What can I expect?

- I will partner with a Facilitator in my local area who will help me to co-ordinate my own recovery plan
- Have services focused on the things I want
- Be able to change my integrated care plan
- Have my family, carer or support people involved
- Focus on my well-being

How to connect with us

Partner with a local Support Facilitator and they will facilitate other partners to coordinate and implement an integrated care plan.

The PIR Consortium is made up of representatives from:

NSW Government Health
Western NSW Local Health District

Schizophrenia Fellowship

The Lyndon Community

aftercare
together for social and emotional wellbeing

neami national
Improving Mental Health and Wellbeing

benevolent SOCIETY

marathon health

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PARTNERS IN RECOVERY INITIATIVE

Changing systems to support Recovery

Facilitating better coordination of mental health clinical and support services

Improving referral pathways

Promoting community based Recovery

www.marathonhealth.com.au

What is Partners in Recovery?

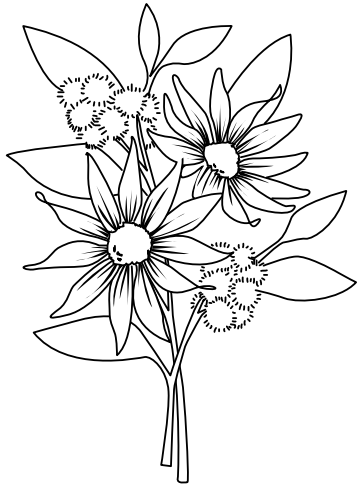
The Partners in Recovery Initiative (PIR) offers coordinated support and flexible funding for people with severe, persistent mental illness and complex needs.

We are **promoting a community based recovery** model to underpin all clinical and community support services to the people who use them.

We are **facilitating better coordination** of clinical and other supports and services to deliver 'wrap-around' care individually tailored to a person's needs.

We are **strengthening partnerships** between care stakeholders.

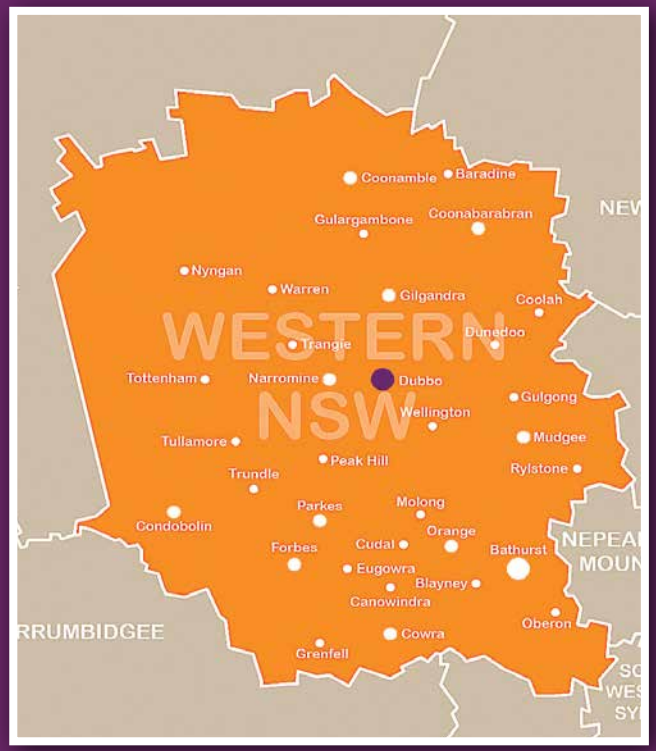
We are **improving referral pathways** and facilitating access to a range of supports and services.



Who makes up the PIR Consortium?

Marathon Health is the lead agency, working with **NEAMI National, Lyndon Community, Aftercare, Western NSW Local Health District, Schizophrenia Fellowship of NSW,** and **The Benevolent Society** in partnership with other providers across the region.

Our Region



Who will PIR help?

Most people who use PIR will be mid-twenties and older, and have severe and persistent mental illness.

This is defined as:

- Experiencing severe and persistent mental illness;
- Complex needs that require services from multiple agencies;
- Requires substantial support to engage and access services;
- No existing coordination plans in place or previous arrangements have failed;
- The person is willing to participate in PIR.