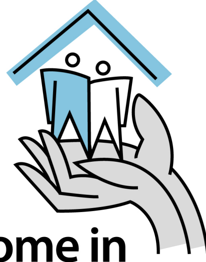

Patron: The Hon Sir William Deane

Home in Queanbeyan Model of Care and Service Outline

October 2007

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Introduction

Home in Queanbeyan (HOME) is a multi-faceted psychosocial rehabilitation and support service which will tailor responses to each client's differing level of need as well as their preferences and aspirations. HOME will just not comprise buildings rather it will provide a suite of evidence-based interventions to stabilise a person's living circumstances so that they can enjoy a safe, active and fulfilling life locally. HOME will help people find and maintain affordable and safe accommodation so they can begin to do all the things they have dreamt of doing. For a small number of people this will mean having tenure in a HOME apartment for differing periods whilst for many others it will mean being supported to live in private or public accommodation in the community.

This document details the model of care and service plan that will be progressively implemented.

Underpinning Model of Care

All HOME's services will be underpinned by a recovery-based model of psychosocial rehabilitation and supported accommodation. The principle and goal of social justice also features. All HOME's services and programs will comply with international, national and state-based standards including for example the National Mental Health Standards and the NSW Disability Standards.

Recovery-based model of psychosocial rehabilitation and supported accommodation

In 1985, the International Association of Psychosocial Rehabilitation Services (IAPRS) published the following definition of psychosocial rehabilitation as:

> *the process of facilitating an individual's restoration to an optimal level of independent functioning in the community … While the nature of the process and the methods used differ in different settings, psychosocial rehabilitation invariably encourages persons to participate actively with others in the attainment of mental health and social competence goals. In many settings, participants are called members. The process emphasises the wholeness and wellness of the individual and seeks a comprehensive approach to the provision of vocational, residential, social/recreational, educational and personal adjustment services.*[1]

HOME will be a multifaceted service which will put this principle into action by providing a range of rehabilitation and support opportunities that are tailored to each client's differing level of need as well as their preferences and aspirations concerning:

- Housing;
- Employment;
- Training;
- Education;
- Health care;
- Recreation and leisure; and
- Community participation.

HOME will be much more than just buildings. Rather it will be a multifaceted recovery-based psychosocial rehabilitation program which will stabilise a person's living circumstances so that they can enjoy a safe, active and fulfilling life locally. HOME will help people to find and maintain stable, affordable and safe accommodation so that they can begin to do all the things they have dreamt of doing. For some this will mean having tenure in a Home in Queanbeyan apartment for differing periods. While for many others it will mean being supported to live in private or public accommodation in the community.

Home in Queanbeyan will also actively implement a recovery-based approach. Like other non-government community mental health support organizations in Australia, HOME will be guided by the VICSERV definition of recovery.

> *In the context of people who experience mental illness, 'recovery' is a process of growth and development. Recovery refers to a way of living a*

[1] Cnaan, R. A. et al. (1988), *Psychosocial Rehabilitation Journal,* 11(4), April, p. 61

satisfying and hopeful life, despite the limitations caused by mental illness and associated stigma. Recovery doesn't necessarily mean cure – the symptoms of mental illness may remain. It reflects a process of the person regaining control of their life by learning to manage the illness and its impacts, rather than being managed by them.[2]

Home in Queanbeyan will stand beside people with severe mental illness wherever they might be along their recovery pathway. For many, involvement with HOME will represent the first opportunity they have had to be supported and assisted to stay engaged with mental health treatment and care. For many, it will also be the first time they have had the opportunity to have access to primary health care as well as specialist health care. For most, engagement with Home in Queanbeyan will be the first time for some time that they have had the support to stay put in housing of their own choice and preference.

The social justice imperative

Home in Queanbeyan is also motivated by the principle and goal of social justice.

What is social justice?

Social justice is what faces you in the morning. It is awakening in a house with adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and understanding of their cultural inheritance. It is the prospect of genuine employment and good health: a life of choices and opportunity, free from discrimination.

Mick Dodson, Annual Report of the Aboriginal and Torres Strait islander Social Justice Commissioner, 1993.

Many people with severe mental illness find themselves among the most socially disadvantaged in our communities. This social disadvantage is reflected in a range of experiences including:

- Disrupted education;
- Lack of employment opportunities;
- Limited income;
- Poverty including relational poverty;
- Limited affordable housing options, stigma and discrimination;
- Broken relationships and very little emotional support;
- Isolation and loneliness;
- Physical and sexual abuse and high levels of trauma;
- Poor nutrition and hunger; and
- Poor physical health including digestive system diseases, heart disease, respiratory illnesses, diabetes, skin conditions and a backlog of dental problems.

As a result of both severe mental illness and poor physical health, increased and frequents periods of hospitalisation occur. Australian evidence clearly shows that

[2] VICSERV (2003), *The Development of the Psychiatric Disability Rehabilitation and Support Services in Victoria 2003,* New Paradigm Press, Melbourne, p. 5

people experiencing homelessness (Endnote 1) are sick and die of preventable and treatable conditions and illnesses (Campbell 2006). This evidence also reveals that homeless Australians are subject to ongoing hunger, weight loss and energy starvation related to malnutrition. Mental illness compounds the daily struggle to acquire, prepare and consume enough food needed to maintain health. Because of the precarious and chaotic nature of living on the streets or in night shelters, this group of people is often the victims of abuse and assault. Maintaining a place to call home in these circumstances becomes extremely difficult if not impossible unless there is significant support coming from somewhere. When alcohol and drug dependency and brain injury is added to the equation, hospitalisation increases as might periods of incarceration in police cells and gaols.

At the time of the last published Census in 2001, there were at least 206 members of the Queanbeyan community who were homeless (Chamberlain & MacKenzie 2002:62). It is thought that at the very least around 55 of these people are well known to service providers and community groups and would be helped significantly by the services to be offered by Home-in-Queanbeyan.

Service Outline

The service plan for Home in Queanbeyan comprises five major components:

Component One: My Turn - Outreach support and psychosocial rehabilitation to Home residents and to people living in private residential settings in the community, tailored and phased according to need;

Component Two: Step-up/step-down/respite modelled on the Victorian PARC model (Prevention and Recovery Centres) – two/three units for up to 2-3 months;

Component Three: Medium term supported accommodation and psychosocial rehabilitation – 11 units for up to 2-3 years;

Component Four: Longer term supported accommodation and psychosocial rehabilitation – 6 units for periods exceeding 3 three years;

Component Five: Resource Hub - Community-based resources and support for recovery and community living.

Each of these service components are outlined in turn.

Service Component One: 'My turn' - Outreach support and psychosocial rehabilitation to Home residents and to people living in private residential settings, tailored and phased according to need

The concept of '*My Turn*' derives from two complementary themes underpinning the local community's vision for HOME. Firstly, it is the turn of local citizens to help and support others to belong and feel at home and secondly, it is each participant's turn to have people offer care and support.

Service Description

Outreach support and psychosocial rehabilitation will be offered to all HOME's residents as well as to people with severe mental illness who are living in private residential settings in the community and who are homeless or at risk of becoming homeless. Each participant will have a key worker to help them develop and implement an Individual Recovery Plan linked to clinical case management where appropriate. The type of support offered will be similar to that currently delivered through a number of existing funding programs including:

- NSW Health HASI Program;
- Australian Government FASCIA Personal Helpers and Mentors Program (PHAMS);
- Australian Government DOHA Day to Day Living Centres.

The description of the PHAMS Program reflects well the aims of *My Turn*:

> *The Personal Helpers and Mentors Program takes a strengths-based, recovery approach to supporting people aged 16 and over who have a severe functional limitation resulting from a severe mental illness. A strengths-based approach focuses on a person's strengths rather than deficits. A recovery approach recognises that a person can live a satisfying and contributing life within the limitations caused by their illness. Recovery does not mean cure.*
>
> *The program focuses on providing assistance to people with a severe mental illness at various stages in their recovery with the support of Personal Helpers and Mentors. Personal Helpers and Mentors will assist people who have a severe functional limitation resulting from a severe mental illness on their recovery journey which may encompass better managing their daily activities and accessing the supports and services they need.(FACSIA, PHAMS Guidelines, 2007:1)*

Target Group - *My Turn* will target people with severe functional limitations resulting from severe mental illness who:

- are homeless or at imminent risk of homelessness; and/or
- have been previously institutionalised; and/or
- have been previously incarcerated; and/or
- have drug or alcohol co-morbidity or other high and complex needs; and
- have a constellation of complex needs that cannot be met by other existing programs and services.

It is anticipated that *My Turn* will be able to have up to 50 active participants at any one time (including the 20 residents of Home).

Outcomes sought - Like the PHAMS Program, *My Turn* will provide increased opportunities for recovery for people who have a severe functional limitation resulting from a severe mental illness, by helping them to overcome social isolation and increasing their connections to the community. *My Turn* will seek the following outcomes for participants:

- Stable and appropriate housing of the person's choice and preference;
- Increased access to appropriate support services at the right time;
- Increased personal capacity and self-reliance; and
- Increased community participation.

The program will be enriched by the services of peer support workers and volunteer mentors and the availability of day-to-day living support both centre-based and outreach-based. Peer support workers will be staff members with lived experience of mental illness who will be trained by Home to work along side other staff and provide complimentary support. Volunteer mentors will be local citizens who will be specifically trained by Home to support participants to extend their social networks and to pursue their goals and interests eg learning to drive, study skills, help with literacy etc.

Services to be provided - *My Turn* will provide high-level disability support for the target group to specifically assist each participant to establish and maintain skills and independence in the community. Support may target: activities of daily living, including domestic chores such as shopping, cooking and cleaning; personal care tasks such as showering and taking medication as prescribed; health care, including identification of general and mental health treatment and rehabilitation needs as well as seeking assistance when required; and income support issues such as the identification of a source of income, the maintenance of budget, and the payment of rent.

Other activities and supports to be undertaken by the service will include:

- advocacy;
- peer support;
- supporting family relationships;
- mediation;
- developing referral processes and managing referrals to other services including to housing support, employment, training and education, drug and alcohol rehabilitation and other mental health and allied health services;
- monitoring and reporting including; monitoring program referrals, monitoring progress against Individual Recovery Plans and reporting to Management and funding bodies.

Importantly, *My Turn* will work with residents of HOME to obtain and maintain their own accommodation in the community.

Referral processes – Both self-referrals and referrals from other services will be accepted. The on-duty intake and assessment officer will act on the referral and organise an interview. A formal assessment process will be undertaken which will include a functional assessment.

Service Requirements

Staffing requirements

Staff of *My Turn* will work across all of the five *Home in Queanbeyan* service components. Positions will include the following.

- Program Coordinator – a senior mental health worker with significant experience in psychosocial rehabilitation who will coordinate all programs operated by Home in Queanbeyan and provide professional leadership and guidance.

- 3 EFT support worker positions – people with experience in psychosocial rehabilitation who will act as key or primary workers for residents and participants of HOME programs. At least two of these workers will have had experience working as mental health clinicians. Arrangements will be made for access to staff outside of business hours both on an onsite and rostered on-call basis. A caretaker will also be available to assist.

- 0.5 EFT Community development and training officer – a person with both mental health service and community development experience who will be responsible for training mentors and volunteers and for involving the community in supporting Home in Queanbeyan programs and initiatives.

Performance measurement and participant outcome measurement

Service Performance – Home's services and programs will operate according to the National Standards for Mental Health Services (1996) and the NSW Disability Services Standards. The service will develop and maintain data management and record systems consistent with service delivery and with overall program delivery. In relation to My Turn, Home will monitor:

- Number of participants;
- Participant-based activities and supports;
- Volunteers and mentors trained and deployed;
- Community development-based activities;
- Linkage with other services;
- Home residents acquiring independent private accommodation;
- Other measures as required by contractual arrangements and Service Standards.

Home will also attempt to monitor the following:

- Reduced use of hospital-based emergency service by participants;
- Reduced hospitalization in acute psychiatric inpatient facilities by participants;
- Reduced hospitalisation in extended care psychiatric facilities by participants;
- Reduced police and other criminal justice intervention in the lives of participants.

Outcome Measurement - The positive outcomes being predicted for participants and residents of Home in Queanbeyan programs include:

- Stabilisation of a person's immediate housing situation;
- Improvement in their immediate level of mental health and wellbeing;
- Improvement in physical health;
- Increased engagement with clinical mental health case-management and follow-up;
- Improvement in personal and social functioning;
- Increase in community participation including social networks, recreation, leisure, training, education, employment, volunteering etc;
- Obtaining or returning to own accommodation;
- Reconnection with family, friends and community; and
- Transition and progression to own independent accommodation in the community.

Outcomes for residents and participants will be measured using the following instruments.

BASIS-32 - The 32-item *Behaviour and Symptom Identification Scale*, or BASIS-32, is a brief self-reporting measure for use by consumers of mental health services. The 32 items are grouped into five domains, (relation to self and others, daily living and role functioning, depression and anxiety, impulsive and addictive behaviour and psychosis).

CANSAS - The *Camberwell Assessment of Need – Short Appraisal Schedule* or CANSAS is a one-page instrument for the comprehensive assessment of the needs of people with severe mental health problems. It covers possible difficulties in 22 domains over the last month. The measure can be completed from a user and/or staff perspective. Though no formal training is required to complete the measure, Home will ensure staff are trained to use the measure.

Personal Wellbeing Indicator – Adult (PWI-A) – This quality of life measurement was developed in Australia, and contains eight items of satisfaction, each one corresponding to a quality of life domain as: standard of living, health, achieving in life, relationships, safety, community-connectedness, future security, and spirituality/religion. [3]

The measures will be offered at three stages:

- when a person first enters the program;
- where a review of an Individual Program Plan occurs eg every 3 or 6 months; and
- as part of the closure process when a person leaves the service.

Resident and participant change, or outcome, will be determined by comparing successive ratings. Outcome measurement data need to be interpreted with caution, as the change in health status, functioning or quality of life may not, or only partially, be attributable to the service provided by Home. As with the administration of any personal and private information data collection tool, Home will ensure that standard procedures regarding the seeking and giving of informed consent and adhering to appropriate confidentiality and privacy protocols are established and followed. Home will also assist residents to understand:

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[3] International Wellbeing Group (2006). Personal Wellbeing Index. Melbourne: Australian Centre on Quality of Life, Deakin University (http://www.deakin.edu.au/research/acqol/instruments/wellbeing_index.htm.)

- the nature of the information being sought;
- the purpose of this data;
- how the data will be used;
- procedures for ensuring the security of the data and for ensuring privacy and confidentiality;
- their rights; and
- procedures for complaints and grievances and access to advocacy.

Key inter-service links and partnerships

HOME will work in partnership with NSW Health, NSW Housing, NSW Department of Community Services, NSW Department of Disability and Aged Care, FACSIA, DOHA and with local service providers irrespective of their funding base or size.

Indigenous Australians comprise at least 2.6% of the Queanbeyan residents. Given a deep respect and support for the rights and aspirations of Indigenous Australians, HOME commits to working alongside the local indigenous people.

HOME will also seek to meet the needs of 11% of local people of non-English speaking backgrounds including people from China, India, Philippines, India, Pacific Islands, Macedonia, Serbia, Croatia, Greece, Italy etc.

Service Component Two: Step-up/step-down Service

Service Description

Step up/step-down respite services are a new type of supported residential service for people experiencing a significant mental health problem but who do not need or no longer require a hospital admission. This concept, the Prevention and Recovery Centre (PARC) was developed by the Victorian Department of Human Services (DHS) to divert vulnerable consumers from hospitalisation ("Step Up") and provide support following discharge to promote recovery ("Step Down").

In the continuum of care, this service will sit between adult acute psychiatric inpatient care (ie Chisholm Ross), a client's usual place of residence and/or an extended inpatient unit (ie ECU Kenmore). HOME's step-up/step-down service will aim to assist in averting acute inpatient admissions and facilitating earlier discharge from inpatient units. The service will not be a substitute for an inpatient admission, rather it will collaborate with the local clinical mental health teams (eg Queanbeyan, Cooma, Goulburn and the ACT) and provide short-term intensive residential support.

The Step-up/Step-down Service will be aimed at people who:

- are eligible for adult area mental health services;
- no longer require acute inpatient level clinical intervention and treatment but would benefit from short-term, intensive treatment and support in a residential setting post-discharge from an acute inpatient admission;
- are living in the community and require short-term residential support with intensive clinical treatment and intervention to prevent risk of further deterioration or relapse, which in the absence of this option may lead to admission to an acute mental health in-patient unit.

Periods of respite will also be available for people with mental illness requiring a holiday, receiving out of area medical treatment locally or in Canberra or when families require respite.

HOME's step-up/step-down service is modelled on the Shepparton service in rural Victoria which has been operating for over three years and was featured in the Mental Health Council of Australia's Smart Services Report (2006). Operating within PARC's rehabilitation model, staff from HOME will work with participants to prepare them for independent living, focusing on areas of life such as self-care, education about their illness and how to promote wellbeing, employment, housing, education and social interaction. Participants will also be linked into local day programs to promote recovery, socialisation, and connectedness to the community. The participants will be supported to participate in recreational and other activities with a view to improving employment opportunities and contributing to the independence of participants.

As well as residential support, participants will be assisted to develop "resilience and protective factors which could avert a crisis, prevent illness relapse and promote recovery". Where appropriate, ongoing support on an outreach basis will be provided when the person leaves. This support might be through a HASI package, a PHAMS program or otherwise through Home's My Turn program.

It is proposed that similarly to the Shepparton model that the GSAHS Mental Health Services will be responsible for providing clinical assessment and support for all of Home's Step-up/Step-down participants. Responsibilities of GSAHS will include:

- initial clinical assessment of participants referred to Home;
- short-term clinical case management (8-12 weeks) before referring on to an appropriate service in the person's usual area of residence;
- supporting participants to manage their medication, crisis response, discharge planning, and management after discharge.
- assisting with issues such as coordinating care, contact with family and state trustees;
- assignment of a GSAHS psychiatrist to oversee assessment and treatment plans; and
- ensuring access to specialist mental health staff 24 hours a day, 7 days a week.

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Those participating in HOME's Step-Up/Step-down Service will be expected to:

- keep units clean and tidy;
- accept mental health clinical case management;
- be present for clinical review twice daily;
- inform office when arriving / leaving premises (this applies to visitors as well);
- work with Home staff to develop an Individual Recovery Plan (IRP);
- participate in their IRP; and
- fulfil other 'expectations' depending on the individual situation.

Within those expectations, an individualised service will be provided along with a well articulated set of values based on mutual respect and honesty. This will ensure that the service avoids creating an institutionalised environment where staff 'enforce the rules'. Participants will be encouraged to access the day programs run both through HOME and other local agencies.

Supporting Evidence

Step-up/step-down programs have been shown to contribute to reducing the need for hospitalization as well as promoting recovery by providing a transitional pathway following hospitalization. The Mental Health Council of Australia described the strength of this service model:

> *Staff from MIFV and GVAMHS say that a major strength of the scheme has been key lessons from operating the partnership, including the importance of:*
>
> - *having a shared vision at the top level;*
> - *developing relationships between clinical and NGO staff at every level;*
> - *spending time developing the model;*
> - *the commitment of those involved;*
> - *mechanisms to identify and address issues and problems as they arise; and*
> - *having safeguards in place, such as a memorandum of understanding, to enable the program to manage staff turnover.*

As trust and understanding have developed, it has been possible to suspend many of the joint policies deemed no longer necessary and at the time of our interviews, only six such policies were still in place.

The MHCA's report also noted that the model appears to be effective in keeping people out of hospital. For example*:*

- *of 216 step-down participants, only 45 have returned to hospital (21%)*
- *of 106 step-up participants, only 25 have stepped up to hospital (24%).*

Consumer and carer satisfaction with the service is also reported to be high (MHCA 2006:20).

Service requirements

Memorandum of Understanding between GSAHSMHS and Home

A formal agreement between the GSAHS Mental Health Services and Home will be required. The agreement will ensure clear delineation of roles and responsibilities: contain clear protocols: and address medico-legal issues in relation to the dispensing and monitoring of medication and other aspects of clinical management. The MOU will specify access to specialist mental health staff 24 hours, 7 days a week. The MOU will detail the availability of GSAHS clinical staff who will be available on-site, on an intensive 'in-reach' basis or through a combination of both to provide assessment, treatment planning and active specialist mental health care. The MOU will also specify protocols, which ensure prompt and seamless access to inpatient care when required.

Administration of medication will be the responsibility of the individual consumer or clinical staff attending the service in accordance with legal requirements. PDRSS staff will not have direct responsibility for dispensing of medications. Local policies and procedures will be developed for the safe storage and administering of prescribed medications.

To maximise continuity of care it is expected that GSAHS case managers will maintain involvement with consumers for the duration of the resident's stay in the step-up/step-down service.

It is anticipated that the average length of stay will range from between 7-14 days, to 28 days with a maximum length of stay of 2 months. Where a resident's condition deteriorates, or where it becomes clear over time that the resident requires more intensive monitoring or treatment support, arrangements will be made with GSAHS for transfer to an inpatient facility.

Key inter-service links and partnerships

The Step-up/step down service will be integrated into the broader service system and community networks. Consultation and partnership with services in the primary care sector will be established. 'In-reach' from or outward connection with other primary care and community sector services into the service will be developed and will include collaboration with local services providers eg PRA, PHAMS, HASI, St Benedicts, Nurturing Womanhood etc.

Staffing model

Staff of the Step-up/Step-down service will comprise both those with clinical training and those staff with experience and expertise in psychosocial rehabilitation and support in a community setting. As with other HOME programs, each resident will have a key or primary worker. Each resident will have the opportunity to participate in structured therapeutic programs. These programs will be designed to help achieve improved outcomes consistent with the key service tasks. Further to the therapeutic programs, provision will need to be made for clinical contact by relevant GSAHS staff.

The service will promote the development of healthy sleeping patterns and address lifestyle issues that may contribute to consumers' sleep disturbance. After hours, residents will have access to HOME staff either on an on-site basis or rostered on-call basis. A caretaker will also be on-site to assist after hours. Access to 24-hour clinical in-reach from GSAHS will be available. GSAHS will ensure that intensive clinical intervention and treatment involving a minimum of two separate contacts per consumer, per day be provided by the clinical service.

Catering and meals

Food is a key component of social interaction and group communication. The preparation and provision of food can be a critical feature in creating and maintaining a domestic atmosphere. In keeping with the domestic feel of the service, the following are of key importance in the provision of food and meals:

- flexibility/availability of food, hot and cold drinks and reasonable access to food preparation facilities outside of meal times
- a variety of nutritious foods.

Each resident will be able to make their own meals within their apartment or will be able to join with other residents in shared meals. Additionally, Home will provide a cooked lunch everyday which residents can choose to attend.

Service performance indicators and outcome measurement

Home's Step-Up/Step down service will operate according to the National Standards for Mental Health Services (1996) and the NSW Disability Services Standards. The service will develop and maintain data management and record systems consistent with service delivery and with overall program delivery. The specialist clinical component of service delivery provided to by GSAHS will be recorded by GSAHS and where necessary summarizing information will be retained by the Step-up/Step-down service . The service will monitor:

- Separations
- Length of stay
- Occupancy rate; and
- Other measures as required by contractual arrangements and Service Standards.

Outcomes for residents will be measured and monitored using the three measures outlined above – BASIS-32, CANSAS, PWI-A.

Service Component Three: Medium term supported accommodation and psychosocial rehabilitation

Service Description

Eleven of Home's independent and self-contained units will be for people whose level of illness and impairment is assessed to require ongoing individualised support for up to two or three years. Service criteria will include:

- Serious mental illness with a high level of impairment;
- Current or previous homelessness or being at imminent risk of homelessness;
- Level of need assessed by Home, GSAHS MHS or a different referring agency to be greater than existing psychosocial rehabilitation and support programs can meet on an outreach basis;
- Assessed as being able to resume independent living in the community following a period of stabilised accommodation and intensive support;
- Willingness to engage with local clinical mental health services and primary health care as required; and
- Willingness to participate in an Individual Recovery Planning process.

The emphasis will be on stabilising the housing circumstances assisting participants to develop the skills, confidence and community connectedness they need to obtain and maintain their own accommodation in the community. A psychosocial support and recovery-based model comprising the following will be offered to participants:

- Stable, affordable, high-quality independent and self-contained accommodation – supported housing;
- Independent living but with professional support on-hand;
- Assistance and support to obtain and maintain their income (currently many local people with severe and disabling mental illness fall-out of Centrelink; many are getting breached and are without income, food and the daily necessities of life);
- Psychosocial rehabilitation - support with daily living skills – diet and nutrition, cooking, personal and self care, organisation and planning, shopping, banking, bill payment, communication, relationships etc;
- Psychosocial education – understanding their illness, symptoms, effects, how best managed and what works best individually, self help strategies, warning signs, how to prevent relapse;
- Support to access clinical services and psychological therapies – including clinical case management, psychological therapies suited to each individual etc;
- Support to establish a sound working relationship with a GP to ensure physical health is maintained (many have poor physical health including undiagnosed and untreated illness);
- Support to engage with the local Mental Health Team and if necessary, the Drug and Alcohol Team, support to stay engaged with treatment including clinical case management and clinical follow-up and support to access psychological therapies suited to each individual eg cognitive behaviour therapy, anxiety management, depression management, living with voices and psychosis training, recovery and support groups;
- Assistance with planning for the future and with achieving goals and aspirations – accommodation of own preference, training or study, learning to drive, buying a care, employment, volunteering, housing of choice/preference, relationships and friendships, recreation, hobbies, saving etc;

- Support to ‘get back into life’ eg friendships, relationships, recreation, leisure, sport, hobbies, holidays etc;
- Communal living opportunities eg shared meals, company and friendship of other participants.

This support will proceed via and according to an Individual Recovery Plan which will be reviewed on a six monthly basis with participants. Each participant will have their own Support Worker being an employee of Home who is experienced in psychosocial rehabilitation practice, as well as a peer support worker or volunteer community mentor.

Supporting Evidence

The uniqueness of the Home-In-Queanbeyan model lies in the high and complex needs of the target group as well as proposing a permanent home affording independent and private living in a communal and supported environment. Recent findings emerging from the National Evaluation of the SAAP Program in Australia suggest that some groups of homeless people including those with severe mental illness may need longer term supportive housing if their situations are to stabilise and if there are to be improvements in their social functioning. St Vincent’s Mental Health Services Melbourne and Craze discussed the SAAP Evaluation’s finding that homeless people who have more complex needs disproportionately use crisis and short-term support services and may be less likely to achieve independent housing. The researchers suggest:

> *Equally, it is plausible that programs focused on longer-term support and medium-term housing are more likely to assist people to achieve independent housing (2005:19).*

Locally, there is significant anecdotal evidence to suggest that a number of people with severe mental illness with high and complex care needs do require medium to longer term and intensive support if they are to avoid homelessness or to avoid living in make-shift arrangements under bridges or is disused railway buildings for example. It is likely that some will require both longer-term support and longer-term housing, an option that does not currently exist in the south-east region of NSW.

Service Requirements

Staffing model

The staffing model for the Medium-term Supported Accommodation and Rehabilitation Service will comprise both staff with clinical training and staff with experience and expertise in psychosocial rehabilitation and support in a community setting.

Resident requirements

All residents will be required to develop with assistance from a Home Key Worker an Independent Recovery Plan which includes a plan for progressing toward obtaining and transitioning to independent accommodation in the community.

Service responsibilities

Home support workers (End note 1), peer support workers or volunteer community mentors will work with residents to develop individually tailored recovery care planning and implementation, which may involve the following:

- support with daily living and practical assistance;
- medium-short-term accommodation;
- group activities and therapies;
- day to day support, supervision and monitoring;
- access to specialist mental health treatment, care and clinical case-management;
- access to group and individual services including linkage with supports that can be sustained by the person on leaving Home;
- access to existing psychosocial rehabilitation and support programs provided by other services;
- timely, intensive bio-psycho-social intervention and support that:
    - maximises the resilience and protective factors which could avert or resolve a crisis, prevent illness relapse and promote recovery;
    - minimises the vulnerability and risk factors, which can contribute to crisis escalation, illness relapse or prevent a return to a suitable living environment
    - fosters independent living and social skills, enabling the obtaining and maintaining of private residency;
- Supporting residents to work towards engaging and maintaining consumers' links with natural supports and maximizing their participation in community life and achieving their aspirations (eg study, training, work etc).

Meals

As with residents of the Step-up/Step-down service, residents will be able to prepare their own meals in their apartments or join with other residents in preparing shared meals.

Medication

All residents will be responsible for managing their medication with support from a clinical case manager or GP. Home Support Workers will also provide support but will not administer medication.

Service Performance Indicators and Resident Outcome Measurement

Service Performance

Home's Medium-Term Supported Accommodation and Rehabilitation Service will operate according to the National Standards for Mental Health Services (1996) and the NSW Disability Services Standards. The service will monitor:

- Tenure and separations
- Length of stay
- Occupancy rate;
- Transition to own accommodation;
- Service linkage;
- Service brokerage;
- Engagement with clinical mental health services and primary care; and

- Other measures as required by contractual arrangements and Service Standards.

Outcomes for residents will be measured and monitored using the three measures outlined above – BASIS-32, CANSAS, PWI-A.

Service Component Four: Longer term supported accommodation and psychosocial rehabilitation – 6 units for periods exceeding 3 three years

Service Description

Home-In-Queanbeyan proposes to provide tailored support services for those whose mental health care and psychosocial support needs are so complex that they cannot be adequately addressed by existing services and programs. A permanent home until it is no longer needed will be provided for up to five people who are assessed as requiring longer term supported accommodation if they are to break the cycle between serious relapse, homelessness, law breaking, incarceration and institutionalisation.

All of the psychosocial rehabilitation and support services listed above will be provided to this group. Every attempt will be made to assist these longer term participants to obtain private accommodation of their own choosing and preference.

Supporting Evidence

Local health, housing and community service providers in Queanbeyan are all aware of and familiar with, a small number of people whose level of severity of mental illness and the resulting level of impairment and functional limitation results in them being expelled from existing services and then either getting into trouble with the law or becoming homeless. There is consensus locally that this small group of people will require intensive psychosocial support and supported accommodation for a longer period, possibly in excess of three years. Currently this group of people with roots in the local are in a number of locations namely:

- Patients of the GSAHS MHS Extended Care Unit at Kenmore;
- In gaol;
- Moving between different night shelters in Sydney;
- Roughing it eg local parks, under bridges, squatting illegally in disused buildings or structures.

Service Requirements

As with all other Home participants and residents, this group will each have a key or primary worker who will assist them to develop an Individual Recovery Plan. Service performance and resident outcomes will be measured monitored in the same way as the Medium Term Supported Accommodation and Psychosocial Rehabilitation Service.

Service Component Five: Resource Hub - Community-based resources and support for recovery and community living

Home in Queanbeyan is a vision shared by an increasing number of people locally and across the ACT. Most people sharing the vision have skills, resources and expertise they wish to contribute in order to help participants to recover and increasingly attain their goals and assume their place in the community. Over time, different programs will be set in place to harness and utilise this rich base of extensive community support and may include:

- Training and deployment of volunteers and mentors;
- Sponsorship and support of specific activities or specialised programs eg holiday programs, sporting teams, music groups (eg like the Choir of Hard Knocks), financial budgeting counselling etc;
- Building and maintenance fund;
- The establishment of a social firm hub to open up training and employment options for Home participants and for other people living with mental illness in local communities etc; and
- Mental health information, prevention, promotion and support initiatives eg Open Door, Mental Health First Aid courses and other mental health training and education courses.

Initially, a part-time Community development and training officer will be appointed to train mentors and volunteers, conduct Mental Health First Aid courses, coordinate and run Open Door and to seek and obtain community involvement in Home's programs and initiatives.

Home In Queanbeyan Staffing Requirements

This section outlines staffing requirements to cover Components 2, 3 and 4 of HOME's Model of Care and Service Outline. It is envisaged that HOME will begin operating within these areas with the possibility of expansion to include Components 1 and 5 at an appropriate time. Staffing levels with be continually looked at and changed accordingly.

Manager

A senior mental health worker with significant experience in psychosocial rehabilitation who will coordinate all programs operated by Home in Queanbeyan and provide professional leadership and guidance. The manager will have experience with both the mental health service and community development. They will be responsible for training mentors and volunteers and for involving the community in supporting HOME programs and initiatives. The manager, with volunteer support, will provide administrative, financial and office support services to HOME programs

4 EFT psychosocial rehabilitation and/or support worker positions

People with experience in psychosocial rehabilitation who will act as key or primary workers for residents and participants of Home programs. At least one of these workers will have had experience working as a mental health clinician.

It is anticipated that initially one worker will cover the weekend shift and two workers will cover the night shifts – 3 nights on/4 nights off, 4 nights on/3 nights off.

Volunteers and In-kind staffing

A team of community volunteers and in-kind staffing (community service clubs) will assist with providing support and assistance to HOME.

It is envisaged that the annual human resource budget to cover the three components will be approximately $350,000-$400,000.

Endnotes

1. Definitions of Homelessness

MacKenzie and Chamberlain 2003

Homelessness is usually defined as not having a house to live in. But, it is also about having little or no safety or security. A homeless person may have no shelter at all or a shelter that compromises their health or safety.

- currently living on the street
- living in crisis or refuge accommodation
- living in temporary arrangements without security, e.g. moving between the residences of friends or relatives, living in squats, caravans or dwellings, or living in boarding houses
- living in unsafe family circumstances, e.g. where child abuse or domestic violence is a threat or has occurred
- living on a very low income and facing costly expenses or a personal crisis.

Definition of Homelessness (Cwlth Supported Accommodation Assistance Program Act 1994)

A person who does not have access to safe, secure and adequate housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access:

- Damages, or is likely to damage, their health; or
- Threatens their safety; or
- Marginalises them through failing to provide access to adequate personal amenities; or the economic and social supports that a home normally affords; or
- Places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or
- Has no security of tenure-that is, they have no legal right to continued occupation of their home;
- A person is also considered homeless if he or she is living in accommodation provided by a SAAP agency or some other form of emergency accommodation.

References

Assistance Program (SAAP IV) Final Report: A report to the SAAP National Coordination and Development Committee, Department of Family and Community Services, Canberra

Ernst & Young (1996) *Commonwealth/State Disability Agreement Evaluation: The Linkages Study, Supporting Paper 3,* Australian Government Printing Service, Canberra.

Australian Government Department of Health & Ageing 2005, *Homelessness and Mental Health Linkages: A Review of Nation and International Literature,* Prepared by St Vincent's Mental Health Services (Melbourne) & Craze Lateral Solutions, Australian Government, Canberra.

Campbell, D (2006), 'Homelessness: It's enough to make you sick! Keeping Health on the Homelessness Agenda' *Parity,* March, pp. 39-40.

Carr, V, Neil, A, Halpin, S & Holmes, S (2002), *Costs of Psychosis in Urban Australia,* National Survey of Mental Health & Wellbeing Bulletin 2, Commonwealth Department of Health & Ageing, Canberra.

Chamberlain, C. and MacKenzie, D. (2003). *Counting the Homeless 2001,* Australian Bureau of Statistics, Cat. No. 2050, Canberra.

Cnaan, R. A. et al. (1988), *Psychosocial Rehabilitation Journal,* 11(4), April, p. 61

Craig, T and Timms, P. (1995). 'Homelessness and schizophrenia', in S. Hirsch and D. Culhane, D.P, Metraux, S & Hadley, T (2001), *The Impact of Supportive Housing for HomelessPeople with Severe Mental illness on the Utilisation of the Public Health,* Corrections and Emergency Shelter Systems, Fannie May Foundation, Philadelphia www.fanniemaefoundation.org

Davidson, L., Hoge, M., Godleski, L., Rakfeldt, J., and Griffi th, E. (1996). 'Hospital or community living? Examining consumer perspectives on deinstitutionalisation', *Psychiatric RehabilitationJournal,* vol.19, no.3, pp.49-58.

Erebus Consulting Partners. (2004). *National Evaluation of Supported Accommodation*Freeman, A., Malone, J. and Hunt, G. (2004). 'A state-wide survey of high-support services for people with chronic mental illness: assessment of needs for care, level of functioning and satisfaction, *Australian and New Zealand Journal of Psychiatry,* vol.38, pp.811-818.

Haggerty, R (2005), *Ending Homelessness in South Australia,* Department of Premier & Cabinet,Adelaide. www.thinkers.sa.gov.au

Herrman, H. and Neil, C. (1996). 'Homelessness and mental health: lessons from Australia', in. D. Bhugra, (ed.), *Homelessness and Mental Health,* Cambridge University Press, London, pp.244-264.

International Wellbeing Group (2006). Personal Wellbeing Index. Melbourne: Australian Centre on Quality of Life, Deakin University

(http://www.deakin.edu.au/research/acqol/instruments/wellbeing_index.htm.)

Judd, B., Kavanagh, K., Morris, A. and Naidoo, Y. (2004). *Housing Options and Independent Living:Sustainable Outcomes for Older People who are Homeless,* AHURI.

Lipmann, B (2006). 'A home until stumps: How policy changes over the past twenty years affected the elderly homeless', *Parity,* March, 8-10.
Martinez, T.E, & Burt, R (2006), 'Impact of permanent supportive housing on the use of acute care health services by homeless adults', *Psychiatric Services,* 57:992-999, July.

Mental Health Council of Australia (2006), *Smart Services*, MHCA, Canberra

Rog, D. (2004). 'The evidence on supported housing', *Psychiatric Rehabilitation Journal,* vol.27. Pp.334-344.

Schutt, R.K. and Goldfi nger, S.M. (1996). 'Housing preferences and perceptions of health and functioning among homeless mentally ill persons', *Psychiatric Services* vol.47, no.4, pp.381-386.

Scott, J. (1993). 'Homelessness and mental illness', *British Journal of Psychiatry* vol.162, pp.314-324.

Tacchi, M.J. and Scott, J. (1996). 'Characteristics of homeless women living in London hostels', *Psychiatric Services* vol.47, no.2, pp.196-198.

Tsemberis, S. and Eisenberg, R.F. (2000). 'Pathways housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities', *Psychiatric Services,* vol. 51, no.4, pp.487-493.

Weinberger, *Schizophrenia,* Blackwell Scientifi c, Oxford, pp.664-684.
Willis, M. (2004). *Ex-prisoner, SAAP, Housing and Homelessness in Australia: Final Report to the National SAAP Coordination and Development Committee,* Department of Family and Community services, Canberra.

Wykes, T. and Carson, J. (1996). 'Psychosocial factors in schizophrenia: implications for rehabilitation and community care', *Current Opinion in Psychiatry* vol.9, pp.68-72.

VICSERV (2003), *The Development of the Psychiatric Disability Rehabilitation and Support Services in Victoria 2003,* New Paradigm Press, Melbourne, p. 5

Yano, P., Barrow, S. and Tsemberis, S. (2004). 'Community Integration in the early phase of housing among homeless persons diagnosed with severe mental illness: successes and challenges', *Community Mental Health Journal,* vol. 40, no. 2, pp.133-150.