

2003 Rural Conference

Aspire, A Pathway to Mental Health

A Case study in Organisational Change

*Developing effective Health Promotion and
Education programs*

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Tools:

- ◆ ***Agency Heritage***
- ◆ ***Intuitive program development***
- ◆ ***Opportunism***

Background

- ◆ *The original Statement of Purposes (1989) included goals concerning community education and the reduction of stigma*
- ◆ *When funded for service delivery (1995) these goals were relegated into the background as the most important task was to deliver services according to contract*

Focus

To shift thinking to be inclusive of:

◆ *People who have been effected by mental illness*

and

◆ *The community of the south west*

SWOT

Strengths

- ◆ *Aspire is community based, and has strong connections to local community (s)*
- ◆ *Has local management*
- ◆ *Highly flexible*

Weaknesses

- ◆ *PDRS funding framework lacks creativity*
- ◆ *PDRS viewed programmatically as second cousin to treatment services. (Bypassed)*
- ◆ *Lack of research*

Opportunities

- ◆ *Health Promotion is on the national agenda*
- ◆ *Statewide and local (PCP)*
- ◆ *Plethora of funding opportunities*
- ◆ *Coordination of local initiatives*

Threats

- ◆ *Deterioration of 'core' business*
- ◆ *Service spread too thinly, becoming inefficient*
- ◆ *Planning likely to be overwhelmed by responses to short term funding opportunities*

Strategic Directions

- ◆ *Reconstruction of core purposes*
- ◆ *Alignment of core business*
- ◆ *Clear Boundary definition*
- ◆ *Name Change / badging*
- ◆ *Structural Change*
- ◆ *Program opportunities*
- ◆ *Maintenance of core business*
- ◆ *Community 'buy in'*

Strategic Directions

- ◆ ***Reconstruction of core purposes***

- ◆ ***Committee of Management engaged in 'ground' up strategic planning.***

- ◆ ***Redefinition of statement of purpose***

- 'To provide services that promote and enable pathways to mental health and well being'***

Strategic Directions

- ◆ *Alignment of core business*

 - ◆ *Defining rehabilitation*

 - ◆ *Defining Health Promotion*

 - ◆ *...Making connections*

'Making connections with community'

Strategic Directions

- ◆ *Alignment of core business*
 - ◆ *Promotion of non centre based programs*
 - *Decision making issues regarding accommodation*
 - *Definition of drop in*
 - *Conversation about centre based, vs community*

Strategic Directions

- ◆ *Alignment of core business*
 - ◆ *Engagement of participants in Health Promotion activities*
 - ◆ *Development of 'community educator' skills*

Strategic Directions

- ◆ ***Clear Boundary definition***
 - ◆ ***Aspire is not a provider of 'Prevention, Promotion and Early Intervention' per se,***
 - ◆ ***Aspire may engage in 'Health Promotion and Education'***
 - ◆ ***.....In partnership with key providers, such as the Primary Mental Health Team, Primary Care Partnerships etc***

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Strategic Directions

◆ *Name Change / badging*

◆ *Aspire, a Pathway to Mental Health*

Strategic Directions

◆ *Structural Change*

◆ *Creation of a structure within the organization called, 'Health Promotion and Education.'*

Used to be 'Community Development'

Strategic Directions

◆ *Program opportunities*

◆ *In schools program*

◆ *Development of 'community educators.'*

◆ *DARP (MHRI)*

◆ *Oral health program (PCP)*

◆ *Rotary forum partnerships*

◆ *Carer's forums*

◆ *Research projects*

Strategic Directions

- ◆ *Maintenance of core business*
 - ◆ *Strategic planning focus*
 - ◆ *Emphasis on model of rehab*
 - ◆ *Investment in training*
 - ◆ *Staffing support etc*

Strategic Directions

- ◆ ***Community 'buy in'***
 - ◆ ***Sourcing community resources***
 - ◆ ***Partnerships (Community Activities)***
 - ◆ ***Mental Health Week***
 - Portland festival***
 - Neil Cole Play (WTC)***
- ◆ ***Community Awards***

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Obvious Omissions