

Transition to Recovery Program (TRec)

Role of Clinical Managers:

- To link, collaborate and support the work of TRec key workers;
- To work on developing recovery, keeping well and relapse prevention plans in consultation with TRec;
- Keep key workers informed about significant changes in treatment such as hospital admissions changes in medications or other potential factors affecting the participant;
- To inform TRec workers about clinical and other risks.

TRec key workers are:

- Committed to the partnership with mental health teams and Clinical Managers;
- Will keep you informed about their work with participants and their families and identified community networks and needs;
- Will strive for and encourage open communication with participants, family members and clinical managers.

Key Interventions useful to clinical managers:

- Proactive and flexible outreach support based on individual Recovery Plans;
- Practical assistance e.g. shopping, medical appointments;
- Raising awareness of recovery to participants and their families and carers;
- Links to peer support networks and support by peer workers;
- Education and support about self-management of symptoms, including strategies to manage anxiety, depression, psychosis;
- Referral to long term support;
- Drug and alcohol recovery strategies, educational interventions and referrals.

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**WODEN
COMMUNITY
SERVICE INC.**

TRANSITION TO RECOVERY PROGRAM (TRec)

INFORMATION FOR CLINICAL MANAGERS



**Step Up Step Down
Intensive Outreach
Support**

Transition to Recovery Program (TRec)

The Transition to Recovery program (TRec) is a Step Up and Step Down intensive community outreach program run by Woden Community Service which aims to:

- Assist participants to transition successfully to the community following an acute episode of mental illness (STEPDOWN); or
- Provide additional support and increase community recovery options for people in the community showing signs of relapse (STEPUP).

Woden Community Service identified the need for a service to support people at times of transition and potential vulnerability and reduce the risk of hospital readmission. Providing support in a person's own community is less traumatic for individuals and aids with the development of longer term community supports.

People are eligible for TRec if they:

- Voluntarily access the program as an active participant;
- Live in the catchment area currently serviced by Mental Health Justice Health and alcohol and drug services;
- Currently have a moderate to severe functional limitation due to a mental health issue;
- Be clinically managed by community mental health teams;
- Be aged within 18 – 64 or have no significant aged related issues;
- Would benefit from additional clinical management and psychosocial support in a community setting.



Defining features:

- 12 week case management: working with a recovery plan;
- Collaboration with clinicians for the 12 week period of the program;
- Intensive outreach support in the community after hours (up to 9pm weekdays and weekends); 6pm to 9pm outreach and phone line access for participants;
- Focusing on the strengths and the areas people have identified in recovery planning; the real and most important needs for each individual;
- Trec workers support the hopes, interests, talents, energies and efforts of individuals in the program. Look for valued roles for participants in their community.

We focus on the strengths and the areas people have identified in recovery planning; the real and most important needs for each individual.

