOD concerns were not acute and it was safe for the person to stay.

One third of referrals were step up clients from home and two thirds step down from hospital. Intake criteria were housing continuity, connection to community mental health care.

PARC guests were generally satisfied with the supportive transitions in and out of PARC that included information, visits and flexibility (i.e. around start time of their stay). They noticed service improvements over time (peer based information, videos, changes to the decoration and activities at Bondi PARC).

Most people stayed once and usually for the full 4 weeks. Some guests had flexible stays, moving in and out of hospital as per individual needs.

3.2 Demographics and presentations

A range of SESLHD MHS consumers were guests at Bondi PARC. Guests were represented across ages and gender. Culturally and linguistically diverse and First Nations peoples accessed Bondi PARC.

Demographics

Younger and middle aged groups were equally represented with fewer guests attending in the 55+ age groups (Table 5). There were slightly more male PARC guests (50.4%) than female guests (48.2%) (Table 6). A small number identified as gender diverse (1.3%) and eleven guests identified as LGBTQI+ (6.7%) (Table 7).

First Nations people and culturally and linguistically diverse people used Bondi PARC. Nineteen guests (out of 167 people) identified as Aboriginal and Torres Strait Islander (Table

8); and 38 people (16.5%) said they were from a culturally and linguistically diverse background (Table 9) (Source: PARC Referral and stay data 2020-2024).

Mental health presentations and alcohol and other drug use

Most Bondi PARC guests had schizophrenia (43.2%) and schizoaffective disorder (14.8%) as a primary diagnosis, followed by borderline personality disorder (11.8%) and bipolar affective disorders (10%) (Table 10). PARC guests also had co-occurring other diagnosis, mainly schizophrenia and schizoaffective disorders (Table 11).

Alcohol and Other Drug (AOD) concerns were not a primary or secondary diagnosis for PARC referrals (Table 11). Managers and staff emphasised that Bondi PARC was not a specialist AOD service. PARC accepted referrals with underlying drug and alcohol use experiences, supported medication prescription and other needs, when the AOD concerns were not acute and it was safe for the person to stay. Survey data about the use of non-prescription drugs and alcohol one month prior to Bondi PARC attendance showed that most PARC guests (72.1%) had no self-reported alcohol or other substance use (Table 21).

3.3 Referrals to PARC, intake criteria, accepted referrals

Bondi PARC provided step up and step down support from home and hospital. Two thirds of Bondi PARC guests (66.9%) were step down clients, referred from inpatient units and/or had presented at hospital. Over a third of guests came to Bondi PARC from home and were referred by a community mental health service provider, including self-referral (Table 12).

Table 12: Step up or step down, PARC stays

	N	%
Step up	128	33.1
Step down	259	66.9
Total	387	100.0

Source: PARC referral and stay data, 2020-2024. Note: Step up = referral from home / community. Step down = referral from inpatient unit / hospital

PARC intake criteria

Bondi PARC supported people experiencing a wide range of mental ill-health and diagnosis. Commonly, consumers referred to PARC experienced psychosis and associated illnesses (Table 10), which manifested in frequent acute episodes, resulting in hospitalisation and inpatient care. Bondi PARC screened referrals for the service to adhere to its core principles and could provide a least restrictive community based, safe and supportive, peer led model

of care. The following intake criteria were applied

- housing continuity or housing about to be secured, no referrals from acute homelessness
- connection to SESLHD MHS community teams to ensure continuity of care for guests
- to adhere to the principle that PARC provides a safe, supportive and calm environment.

PARC staff and external referring providers agreed that the Bondi PARC intake screening criteria were thorough and effective. The criteria helped ensure the program delivered a safe and supportive, least restrictive community service, conducive to reducing experiences of heightened distress, managing mental illness and promoting personal recovery and wellbeing.

One referring mental health provider noted that the impact of the intake guidelines on potential guests varied. For one client, the criteria acted as an 'incentive' to undergo an AOD detox prior to PARC admission, while another guest underreported their active substance use to gain access to PARC.

In the circumstance where a referral and behaviours were 'outside of the eligibility criteria', Bondi PARC program staff said they were flexible and responsive to meet guests' higher support needs. One example was from a PARC guest who mostly followed the house rules, omitting active substance and non-prescribed drug use during their stay, but one night went out 'on an alcohol binge'. After the guest returned to Bondi PARC, the priority was to assess and ensure their and other guests' safety. The guest remained at PARC and completed the program, rather than 'being punished' or excluded from the program for their actions and breach of guidelines for stays. They were invited to reflect on the hours prior to acting on the need to go out to consume substances.

Bondi PARC promoted personal recovery and person centered intensive community support by providing a safe and therapeutic conducive space and environment. PARC staff and managers emphasised that ensuring clarity and communication of program eligibility criteria to referring community partners and potential/future PARC guests was important. By following a comprehensive intake and assessment process, they said these processes ensured the community based least restrictive model delivered high quality early intervention to people with reoccurring mental illness.

> PARC is not for AOD solely, or people with this as a primary condition … but at times, this can come as a secondary diagnosis. If so, the guest agrees to no drugs and alcohol, which is discussed in the Welcome booklet … PARC will still support guest with attending AOD support, for example, AA or NA classes, help organise their prescriptions and medications. (PARC staff)

Referral sources, patterns and accepted referrals

Bondi PARC collaborated with community mental health services and inpatient units across the South Eastern Sydney Local Health District, covering a large geographical area. Initial referrals came from the Maroubra (24.3%) and Euroa Community (21.9%) mental health services, Kiloh Inpatient Unit (IPU) (15.8%), St George (12.7%) and Sutherland community mental health service (9.0%) (Table 13).

Bondi PARC accepted most referrals as eligible (274; 70.3%). Most accepted referrals stayed at PARC. Some accepted referrals were retracted for reasons including the consumer declining based on choice and moving clinical needs. (Table 4).

Table 4 PARC response to referrals, PARC stays

	N	%
Accepted	274	70.3
Accepted and stayed	*228*	*58.5*
Accepted and then withdrawn	*46*	*11.8*
Referral retracted	73	18.7
Referral declined	37	9.5
Referral received	6	1.5
Total	390	100.0

Source: PARC referral and stay data, 2020-2024

Notes: Referral accepted = deemed eligible for stay; Referral declined = deemed ineligible for stay; Referral retracted = referral retracted prior to eligibility assessment; Accepted withdrawn = deemed eligible but referral withdrawn and did not stay

Crosstabulations of referral outcomes by age, showed that young people were less likely to have their referrals declined due to ineligibility, while middle aged people (45-55 years) were more likely to have their referrals declined (Table 15). Presumably this difference reflected their characteristics that did not meet the criteria, rather than age.

The reasons for not accepting a referral were wide ranging and diverse. They could relate to the PARC eligibility criteria (housing insecurity, active AOD concerns, only one stay in a 3-months period), the safety of other guests and staff (manifestations of sexualised behaviours and other safety concerns) and consumers' mental health needs or primary goals being assessed as outside of PARC's scope.

At the time of their most recent referral, most guest had just 1 referral to PARC (72.8%). Another 13.2% had been referred twice, 7.0% 3 times and 7.0% 4 or more times. The highest number of referrals, for one guest, was 9 (Table 16).

3.4 Experience of PARC stays and transitions

Transitions in and out of Bondi PARC

PARC guests said they were highly satisfied with the transition support in and out of PARC, irrespective whether they were transitioning from home, the community or hospital. The main supports and information that facilitated access and informed decision making were

- Opportunity to review and read about PARC online, including a short video
- Decision support with referring health provider
- Visiting PARC premises and meeting staff before deciding
- PARC staff calling ahead of time to clarify questions
- Flexibility about admission and start dates, e.g. delay an accepted placement, postpone by a few days or a week
- Ability to exit if required, with no involuntary stays
- Flexibility, in particular in the second half of stay to spend select nights at home (to promote community reintegration)

PARC guests reported that the way access was supported, the level and variety of information that was provided ahead of time (online, video, brochure, decision support, in-person viewing options) all contributed to guests feeling 'in control' and having 'choice' about the stay and decision.

> This is my third time [at PARC], first time, I visited together with my case worker and we met some of the staff here and I talked to the manager, she showed me around … They explained everything, how nothing is compulsory, [PARC] won't force me to stay, if I don't want to. (Amir, fist time guest)

PARC staff were confident that the transition processes within PARC were effective as they were person centred and individualised to the person transitioning from home or hospital, transitioning in or out of PARC. Processes were adjusted to the required level of support and meeting guests' 'situation and needs' as much as possible within available resources.

Examples of personalised transition support included shared care exit planning with Community Care Coordinators, the PARC clinical and peer team leader. During the meeting around 2 weeks prior to exit, transition support was discussed, planned and implement to ensure guests had the right level and types of support in place when they returned home. Also guests might be encouraged to spend a couple of nights at their home, before exiting, to allow for a more gradual transition. Exit plans articulated the supports in place for guests. PARC staff also continued to check in with guests once they had exited the service.

PARC guest satisfaction

Bondi PARC guests' satisfaction with the community model and support received was evident in the impact and outcome experience (Section 2). In addition to the qualitative data, PARC guests were asked at the end of their stay about their experience. Most Bondi PARC guests were positive and satisfied with their stay.

Three-quarters of guests reported the information about PARC prior to arrival was 'very good' (75%). 73.3% said support to access other services, groups and supports was 'very good' and most guests (83.3%) were very satisfied with the peer support at PARC compared to other mental health services (Table 24).

Table 24: Guest feedback on quality of PARC support

	Very good %	Good %	Fair %
Information about PARC	75.0	25.0	0.0
Support to access other services, groups, supports	73.3	16.7	10.0
Peer support at PARC compared to other mental health supports	83.3	13.3	3.3

Source: PARC Post Stay Feedback, 2022-2024. n=60

As discussed in Section 2 on Bondi PARC impact and outcomes, guests were overall highly satisfied with the quality of the 'home-like' space (safe, therapeutic, relaxing and supportive social environment) and comfortable built environment. Guests enjoyed the community location and integration of the service, affording guests a 'time out' from everyday life, or the stressful experience of a ward/hospital setting, also the li ke the availability of common outdoor and green spaces

In addition, guests favourably commented on the underpinning principles of the non-medical PARC model. PARC supported and emphasised personal wellbeing and recovery, community and social integration, continuity of care (with community mental health team, primary health care) and empowered guests to retain autonomy and choice about their recovery journey.

> We don't have to take our meds at a certain time, [PARC peer workers] will come up with suggestions and support strategies, but we ultimately make our decision. We can choose to cook or not, we can help out, or not … it's really up to us! (Kristel, repeat guest)

> [At Bondi PARC] here you can keep your phone, you get to choose. If you think having your phone on you is not helpful for your healing, you get suggestions [from the staff] how to achieve [digital detox] that. (Amir, first time guest)

> Last time I was at PARC, my sister came with her kids, we got coffee outside … [In PARC] you have the beach, the shops nearby and a garden, once my sister came inside and we had coffee here [on PARC premises]. (Lucy, repeat guest)

Service improvements to PARC stays

Repeat PARC guests noted that they felt 'heard and seen' as the management, over the four years since establishment, had introduced 'small and big' changes suggested in the post-stay feedback. Examples were a video of the service featuring actual guests to remove access barriers, small changes to the physical environment, decoration, furniture and space, and social activities on offer.

> Every time I [come] back; I notice the little improvements. I have been at PARC four or five times, I come back every year [laughs]. (Lucy, repeat guest)

Guests spoke about a few unsurprising inconveniences they associated with their stay. Some problems arose from the physical location or the built environment, others were disturbances associated with sharing a living space with other people. Examples included

- Practicalities (e.g. availability of all day parking spaces)
- Noise from the local area and street (especially at night time and weekends)
- Disturbances inside PARC (e.g. someone walking past the TV while another person is watching, the TV running all day)
- Annoyances and disrespect (e.g. taking individually purchased food without asking)
- Social hyper vigilance (e.g. not wanting to disturb others at nighttime, due to squeaky wooden floors).

Guests mostly commented that disturbances were 'to be expected' when sharing and living with other people. Some guests said that feeling annoyed with another guest gave them an opportunity for self-reflection and personal growth (e.g. to be more compassionate towards other people). They said the Bondi PARC location being situated in a 'nice and lively area' made up for noise disturbances connected to living in a busy community.

Most of all, PARC guests commented that they never felt the service was 'too busy' or crowded, as the 8-bed facility was not run at full capacity. They said this made for a more relaxed and comfortable environment and stay experience. While making them feel that they were 'welcome back' anytime.

The main improvements and suggestions guest provided for changes for Bondi PARC were about the level and diversity of activities offered. All PARC guests in the interviews had participated in activities, group art classes, physical exercise with the physio and outings to the beach and other locations. Some guests wanted greater diversity, like all day outings in the city, visiting Watson's Bay, communally attending social events, cinema or a café meal.

One female, middle aged guest suggested she would have preferred if PARC employed more age diverse staff. Most peer workers, at the time of her visit, were in the younger 20-30 years old age group. She noted she would have preferred to connect to a worker of similar age and life experience.

The guests had mixed views about whether they could bring family or friends into PARC. Some repeat guests invited a family member to the garden area. One person felt it was discouraged to have outside friends come and visit her at PARC. In the discussion, the participants later agreed that while it was a good for staying guests to maintain social connections, the ability to meet people in the nearby local area was sufficient for most. There was a consensus in the focus group that bringing external people or pets into PARC, while individually it may be helpful, would risk the quality of the therapeutic environment and space.

Bondi PARC had visiting guidelines and information for external support staff and workers and guests' family and friends in their welcome material. Official visiting hours were between 9 am and 6 pm, capped at an hour, for onsite family or friends visits to minimise disruptions for other guests. For external support workers PARC had longer visiting hours in place (until 11 pm).

Number of stays, repeat stays and length of stay

At the time of the analysis, a total of 117 guests had 220 stays at Bondi PARC between 2020 and 2024. Most guests stayed with PARC once (71.8%). 17.9 per cent stayed twice, 4.3 per cent stayed 3 times and 6.0 per cent stayed 4 or more times. The highest number of stays in the 4 year period was 6 (Table 17).

Table 17: Number of guest stays with PARC

	Guest stays	Percent
1	84	71.8
2	21	17.9
3	5	4.3
4 or more	7	6.0
Total guest stays	117	100.0

Source: PARC referral and stay data, 2020-2024

Most PARC stays were for 4 weeks (57.7%), with some staying 3 weeks (13.2%) or 5 weeks (12.3%). The most common stay was for exactly 28 days (90 stays, or 41.1%). Few stays were short (1 week or less, 9.1%) or very long (more than 6 weeks or more 1.4%). The longest stay was for 56 days which was based on clinical complexities, persons needs and a consideration of individual circumstance (Table 18).

Flexible stays

The stay of a small proportion of guests (40 people, 18.2% out of 220 accepted PARC referrals) had a flexible PARC stay requiring a referral back to hospital during their stay. The data on stays describes the experience of multiple guests, as most guests (72%) only stayed once during the period. Referrals to hospital during guests stays most often resulted in

- guests transferred back to PARC after the hospital had accessed physical health concerns as non-critical (15 stays)
- voluntary readmission to hospital to address mental health concerns (13 stays)
- guest transferred back to PARC from hospital after mental health concerns assessed as non-critical (6 stays).

During one stay, a guest was admitted to hospital involuntarily to address mental health concerns, while another was readmitted to hospital to address physical health concerns (Table 19).

Some Bondi PARC guests (36; 16%) were referred to hospital after completing their PARC stay. Hospital referrals occurred for physical health (as above) or to reassess or address mental health concerns. Most of the referrals to hospital were self-referrals by the consumers themselves. Referrals to hospital after PARC stays (Table 20; separate guests), within 28 days, resulted in:

- voluntary readmission to hospital to address mental health concerns (16 stays)
- Guests transferred back home after mental health concerns were assessed as non-critical (8 stays)
- involuntary readmission to hospital to address mental health concerns (2 stays)
-

4. Lessons from Bondi PARC for SUSD models

4.1 Summary of lessons from Bondi PARC

Bondi PARC guests, staff and management and referring partners agreed in the interviews that Bondi PARC was a high-quality, effective model of support. They agreed the approach was a more effective alternative to hospital for people with reoccurring mental illness, at risk of frequent admission to inpatient units and hospital and who met the PARC eligibility criteria.

Stakeholders said the Bondi PARC approach met a significant gap of support for people with ongoing metal health concerns. They observed the approach was effective for mental health consumers' needs, in particular for people living with psychosis (schizophrenia) and schizoaffective or bipolar disorders, as well as a range of other presentations.

Bondi PARC achieved these outcomes (Section 2) due to its intentional design and adherence to defined principles of least restrictive community setting, maintaining a therapeutic environment, short, maximum 28 day stays, an integrated model of care with a focus on personal recovery and wellbeing. Underpinning the model were core principles of lived-experience leadership, peer based support and personal recovery (Section 3). These principles meant Bondi PARC was not clinical focused, instead it focused on building on consumer autonomy and choice, community integration, social, living and mental health self-efficacy skills awareness and development.

4.2 Model definition and adherence

The key features of Bondi PARC were intentionally set with the objective to deliver personalised, recovery and wellbeing oriented community support that encouraged connectedness, hope, identify, meaning and empowerment for people living with mental ill-health (embedded in the CHIME Framework) (Leamy, Bird, Le Boutillier, Williams, & Slade, 2011; Van Weeghel, van Zelst, Boertien, & Hasson-Ohayon, 2019). The Bondi PARC model was designed to provide an effective alternative to hospital and inpatient care.

- Least restrictive home-like community support
- Maintain a safe, supportive, therapeutic, respite type environment
- With focus on building individual wellbeing, personal recovery and early intervention
- Open to all people with ongoing or reoccurring mental illness, including AOD concerns, without acute symptoms or behaviours
- Maximum of 28 day stays, up to 3 stays per year
- Peer based support and leadership
- Investment in everyday living skills and skills to manage mental illness (self-efficacy)
- Community re-integration and social support

- Emphasis on continuity of mental health support and primary care integration
- Accessible and responsive service, without long waitlists/times

Bondi PARC was effective at achieving impact, maintaining its original design and priority focus, due to the following successful processes

- Shared vision between SESLHD MHS and Not-For-Profit Non-government organisation ICLA, in implementing and funding the service
- Lived experience leadership to maintain focus of support on personal wellbeing and personalised recovery
- Clear communication and expectation management with referring services and community partners and with potential guests
- Adherence to model (max 28 day stays, no acute presentations) through rigorous intake assessment processes and guideline (including 'push back' to pressure to make exemptions, take referrals with more complex support needs)
- Funding to maintain low-level occupancy (Bondi PARC never at full occupancy) to maintain responsiveness and 'buffer'
- Awareness with referring partners and guests that PARC is a responsive, accessible alternative to hospital
- Reflective practice and staff capacity building
- Continuous program monitoring (feedback and research with guests, input from referring partners) and evaluation
- Collaborative approach and leadership (between SESLHD MHS and ICLA).

Suitability and eligibility rates are high at approximately 80%, with approximately 20% declined. The challenge at times was maintaining ideal occupancy based on the fluctuation and timing of referrals. The eligibility criteria required referrals to be connected to SESLHD MHS Care Coordinators so that guests had support and continuity of care before, during and after PARC stays. Due to the high case load of care coordinators, their focus on acute care and support of people with more complex needs, consumers with mild-to-moderate, early intervention needs potentially were not as easily identified. People who were sub-acute and would benefit from Bondi PARC were potentially less likely frequently referred and accessing PARC.

One suggestion was to increase the referral pool for PARC and increase capacity by expanding the current eligibility criteria to include mental health consumers not linked with SESLHD MHS Care Coordinators but who can demonstrate long-term ongoing engagement with a primary and private clinical mental health professional that is willing to engage in shared care, risk assessment over the course of the consumer's stay.

Another limitation of the current model design was that some guests were identified as likely

to benefit from longer stays, beyond the maximum 4 week stay. Other services to offer this type of extended support were not available. Bondi PARC made occasional and rare exemptions, extending a guests' stay by a few days up to a week. No changes to intake guidelines or referrals to alternative service were planned at the time of the analysis.

4.3 Lived experience leadership and peer support

Key elements of the Bondi PARC approach were the lived experience leadership principles and priority focus on personal wellbeing during a person's stay and investment in personalised recovery through fostering autonomy, choice, skills building, identity acceptance, hope and personal meaning, social connections and community integration. The following PARC processes contributed to achieving lived experience focus and peer support

- Delivering support that was not medicalised – minimal clinical staffing, terminology, practices and procedures
- Peer support workers supporting guests through 'modelling' everyday life skills and mental health self-management skills (e.g. breathing techniques, identify triggers and personal responses to stress management)
- Intentional, socially conducive social environment building social skills and confidence (e.g. interactions through shared meal times, social group activities, outings)
- Activities of daily living and social context raising guests' hope, confidence, self-reliance and independence (e.g. cooking, developing daily practices and routines)
- Peer acknowledgement, illness validation and stay environment breaking down social isolation, internalised stigma and increasing self-acceptance
- Use of trauma informed practice, peer based knowledge and meeting guests with empathy and kindness
- Guests' identifying their 'own recovery journey', setting personalised goals and intentions and expectations from their stay
- Supportive context, 'nudging' guests towards achieving intentions and goals rather than working from pre-scribed, fixed or firm externally set objectives.

All stakeholders were positive about the effectiveness of the lived experience design and peer support principles to achieving impact and the intended outcomes. Some challenges were discussed. The main ones included risk of burnout and empathy fatigue, for peer support workers, requirements around training and ongoing capacity building. Bondi PARC leadership and management were proactive at ensuring that staff had access to monthly reflective practice meetings and debriefing sessions as needed assisted by SESLHD MHS, external clinical supervisors and the PARC team leader.

Complicating the issues of building staff capacity was limited individualised training was

available and accessible to peer worker staff about particular diagnoses (e.g. borderline personality disorder). Management was in the process of developing specialised training, specifically designed to the capacity building and mentorship needs of peer staff when supporting individuals with the more persistent emotional regulation and interpersonal regulation challenges that are a key driver of fatigue for peers. Other staffing issues for the model were around filling in vacant positions, in particular finding qualified and experienced and clinical staff. Where vacancies existed non-clinical NGO staff were temporarily brought in to cover shifts, to ensure staffing ratios were always maintained.

4.4 Continuity and integrated mental health care

Bondi PARC was built on a mixed staffing model, where an integrated team of peer support staff, mental health support staff and clinical staff deliver recovery focused support and interventions in a home-like environment. The clinical staff for example participated in most of PARC group activities like meal preparation. They supported the coordination of information with the community MH Care Coordinators and clinical aspects of guests' support (e.g. medication, dosing, prescriptions, shared care meetings with referring community partners).

The second feature of Bondi PARC was the integration of guests' SESLHD Care Coordinators in and around people's stay. The continuity of care ensured that guests were supported prior to attending PARC (e.g. come to assess the suitability of PARC together with a Care Coordinator), during their stay (e.g. connected with the community care team to continue appointments, support arrangements) and once they exited/transitioned back home (e.g. Care Coordinators ensured ongoing wellbeing and community support).

Bondi PARC was effective at achieving outcomes for guests due to the continuity of care and integration with community mental health care model. The challenges around this model of support and integrated care arose from

- Managing guests' expectations about contact with community Care Coordinators and primary health during their PARC stay
- Quality of care (e.g. frequency and level of interactions) could depend on other external factors (e.g. relationship and continuity of care between guests and Care Coordinator (how long, how intensive they worked together), geography/location (travel time), staff turnover and staff capacity)
- Engaging some Care Coordinators who had lower involvement with guests when they were in Bondi PARC because of competing service and clinical demands.

Bondi PARC were managing guests' expectations and creating more clarity about the level of support and intensity of contact guests could expect from their Care Coordinator (CC) during their stay. The PARC team leader and Clinical Nurse Consultant (CNC) maintained weekly

contact with guests' clinical mental health team via email (providing relevant updates) and during colocation days (at inpatient care units). Bondi PARC further provided regular education and information sessions to guests to build their capacity about what arrangement and support they could expect from their community mental health care team. PARC staff encouraged case managers and other support workers to meet with guests on site during their stay, reinforcing the importance of the continuity of the treatment and care relationship.

4.5 Governance, partnership and funding

Bondi PARC, like other PARCs in Australia, was built on a partnership between SESLHD MHS and a non for profit non government community mental health organisation (ICLA) with long-standing experience and expertise of delivering peer support, preventative models of intervention and care and support services. This partnership was effective at ensuring the integration of recovery based focus, peer support and lived experience leadership with clinical support. The relationship between the partner organisations was successful due to the shared vision, values, staffing and financial commitment to the model, development of shared leadership practices (meetings, coordination, communication), trust and relationships established over time.

These processes were strengthened by the evidence of impact and outcomes and commitment to the model that was meeting a much needed 'gap in services' for people with reoccurring mental ill-health. Another factor that helped solidify Bondi PARC and partnership approach was that the key leaders on both sides had sustained and ongoing involvement in the model development and implementation as well as leadership since its inception.

Complexities of the joint partnership model of a health service and non health service is variances in governance processes and long-term joint funding opportunities.

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Appendix A Evaluation questions

- How does the Bondi PARC step-up and step-down service enhance the personal recovery, community integration and quality of life of consumers with co-occurring mental health and AOD concerns?
- What are the short term impact and medium-term recovery outcomes of this model of integrated care, including potential to reduce acute presentations and hospitalisation post-service engagement?
- Which PARC practice elements and processes enhance positive outcomes and experiences for consumers during their stay, during transitions in or out of hospital or home and post program exit?
- What are the gaps and limitations of the current model?

Appendix B Analysis of administrative data

B.1 Method

Bondi PARC supplied the research team with three deidentified excel spreadsheets: referral and stay data (391 occasions of service); post stay feedback (60 responses); and matched Recovery Assessment Scale – Domains and Stages (RAS-DS) scores (84 pairs).

Referral and stay data

This dataset contained 391 occasions of service each relating to a stay at PARC. Data included a consumer identification number, basic demographic information, a brief health overview, referral pathways before and after a stay in PARC and stay dates and length. The 391 occasions of service related to 230 unique individual client identification numbers. Frequencies were run on the 230 guests regarding demographic information at the time of their most recent referral and on each of the 391 occasions of service to describe PARC stays and referrals. Crosstabulation was conducted to determine patterns in consumer experiences and stays. Findings from crosstabulation were reported only where relevant.

Post stay feedback responses

This dataset contained 60 responses providing feedback on a PARC stay between 2022 and 2024. Guests were asked a range of questions about the quality, responsiveness and respect they experienced at PARC, as well as to consider how their outcomes at PARC compared to the alternative of no option to stay at PARC.

Matched RAS DS scores

This dataset included recovery measurements on the Recovery Assessment Scale – Domains and Stages (RAS-DS). It provided 84 matched pairs of pre and post-stay assessments across 4 domains, a RAS score and a percentage pre/post difference for each guest.

Descriptive analysis was conducted to compare means for each domain pre and post PARC stay, as well as to compare changes for each guest.

B.1.1 Referral and stay: Demographic analysis

Note: demographics based on individual consumers' data in their most recent stay.

Table 5 Age, consumers

Years	n	%
18-24	48	21.5
25-34	48	21.5
35-44	41	18.4
45-54	46	20.6
55-64	30	13.5
65+	10	4.5
Total	223	100.0

Source: PARC referral and stay data, 2020-2024

Table 6 Gender identities, guests

	n	%
Female	109	48.2
Male	114	50.4
Gender diverse	3	1.3
Total	226	100.0

Source: PARC referral and stay data, 2020-2024

Table 7 LGBTQI identities, guests

	n	%
Yes	11	6.7
No	147	89.1
Prefer not to say	7	4.2
Total	164	100.0

Source: PARC referral and stay data, 2020-2024

Table 8 Aboriginal identity, guests

	N	%
Aboriginal	19	11.4
No	146	87.4
Prefer not to say	2	1.2
Total	167	100.0

Source: PARC referral and stay data, 2020-2024

Table 9 Culturally and linguistically diverse identity, guests

	N	%
Yes	38	16.5
No	135	76.3
Prefer not to say	4	2.3
Total	177	100.0

Source: PARC referral and stay data, 2020-2024

B.1.2 Referral and stay: Diagnosis

Note: following analysis is based on guests at the time of their last referral.

Table 10 Primary diagnosis, guests

	n	%
Schizophrenia	99	43.2
Schizoaffective disorder	34	14.8
Borderline personality disorder	27	11.8
Bipolar affective disorder	23	10.0
Depression	10	4.4
Anxiety	10	4.4
Psychosis	8	3.5
CPTSD	4	1.7
Eating disorder	4	1.7

	n	%
OCD	4	1.7
First episode psychosis	2	0.9
Post partum psychosis	1	0.4
Schizophreniform disorder	1	0.4
Bipolar disorder	1	0.4
Bipolar	1	0.4
Total	229	100.0

Source: PARC referral and stay data, 2020-2024.

Table 11 Any diagnosis, guests

	N	%
Schizophrenia	99	43.2
Borderline personality disorder	29	12.7
Schizoaffective disorder	34	14.8
Depression	22	9.6
Bipolar	26	11.4
Anxiety	16	7.0
Psychosis	13	5.7
OCD	9	3.9
PTSD	11	4.8
Autism	8	3.5
ADHD	6	2.6
TBI	5	2.2
Total	229	100.0

Source: PARC referral and stay data, 2020-2024. Note: Includes diagnoses associated with 5 guests or more only.

B.1.3 Referral and stay: Referral pathways

Analysis of whether particular guests were more likely to be referred as step up or step down showed no pattern by gender or age.

Table 12 Step up or step down, PARC stays

	N	%
Step up	128	33.1
Step down	259	66.9
Total	387	100.0

Source: PARC referral and stay data, 2020-2024. Note: Step up = referral from home / community. Step down = referral from inpatient unit / hospital

Table 13 Initial referral source, PARC stays

	N	%
Maroubra Community	92	24.3
Euroa Community	83	21.9
POW Kiloh IPU	60	15.8
St George Community	48	12.7
Sutherland Community	34	9.0
POW Other	23	6.1
Bondi EPP	21	5.5
St George Other	9	2.4
Sutherland Other	6	1.6
VSASS	2	.5
Headspace Bondi	1	.3
Total	379	100.0

Source: PARC referral and stay data, 2020-2024

Of the 390 referrals to PARC, PARC accepted 274 (70.3%), 228 (58.5%) stayed with PARC, while 46 (11.8%) referrals were assessed as eligible, but the referral was retracted. Another 73 referrals were retracted prior to PARC's eligibility assessment (18.7%). 37 (9.5%) referrals were assessed as ineligible to stay with PARC and 6 referrals had not yet been assessed when the data was provided for analysis.

Table 14 PARC response to referrals, PARC stays

	N	%
Accepted	274	70.3
Accepted & stayed	*228*	*58.5*
Accepted & then withdrawn	*46*	*11.8*
Referral retracted	73	18.7
Referral declined	37	9.5
Referral received	6	1.5
Total	390	100.0

Source: PARC referral and stay data, 2020-2024

Notes: Referral accepted = deemed eligible for stay; Referral declined = deemed ineligible for stay; Referral retracted = referral retracted prior to eligibility assessment; Accepted withdrawn = deemed eligible but referral withdrawn and did not stay

Crosstabulations of referral outcomes by whether or not referrals were step up or step down revealed no associations. Nor did analysis of referral outcomes by gender. Cross tabular analysis of patterns by cultural background was not possible due to low numbers.

Crosstabulations of referral outcomes by age, show that young people were less likely to have their referrals declined due to ineligibility, while middle aged people, those aged 45-55, were more likely to have their referrals declined.

Comparison of referral outcomes by referring organisation showed no notable differences.

Table 15 PARC response to referrals by age, PARC stays

	Accepted withdrawn % (n=45)	Referral accepted % (n=228)	Referral declined % (n=36)	Referral received % (n=6)	Referral retracted % (68)	Total %
18-24	22.2	18.4	11.1	-	27.9	19.6
25-34	22.2	20.2	11.1	-	25.0	20.1
35-44	17.8	17.5	25.0	16.7	8.8	16.7
45-54	13.3	24.1	41.7	33.3	23.5	24.5
55-64	17.8	14.5	5.6	50.0	8.8	13.6
Total	6.7	5.3	5.6	-	5.9	5.5

Source: PARC referral and stay data, 2020-2024

Notes: Referral accepted = deemed eligible for stay; Referral declined = deemed ineligible for stay; Referral retracted = referral retracted prior to eligibility assessment; Accepted withdrawn = deemed eligible but referral withdrawn and did not stay

At the time of their most recent referral, most guests had just 1 referral to PARC (72.8%). Another 13.2% had been referred twice, 7.0% 3 times and 7.0% 4 or more times. The highest number of referrals, for one guest, was 9.

Table 16 Number of referrals to PARC, guests

	N	%
1	166	72.8
2	30	13.2
3	16	7.0
4 or more	16	7.0
Total	225	100.0

Source: PARC referral and stay data, 2020-2024

Analysis of step up/step down referrals by number of referrals or number of stays did not reveal any patterns. That is, there was no evidence that step up referrals or step down referrals were associated with more or less referrals, or more or less stays.

B.1.4 Referral and stay: description of PARC stays

At the time of the analysis, 220 stays had been completed.

At the time of their most recent stay, most guests had stayed with PARC just once (71.8%). 17.9% had stayed twice, 4.3% had stayed 3 times and 6.0% had stayed 4 or more times. The highest number of stays in the 4 year period was 6.

Table 17 Number of stays with PARC, guests

	N	%
1	84	71.8
2	21	17.9
3	5	4.3
4 or more	7	6.0
Total	117	100.0

Source: PARC referral and stay data, 2020-2024

Most PARC stays were for 4 weeks (57.7%), with some staying 3 weeks (13.2%) or 5 weeks (12.3%). In fact, most commonly, stays were for exactly 28 days (90 stays, or 41.1%). Few stays were short (1 week or less, 9.1%) or very long (more than 6 weeks or more 1.4%). The longest stay was for 56 days.

Guests referred to the PARC via step up or step down showed no differences in length of stay.

Table 18 Length of stays, PARC stays

	n	%
1 week	20	9.1
2 weeks	14	6.4
3 weeks	29	13.2
4 weeks	127	57.7
5 weeks	27	12.3
6 weeks or more	3	1.4
Total	220	100.0

Source: PARC referral and stay data, 2020-2024

B.1.5 Referral and stay: Referrals to hospital

Table 19 Referral to hospital during PARC stay, PARC stays

	N	%
POW Emergency	19	8.6
Other Public Hospital Unit	8	3.6
POW Kiloh IPU	5	2.3
Maroubra Community	3	1.4
POW PECC	2	0.9
POW MHRU	1	0.5
St George IPU	1	0.5
Sutherland Community	1	0.5
Total referred to hospital	**40**	**18.2**
Not referred to hospital	180	81.8
Total	220	100.0

Source: PARC referral and stay data, 2020-2024

Referrals to hospital during guests' PARC stays most often resulted in:

1. guests being transferred back to PARC after a hospital had accessed physical health concerns as non-critical (15 stays)
2. voluntary readmission to hospital to address mental health concerns (13 stays)
3. guests being transferred back to PARC after mental health concerns assessed as non-critical (6 stays)

During one stay, a guest was admitted to hospital involuntarily in order to address mental health concerns, while another was readmitted to hospital to address physical health concerns.

Some mid-stay referrals were made by guests themselves (during 9 stays) and most were referred by someone else (29 stays).

Table 20 Referral to hospital after PARC stay, PARC stays

	N	%
POW Emergency	15	6.8
POW Kiloh IPU	8	3.6
St George Emergency	5	2.3
Sutherland Emergency	3	1.4
POW PECC	2	0.9
Other Public Hospital Unit	1	0.5
Sutherland Community	1	0.5
Sutherland IPU	1	0.5
Total referred to hospital	**36**	**16.4**
Not referred to hospital	184	83.6
Total	**220**	**100.0**

Source: PARC referral and stay data, 2020-2024. Note: referral to hospital within 28 days of ending PARC stay.

Referrals to hospital after PARC stays, within 28 days, most often resulted in:

4. voluntary readmission to hospital to address mental health concerns (16 stays)
5. guests being transferred back home after mental health concerns were assessed as non-critical (8 stays)
6. guests being transferred back home after mental health concerns assessed as non-critical (8 stays)
7. involuntary readmission to hospital in order to address mental health concerns (2 stays)

Most post-stay referrals were made by guests themselves (after 23 stays) and some were referred by someone else (after 11 stays).

B.1.6 Referral and stay: Alcohol and other drug use

Alcohol and non-prescription drug use data is difficult to interpret. Guests were asked if they used either prior to their arrival at PARC. 26.3% said yes.

There was less data available regarding use during guests' stays. Of 119 guests for whom this data is available, 20.2% used alcohol or non-prescription drugs (these data were based on staff observations).

Data were collected at both points for only 117 stays. Of these, for 33 stays (28%), guests reported using alcohol and non-prescription drugs prior to PARC and for only 12 stays (10%) did guests use during their stay. Of the 81 stays (69%) for whom guests reported not using prior PARC, only for 3 stays used (3%) did guests use during their stay.

Table 21 Alcohol and non-prescription drug use prior to referral, PARC stays

	N	%
Yes	78	26.3
No	214	72.1
Prefer not to say	5	1.7
Total	297	100.0

Source: PARC referral and stay data, 2020-2024. Note: Alcohol and non-prescription drug use in one month prior to referral.

Table 22 Alcohol and non-prescription drug use during stay, PARC stays

	N	%
Used	24	20.2
Did not use	95	79.8
Total	119	100.0

Source: PARC referral and stay data, 2020-2024

Table 23 Alcohol and non-prescription drug use prior to and during stay, PARC stays

	Prior n=93 %	During n=24 %	Total n=117 %
Used	69.2	2.6	71.8
Did not use	10.3	17.9	28.3
Total	79.5	20.5	100.0

Source: PARC referral and stay data, 2020-2024. Note: values are percentages of the total number of guests for whom prior and during data is available.

B.1.7 Post stay feedback analysis

Table 2: PARC stay feedback, guests

	Always %	Sometimes %	Rarely %
Felt safe using service (n=60)	93.3	6.7	0.0
Staff were supportive, helpful & respectful (n=60)	98.3	1.7	0.0
Discussed support needs with staff (n=60)	95.0	5.0	0.0
Encouraged & supported to be involved in decisions about self (n=60)	96.7	3.3	0.0
Values, language & cultural needs considered (n=60)	95.0	5.0	0.0
Staff talked about mental health in a way that was helpful (n=59)	83.3	13.3	1.7

Source: PARC Post Stay Feedback, 2022-2024.

Table 24 Quality of PARC support, guests

	Very good %	Good %	Fair %
Information about PARC (n=60)	75.0	25.0	0.0
Support to access other services, groups, supports (n=60)	73.3	16.7	10.0
Peer support at PARC compared to other mental health supports (n=60)	83.3	13.3	3.3

Source: PARC Post Stay Feedback, 2022-2024.

Table 25 Alternate supports to PARC, guests

	n	%
Family or friends	14	23.7
Another service	13	22.0
Emergency services	12	20.3
Hospital	4	6.8
Crisis phone support (e.g. Lifeline)	4	6.8
None	2	3.4
Total	59	100.0

Source: PARC Post Stay Feedback, 2022-2024. Notes: If PARC wasn't available when you were referred, what supports would you have been most likely to access instead? Percentages add to more than 100 as guests could select more than one choice.

Guests were asked, "If PARC wasn't available, what would have been your discharge pathway?" 10 guests provided responses.

- 6 said they would have gone home before they had fully recovered.
- 3 said they would have stayed longer in hospital.
- 1 said they would have gone home and been okay.

Guests were also asked, "Did you feel more ready to return home then if you were to go straight home from hospital?". 9 provided responses. 2 said yes, 4 said no and 3 said they were not sure.

B.1.8 RAS-DS score analysis

The Recovery Assessment Scale – Domains and Stages (RAS-DS) was developed as a measure of mental health recovery that is relevant, meaningful and practically useful to both guests and staff (Hancock et al., 2015).

RAS-DS measures recovery across four recovery domains: "Doing things I value" (functional aspects), "Looking forward" (psychological aspects), "Mastering my illness" (symptom management) and "Connecting and belonging" (social aspects). Users rate items on a four point scale (1 untrue, 2 a bit true, 3 mostly true, 4 completely true). There are 38 items across the 4 domains (Ramesh et al., 2024).

Table 3: RAS-DS scores, mean (n=84)

	Pre-PARC	Post-PARC	Change
Connecting and belonging	20.68	21.70	+1.02
Doing things I value	18.67	19.56	+0.89
Looking forward	50.54	55.20	+4.66
Mastering my illness	18.37	20.01	+1.64
RAS Score	108.25	116.48	+8.23

Source: PARC Matched RAS-DS Scores, 2021-2024.

The percentage changed for each individual guest between their pre-PARC stay RAS score and their post-PARC RAS score ranged from -29.61% to 57.89%. The mean percentage change was an improvement of 5.41%. The median change was an improvement of 3.95%, meaning that half of all guests had RAS scores which improved by 3.95% or more.

Overall, across all stays, changes in RAS scores ranged from -29.61% to 34.54%. The mean percentage was an improvement of 5.41% and the median was 2.96%.