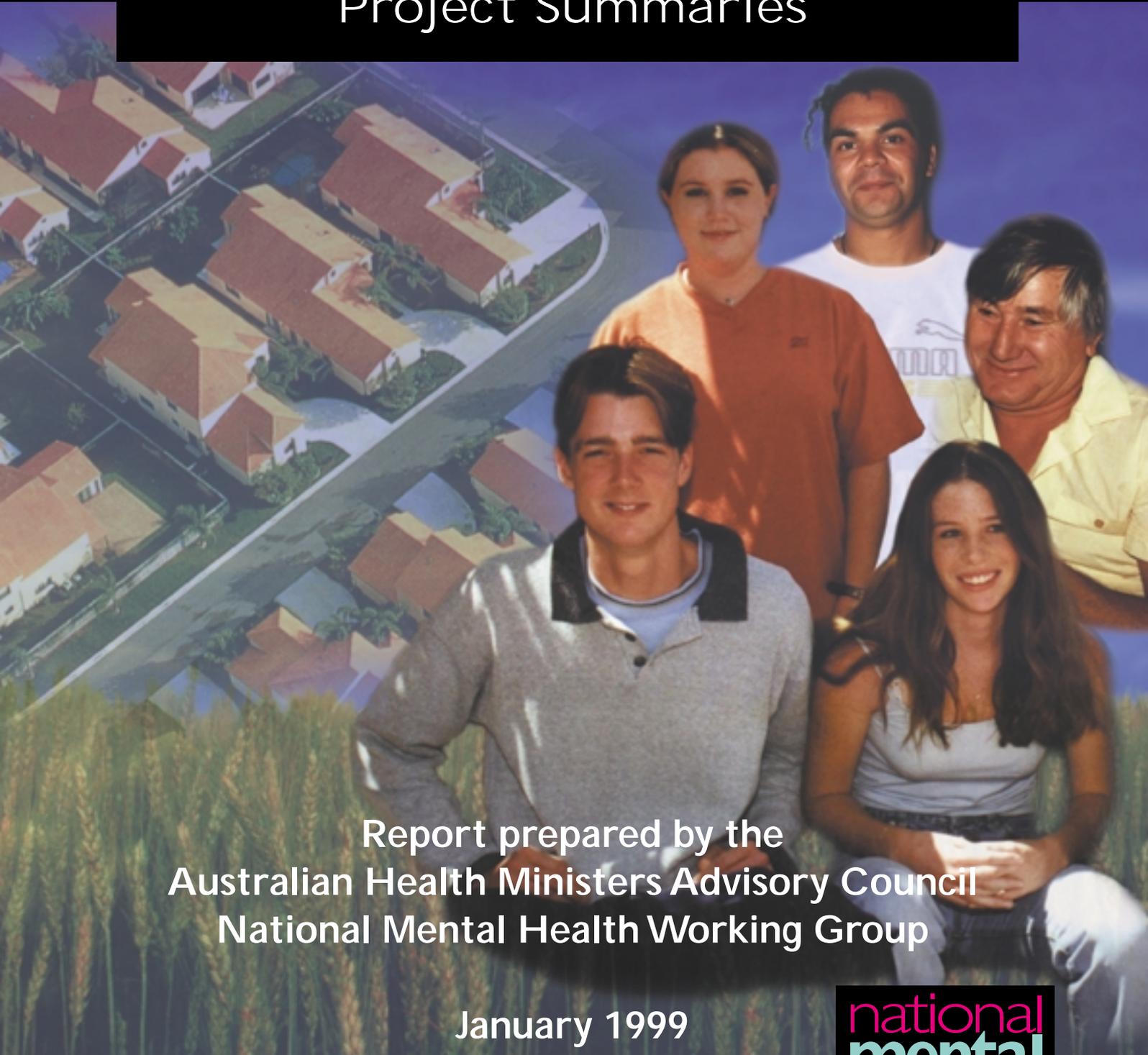




# Innovative Grants Program: Project Summaries



Report prepared by the  
Australian Health Ministers Advisory Council  
National Mental Health Working Group

January 1999

**national  
mental  
health  
strategy**

# **Innovative Grants Program: Project Summaries**

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Australian Health Ministers Advisory Council's  
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Grant Reports are available from listed Project Officers.

Additional copies of this report are available free of charge and can be obtained from:

Mental Health Branch

Commonwealth Department of Health and Aged Care

GPO Box 9848

Canberra ACT 2601.

Facsimile: 02 6289 8788

Website: <http://www.health.gov.au/hsdd/mentalhe>

Suggested Reference: Innovative Grants Program, Project Summaries, Mental Health Branch, Commonwealth Department of Health and Aged Care, January 1999.

# Foreword

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This report is a summary of the projects funded under the Innovative Grants Program. The Program was established in 1992 to support community-based reform activities under the National Mental Health Strategy. The Program was established under the auspice of the Australian Health Ministers Advisory Council's (AHMAC) National Mental Health Working Group. After reviewing applications, the Working Group made recommendations to the then Commonwealth Minister of Human Services and Health regarding projects for funding. A broad range of projects were funded covering a variety of issues related to the delivery of community-based services to people with mental illness and their carers.

A report was prepared on each project which describes the project methodology and outcomes, and includes recommendations for future project work. To broadly disseminate the outcomes of the various projects, the Commonwealth Mental Health Branch has worked in conjunction with the project officers to prepare this summary report of the Innovative Grants Program. The project reports, and this summary report, will be distributed throughout the community and made available on both the Internet and in libraries throughout Australia. In addition, contact details are provided for the project officers who may be contacted directly for further information.

## **Aim of the Program**

The Innovative Grants Program was established to develop and evaluate innovative service delivery models with a community focus, to improve the integration of existing community services and to address gaps in service delivery. The projects aimed to develop models of service delivery suitable for implementation in other areas, and to involve a broad range of community stakeholders including people with mental illness and their carers.

The Program focused on the community sector and issues for people with mental illness. The projects addressed issues related to empowering people with a mental illness, improving their social and life skills, and the interaction of community members in programs involving people with mental illness.

The projects involved a variety of stakeholders including community based service providers, people with mental illness, consumer advocates and carers, and other health sector services. Many of the projects also addressed programs coordinated by other government agencies for example income, housing and social security. The projects under the Innovative Grant Program covered the full range of issues relevant to meeting the health and service needs of people with a mental illness in the community.

## Process

Under the Program, 38 projects were funded totalling \$5.5 million. The projects were funded in two separate rounds.

Advertisements were placed in national newspapers seeking expressions-of-interest for research projects. Following review of the applications by the AHMAC National Mental Health Working Group, the then Commonwealth Minister of Human Services and Health endorsed funding for seventeen projects in the first round. Twenty-one projects were funded in the second round.

### Applications were assessed on the basis of seven criteria:

1. National significance;
2. Methodological soundness;
3. Adequacy of proposed evaluation;
4. Community focus;
5. Dissemination of results;
6. Expected outcomes; and
7. Overall evaluation.

These criteria reflect the objectives of the National Mental Health Strategy and, in particular, the focus on innovative service delivery.

The projects appointed officers to coordinate and manage the research activities including consultation with community stakeholders.

Progressive reports were provided throughout the period of the funding and were reviewed by the Commonwealth Mental Health Branch.

Of the 38 projects funded, 35 were completed. Three projects were discontinued in the early stages due to changes in the scope of the project activities and changes to project staffing. All 35 projects produced a final report which included detailed recommendations about future project work. Some projects produced additional

materials such as a board-game, posters, pamphlets, newsletters, guidelines for service delivery, and training programs and manuals.

One of the projects funded under the Program was the organisation of an award ceremony to publicly acknowledge service quality and excellence in mental health services. The ceremony has been funded in subsequent years and is titled the Mental Health Services Conference Australia and New Zealand. Throughout this report, details are included about the services/individuals who received achievement awards for the years 1995-1998 inclusive.

## Diversity of projects covered

The projects included the development, implementation and evaluation of a variety of innovative service models. The projects covered a broad range of topics:

- integrated models of mental health care;
- training for Indigenous advocacy and for Indigenous health care workers;
- supporting families of parents with a mental illness;
- providing accommodation for people with mental illness and people who are homeless;
- dual disability, namely alcohol and drug use;
- empowering people with a mental illness through the Arts, peer counselling, improved knowledge of consumer rights, development of management and treatment protocols, and consumer participation in mental health guardian services;
- accessing mental health services in rural and remote areas;
- community involvement in support programs for people with a mental illness;
- increasing access to mental health services for people from culturally diverse backgrounds and refugees; and
- supporting mentally ill offenders released from prisons and hospitals.

Generally, most projects recruited only a small number of participants which reflects the local, community-based nature of the projects.

The project activities encompassed people across the age range and included people with high support needs and people who were socially disadvantaged. A number of projects focussed on the role of the family and issues for children and adolescents of parents with a mental illness.

## Outcomes

As reported above, final reports were prepared for all completed projects. The final reports include a detailed description about the project methodology and present a number of recommendations about extending the project activities and incorporating the outcomes into broader processes.

In summary the main achievements of the projects were:

- empowering consumers to understand and exercise their rights;
- developing broader support networks for carers;
- providing training for consumer advocates and mental health workers;
- redirecting the focus of service delivery to the needs of families;
- heightening awareness of the issues for children and adolescents with mental health needs;
- evaluating innovative service structure models for national application;
- trialing innovative strategies for service delivery;
- exploring options for service outcome measurement;
- facilitating access to services for refugees and people from culturally diverse backgrounds;
- assessing service need, usage and outcome from the perspective of the consumer;
- developing flexible treatment programs and advocacy services;
- expanding community networks and cooperation between agencies;
- strengthening the interaction of allied health and mental health workers;
- providing for the special needs of Indigenous people with mental illness;
- establishing local mental health support groups;
- identifying gaps in service delivery;
- supporting the provision of long-term secure and flexible housing;
- improving the symptomatology of participants; and
- in some instances, extending existing services.

## Dissemination of reports

A summary has been prepared from each of the final reports in consultation with the project officers. The summaries have been collated into this report and will be distributed to all participating

services and staff, State and Territory Departments, and other interested parties. The summary report will also be available from State libraries and the Commonwealth Mental Health Branch's Internet site:

<http://www.health.gov.au/hsdd/mentalhe>.

Details are provided at the end of each summary for the project officers. These officers can be contacted directly with any query about the project or for copies of the project report.

The Innovative Grant Program was established to run over a two-year period. Many of the projects experienced difficulties in finalising activities within this time frame due to delays in the recruitment of project participants and the complexity of project management. For example some projects experienced delays in developing and implementing project plans and employing project officers. In some instances projects experienced changes to staffing which impacted on the direction of the project activities. There were also delays in the evaluation process and in writing progressive reports. As stated above three projects were discontinued because the project activities did not assist in service reform. Further details about these issues are included in the project summaries.

This report includes a summary of each of the research projects finalised under the Program. The project summaries are presented under the following headings:

- Families;
- Transcultural;
- Rural Areas and Remote Communities;
- Advocacy and Community Support;
- Treatment for Dual Disability;
- Consumer Empowerment;
- Tenants and Accommodation; and
- Support and Training Networks.

## **Future Directions**

As stated above, the project reports are available for dissemination. The reports provide useful information which can be widely distributed and utilised in the community. There are a number of strategies discussed in the project summaries which may be further developed. There is scope to build upon the important lessons of this research program.

Many of the initiatives developed in the Program have informed the directions of the Second National Mental Health Plan. The Second Plan has identified three themes for further reform covering promotion and prevention, partnerships in service change, and quality of service delivery. Many of the outcomes and issues explored by the projects under the Innovative Grants Program provide information relevant to the work under the Second Plan.

The services, their staff and the project officers are congratulated for their work over the last few years on this important initiative.

Australian Health Ministers Advisory Council's  
National Mental Health Working Group  
January 1999

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# THEMHS Awards

THE MENTAL HEALTH SERVICES CONFERENCE OF AUSTRALIA AND NEW ZEALAND

## LIST OF THEMHS AWARDS FOR 1998

**Category:** PRINT MEDIA

**Award:** DENISE ELIZABETH RYAN, THE AGE NEWSPAPER

**Description:** Ms Ryan wrote a feature article on schizophrenia headlined 'All the Lonely People' which was published in The Age on Tuesday June 23, 1998. The article profiled Ms Sandy Jeffs, an award winning poet who suffers from schizophrenia, while also providing factual information on schizophrenia as an illness and its treatment. The article showed sensitivity and a desire to accurately portray a person with the disorder.

**Category:** BROADCAST MEDIA

**Award:** TRIPLE J NATIONAL YOUTH NETWORK, ABC RADIO

**Description:** "Reach Out" was a youth suicide awareness and fund raising campaign held on Triple J Radio over 14-21 July 1997. The core information about youth suicide was contained in a comprehensive five part documentary series exploring issues ranging from warning signs, feeling vulnerable, effects of the mass media, coping with the loss of a loved one, and prevention strategies. In addition, 1-2 minute information drops were run featuring advice from celebrities and young people on warning signs and how to help a suicidal friend. The week culminated in a Radiothon that raised \$200,000 for a youth suicide prevention Website.

**Category I:** COMPREHENSIVE CATCHMENT AREA SERVICE

(Overall excellence of service provision within the constraints of the resources available)

**Award Gold:** ST VINCENT'S HOSPITAL AND COMMUNITY PSYCHIATRIC SERVICE, VICTORIA

**Description:** The Service is committed to establishing a climate of continuous improvement for consumers with serious mental illness including a high percentage of people with non-English speaking backgrounds, Kooris and itinerant people. Major changes included the development of a new service model and organisational structure reflective of state and national policies.

**Award Silver:** SUNSHINE COAST AND GYMPIE DISTRICTS MENTAL HEALTH SERVICE  
INTEGRATED MENTAL HEALTH PROGRAM, QUEENSLAND

**Description:** The Service made the transition from one of the least funded in Australia to a leader in implementing the National Standards for Mental Health Services in a very short period of time. The Service is active with community agencies in pre-vocational and vocational programs. The Service provides 24-hour assessment and crisis response and support in community and hospital settings.

**Award Bronze:** CAULFIELD AGED PSYCHIATRY SERVICE  
CAULFIELD GENERAL MEDICAL CENTRE, VICTORIA

**Description:** The Centre is a psychiatric outreach service for the elderly of Inner South East Melbourne. Programs within the service include a Memory Disorders Clinic, a consultant liaison service, a transcultural program, family therapy service, and a mobile clinic. The service also ran a highly successful project entitled "The Behaviour Support Team" for patients who had dementia, were living in nursing homes or hostels, and who had behavioural disturbance.

**Category 2: SPECIALIST SERVICE OR INNOVATIVE PART OF A LARGER SERVICE**

(Any area of service excluding the categories below).

**Award Gold:** PSYCHIATRIC EMERGENCY TEAM, HEALTH DEPARTMENT OF  
WESTERN AUSTRALIA

**Description:** The service provides a focal point for people seeking information on entry to available services and on all aspects of mental health care and the Mental Health Act. It has a major training role for Authorised Mental Health Practitioners (including setting standards), primary care workers, consumers, police and the staff of other agencies. The team developed expertise in crisis intervention, the management of aggression, emergency assessments and assisting the Police Negotiations Unit.

**Award Silver:** MENTAL HEALTH PROGRAM - HOUSING AND SUPPORT SERVICE  
INNER SOUTH COMMUNITY HEALTH SERVICE, VICTORIA

**Description:** The Program provided long term secure and affordable housing, client-focused support, and community integration to people with long term mental illness. The unique service was staffed by a multi-disciplinary team able to provide case management and housing support to 50 clients.

**Award Bronze:** MOTHER BABY PROGRAM, MONASH MEDICAL CENTRE, VICTORIA

**Description:** The Program specialised in the care of severely mentally ill mothers and their infants within a specialised inpatient service. The multidisciplinary team formulated individualised bio-psycho-social management plans to meet the needs of the mother; the infant, the mother/infant interaction, the partner; and the extended family. The service offered the ideal environment of a stand-alone service within a psychiatry service attached to an obstetric hospital.

**Category 3: REHABILITATION SERVICES**

(Including vocational and residential services)

**Award Gold:** REHABILITATION SERVICES, INTEGRATED MENTAL HEALTH SERVICES, QUEENSLAND

**Description:** Girrebala 'awakening' is a creative and innovative program that was established in the Gold Coast District. Consumers, carers and rehabilitation staff worked closely together to develop a comprehensive range of services so that consumers could lead a satisfying and meaningful life in the community. Many initiatives in the area of the arts, drama, and writing were carried out to raise the profile of mental health and to promote the talents and abilities of consumers. Girrebala made a significant contribution to the field of mental health in the area of rehabilitation.

**Award Silver:** LANDMARK MENTAL HEALTH PROJECT, BOYSTOWN LINK UP, QUEENSLAND

**Description:** Landmark aimed to provide a better quality of life for young people with a mental illness, in particular those aged 17-25 years who were homeless or living in an unsuitable environment. The young person was supported to find accommodation and to live independently. The support workers employed also had a mental illness and so become role models for the young people.

**Award Bronze:** INNER WEST MOBILE SUPPORT AND TREATMENT TEAM  
INNER WEST AREA MENTAL HEALTH SERVICE, VICTORIA

**Description:** The Team devised a comprehensive model of community based treatment, support and rehabilitation for people with severe psychiatric disabilities, aimed at promoting stability, safety and growth for the client, their carers and the local community. The service model aims to provide an extremely positive and supportive environment, with flexible case management while assisting clients to meet significant long term goals associated with improved mental health and enhanced quality of life.

**Category 4: CHILD AND ADOLESCENT SERVICES**

**Award Gold:** REDCLIFFE-CABOOLTURE CHILD AND YOUTH MENTAL HEALTH SERVICE  
REDCLIFFE-CABOOLTURE DISTRICT MENTAL HEALTH SERVICE, QUEENSLAND

**Description:** RCCYMHS was a community based mental health program for children, young people and their families suffering from, or at risk of, serious emotional disturbance. It was an extended hours service, available 365 days a year and up to 9.00pm at night. It was mobile, providing immediate crisis response and intervention as well as case management and an assertive outreach program forming partnerships with a number of community agencies.

**Award Silver:** MAROONDAH CHILD AND ADOLESCENT MENTAL HEALTH SERVICE  
MAROONDAH HOSPITAL, VICTORIA

**Description:** Between 1995-1998, the Service applied the model of the "learning organisation" and generated an energising vision of learning in partnership with the community. The model helped drive change through a new management structure, developing a learning culture, and establishing a clinical research unit. Accessible services were provided by localised community-based teams.

**Award Bronze:** YOUNG PEOPLE & EARLY PSYCHOSIS INTERVENTION PROGRAM  
YOUNG PEOPLE & EARLY PSYCHOSIS INTERVENTION CENTRE,  
GOSFORD, NEW SOUTH WALES

**Description:** The YPPI Program managed the YPPI House, a residential service which offered support and accommodation to young people (16-25 years) with emerging or newly established major mental illness of less than two years duration. It also provided a specialist employment service for the vocational needs of people with a mental illness.

**Category 5: PREVENTION, HEALTH PROMOTION OR HEALTH EDUCATION SERVICE OR PROJECT**

**Award Gold:** YOUTH MENTAL HEALTH PROMOTION PROJECT  
HEALTH DEPARTMENT OF WESTERN AUSTRALIA

**Description:** YMAG (Youth Mental Health Magazine) is the culmination of a project designed to develop and market a product with wide appeal to young people aged 15-19 years including information, images and personal stories about mental illness and life issues. It was designed for use by teachers in senior high schools in the English and Health Education curriculum, through the participation of university and TAFE media.

**Award Silver:** THE PARENTS' PROJECT  
MAROONDAH HOSPITAL AREA MENTAL HEALTH SERVICE, VICTORIA

**Description:** This innovative consumer-driven project developed strategies to provide support to parents who have a mental illness. Through dynamic collaboration with consumers and service providers, the project implemented a number of initiatives including three highly successful support groups for parents, and training packages for mental and non-mental health workers.

**Award Bronze:** DUMPING DEPRESSION CAMPAIGN  
CENTRAL COAST AREA HEALTH SERVICE, GOSFORD, NEW SOUTH WALES

**Description:** Dumping Depression was a health promotion project designed to enhance resilience to depression in 15-18 year olds. The project involved strategies such as using young designers to create resource material, establishing a Youth Advisory Group, and advertising material for parents on shopper dockets.

**Category 6: BEST CONSUMER INVOLVEMENT SERVICE OR PROJECT**

(Consumer controlled or consumer/provider partnership activities, involving carers)

**Award Gold:** THE DEEP DIALOGUE PROJECT, THE VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL IN PARTNERSHIP WITH NORTH WESTERN HEALTH NETWORK, VICTORIA

**Description:** The Project involved a small group of politically experienced consumers who met weekly for ten weeks with a small group of staff. The process offered support for the group of 'trained' staff to re-enter their places of work with greater insight as well as new skills to act as 'culture carriers' disseminating the gains they had made from the learning experience to other staff and management.

**Award Silver:** SCHIZOPHRENIA FELLOWSHIP EDUCATION GROUP  
SCHIZOPHRENIA FELLOWSHIP OF SOUTH AUSTRALIA

**Description:** The Group undertook a wide range of different educational activities including speaking engagements, using the print media, radio and television to disseminate information, developing information packages and brochures in different languages, and participating in workshops for the training of police and ambulance officers.

**Award Bronze:** ROZELLE HOSPITAL CONSUMER CONSULTANTS, ROZELLE HOSPITAL,  
NEW SOUTH WALES

**Description:** The Consumer Consultants are a group of people, with a mental illness, employed part time by the hospital to provide support and advocacy to patients. The Consultants worked as role models for others, giving hope that they, too, can become well. The Consultants worked to ensure that information about consumer rights was made available to patients.

**Category 7: INDIVIDUAL OR TEAM AWARD FOR AN  
OUTSTANDING CONTRIBUTION TO THEORY,  
EDUCATION OR PRACTICE**

(Recognition of people who have made an important contribution to the development of better services)

**Award Gold:** COMMUNITY RECREATION, EDUCATION ACCESS, TRAINING &  
EMPLOYMENT TEAM  
RYDE COMMUNITY MENTAL HEALTH SERVICE, VICTORIA

**Description:** The CREATE Team, a multi-disciplinary rehabilitation service, redefined itself during the development of the Vocational Training Support Program (Cornucopia) to ensure that all consumer needs were addressed. The team worked to develop partnerships with other organisations, and to provide opportunities in the areas of work, recreation, leisure education and training. The CREATE team evolved from a small rehabilitation team of mental health professionals to a much more broadly skilled group from a range of backgrounds, including education, health promotion and vocational training.

**Award Silver:** REHABILITATION AND THERAPY PROGRAMS FOR MENTAL HEALTH CLIENTS  
BELVEDERE MENTAL HEALTH RESOURCE AND THERAPY CENTRE,  
NEW SOUTH WALES

**Description:** The Centre provides an integrative, client-oriented service to mental health clients. The Centre welcomes the support of students on-placement, carers and friends, volunteers and the local university. Two major projects were initiated: the "Acting Up" theatre group and the 'Writers Group'. These programs were fun, innovative and highly successful.

## **Project 12019: Group Intervention Strategies for School Age Children who have a Parent with a Mental Illness**

**Aims:** This project was undertaken by the Wentworth Area Health Service (\$87,340). The project aimed to prevent psychosocial disorder in children of parents with mental illness and to promote mental health in families affected by mental illness.

**Description:** Between 1994 and 1996 the Wentworth Area Mental Health Service trialed an intervention which aimed to prevent psychosocial disorder in children of parents with mental illness.

The resulting program, IMPACT (*Interventions to help Mentally ill Parents And their Children stay Together*) was established. It is a model for mental health promotion for families living with a parent with a mental illness.

Over a 12-month period, mentally ill parents and their partners and children attended group sessions which were facilitated by health professionals who were specially trained in issues relating to families and mental health. Parents and children attended alternate groups. The group sessions were based on five central themes: psychotherapy, psycho education, social skills, personal empowerment, and parenting education.

The program was evaluated on a number of qualitative and quantitative indices, including the Child Behaviour Checklist. Other psychometric instruments were used to evaluate the program and to identify aspects of individual and family functioning that enhance coping and to determine the implications of parental mental illness across generations.

**Outcomes:** The report states that very positive trends were observed in the pilot program and that further work should be undertaken in the area of psychosocial disorder in children of parents with mental illness.

Feedback from group facilitators, medical professionals and participants involved in the program, also indicated positive benefits across a wide range of outcome indicators. Improvements to family communication

and relationships were commonly cited. Participants said that they felt better about themselves, and their families were more optimistic about the future and felt more adequately equipped as individuals and as families to cope with adversity.

Despite a lack of statistical evidence, the children in the study appeared to make substantial improvements with respect to their pre-existing psychosocial problems. It was also demonstrated that improved service delivery and a family oriented approach to parental health had a positive effect on both children and families.

The report recommends that in the implementation of a program such as this, consideration should be given to child protection and family advocacy issues, mental health promotion and interagency collaboration.

## Contact Details:

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Wentworth Area Health Service

PO Box 94

PENRITH NSW 2751

## **Project 24033: What are the best forms of intervention for children who have a parent with a mental illness?**

**Aims:** This project was undertaken by the Alliance for Children and their Mentally ill Parents (\$254,300). The project was established to coordinate and extend current and developing initiatives for children of parents with a mental illness and identify key elements in successful programs.

**Description:** This national project titled C.H.A.M.P.S (*Children And their Mentally ill Parents*) was primarily funded to trial a range of programs for children whose parents had a serious mental illness. Little work had previously been accomplished in this area and the following key areas of concern were identified:

- this group of children fell between adult and childrens services and were often overlooked;
- historically adult psychiatry services had little involvement with the dependent children of their adult clients (or may not even know of their existence);
- child welfare workers were unused to working with the seriously mentally ill parent; and
- there was no known systematic approach to developing services for children of mentally ill parents in any State.

The specific objectives of C.H.A.M.P.S were to:

- pilot a number of initiatives that built on the work of the Alliance for Children and their Mentally ill Parents;
- evaluate these programs;
- develop specialised programs for workers involved with children of mentally ill parents; and
- disseminate the results of the project Australia-wide.

## Outcomes:

In the early stages of the project an interim report titled *Hidden Children-Families Caught Between Two Systems* was produced which identified the needs of children and parents, and included the reflections of adult offspring of mentally ill parents and current interventions worldwide. The *Hidden Children* report and feedback led to the selection of a number of interventions that were trialed. The outcomes resulted in a systems change and a focus on increasing children's competency levels.

Under the project, the Working Together research initiative was undertaken to develop a "best practice standard" for service provision for service users and practitioners for adult clients and their dependent children. This included collaboration between mental health professionals and child welfare professionals with the purpose of breaking down territorial barriers between agencies and to clarify worker roles.

A *Staff Training Package for Adult Mental Health Workers* was developed to raise awareness of the issues of children of parents with a mental illness. It also aimed to encourage mental health professionals to be confident and proactive in providing support for their adult clients as parents, and of all family members including children. Additional State government funding assisted with the production of two informative videos, one for workers and the other for children and their parents.

A *Peer Support Intervention Scheme* trialed three discreet programs involving 24 families and 29 children. These programs provided an opportunity for children to be together, share their experiences and develop coping strategies. The evaluation report identified that the Scheme demonstrated an extremely positive qualitative effect on both children and parents. The Scheme's design and evaluation have been produced to encourage duplication of the peer support model across Australia.

A range of additional activities has been undertaken to ensure that the results of the project have been disseminated across Australia. Visits to NSW, WA, Qld, and the ACT have occurred. In 1996 the project conducted a conference with the Early Psychosis Centre in Melbourne and representatives from all States attended. In addition, 400 copies of the *Hidden Children* report have been distributed around Australia.

During the pilot project, the major issues of addressing the specific needs of children, developing best practice at an interagency level and the training for adult mental health workers were successfully completed. Reports and manuals were developed and made available. The project recommends that ongoing work and encouragement at a national level is required to continue this important initiative.

## Contact Details:

**For further information regarding this project please contact:**

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PERTH WA 6000

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## Project I 2040: Families Together Program

**Aims:** This project was undertaken by the Benevolent Society of New South Wales (\$233,558). The aim of the pilot project was to prevent or lessen the negative effects of a parent's psychiatric disorder on their infant's development.

**Description:** The idea for this program grew out of the Benevolent Society's Early Intervention Program which found that families with children 0-3 years

of age or antenatally, need support with parenting where a parent has a long-term psychiatric diagnosis, for example, schizophrenia or bipolar disorder.

Until the inception of the Families Together Program there were no comprehensive community-based services in New South Wales for parents with a long-term psychiatric disorder who have an infant or who are pregnant. Many of the parents in the Families Together Program would have been institutionalised only a generation ago and their children placed in long term care. These families comprise a high-risk group in terms of the parents' welfare and protection of their infants and they are often disadvantaged because of their difficulties in using conventional community resources. It is believed that parents in these families want to do the best for their children but may find it difficult to balance the demands of parenting with the impact of a psychiatric disorder.

The Families Together Program offered home based support during pregnancy, birth and early parenting. Family Workers in the program advocated for families with government agencies and helped access community resources when appropriate. As well, the Program worked with parents to facilitate adequate support of their children's development.

### **Outcomes:**

The results from evaluating 19 families who were involved in the Program indicated that this is a vulnerable group of families. The Family Stress Checklist showed that 79% of the families were at moderate to high risk of abusing or neglecting their infants. Although 9 of these families were known to the NSW Department of Community Services prior to referral to the Program, there were only 3 notifications during the life of the Program. Outstanding evidence of the perceived usefulness of the Program was demonstrated by the fact that only 16 appointments out of a total of 1,169 were *not* kept by families in the 2 years of operation.

In the evaluation of this Program, it was found that parents felt more supported and confident after 12 months participation in the Program. From clinical observations it seemed that this may be related to improved bonding between parents and their infants.

This Program is at the forefront of responding to recent changes in philosophies and attitudes in mental health and child welfare. It demonstrated that specialised home based family support services such

as the Families Together Program can improve the experiences of parents and children in families where parenting is complicated by a long term psychiatric disorder:

Recommendations from the Families Together Program included that:

- the special needs of children under 3 years is acknowledged in families where a parent has a psychiatric diagnosis by providing specialist support;
- all professionals working with parents with a psychiatric diagnosis and young children need to be trained to understand the special issues for the parent and child; and
- interagency liaison is given highest priority in work with the client group to increase collaboration and bring a focus to the needs of children in families where multiple agencies are involved.

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PADDINGTON NSW 2021

# Transcultural

## **Project I4003: Transcultural Psychiatric Service Project**

**Aims:** This project was undertaken by the Dandenong Hospital, Victoria and Monash University (\$175,856). The Transcultural Psychiatric Service Project aimed to facilitate access to psychiatric services for non-English speaking Asian communities and promote early recognition and intervention of psychiatric disorders among the communities.

**Description:** The Transcultural Psychiatric Service Project reviewed a model of mental health service delivery designed to address the needs of non-English speaking Asian communities, targeted at Indo-Chinese, Indian and Sri Lankan communities residing in the municipalities of Springvale and Dandenong, Victoria.

The project team used several strategies to improve awareness of psychiatric disorders in the target communities, including “radio talks” on ethnic radio stations, meetings with high school counsellors, and the production of brochures about psychiatric disorders. A major strategy involved understanding the target population’s cultural “model of illness” which reportedly affects the way patients communicate, both verbally and non-verbally, with clinicians and can lead to under-utilisation of mainstream psychiatric services. Other factors reviewed which might contribute to the under-utilisation of state psychiatric services by non-English speaking Asian communities were:

- lack of awareness of mainstream services;
- unfamiliarity with Western systems of health care;
- stigma associated with mental illness; and
- denial of mental illness.

To improve liaison between psychiatric services and the target communities, seminars were organised with a wide range of welfare and

ethnic organisations. The seminars discussed strategies for the detection and referral of common psychiatric disorders including making the referral process familiar and simple and encouraging the treatment of patients in the community, where possible. General practitioners used by the target population, who were mostly bilingual and of different ethnic backgrounds, assisted in identifying patients in the target population.

To facilitate early detection of post-natal disorders, a liaison network was established with infant welfare sisters and midwives. This network assisted in detecting and referring post-natal psychiatric disorders in non-English Asian patients. Most patients were treated in the community and management goals included increasing the patient's social support network as a large number were socially isolated, being unable to face the stigma of being unmarried mothers.

## **Outcomes:**

The Transcultural Psychiatric Service Project explored the attitudes of Asian communities towards mental illness. The Project identified that a major impediment to providing an effective psychiatric service to the Asian population is their tendency to under-utilise mainstream psychiatric services, partly due to lack of awareness of psychiatric disorders and to the stigma of mental illness. The Project identified the importance of incorporating strategies for community education and community development into strategies used to improve utilisation of psychiatric services. It also identified that community education campaigns targeting Asian communities should involve ethnic associations which work closely with the non-English speaking Asian population. The Project also highlights the value of including transcultural teams as part of hospital-based community treatment services, comprising bilingual doctors, psychiatric nurses, and social workers.

More general to the provision of clinical services, the Project identified several factors conducive to good therapeutic engagement with non-English speaking populations:

- At the first assessment, more emphasis should be placed on the physical examination and detailed history taking should be taken on successive visits (patients who have experienced excessively

controlling regimes are initially suspicious of interviewers who ask questions about their personal life).

- Supportive or cognitive psychotherapy is acceptable to Asian communities when provided together with other treatment modalities, such as occupational therapy (a psychiatric disorder is often viewed as being due to spirits or black magic and Indo-Chinese patients tend to expect little gain from psychotherapy alone).

Other factors were found to have a facilitating effect:

- being male and being of advanced years (confers a degree of authority);
- holding educational qualifications (held in high regard in Asian culture);
- being recommended by others in the Asian community (confers credibility);
- gift-giving (giving of something tangible to the patient at the beginning of therapy, for example “the giving of hope” or assistance in finding suitable accommodation);
- eliciting the patient’s cultural “model of illness”;
- establishing rapport with the family (in Asian communities, patient compliance often depends on the attitude of the family to the treatment); and
- clearly explaining the time lag between the need for medication and symptom improvement (influenced by their experiences with indigenous and folk healers, Asian patients expect rapid results and drop-out of therapy at an early stage because of a lack of perceived benefit).

**Contact Details:**

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## **Project 18013: A community based program aimed at reducing mental disorders amongst refugees in Western Australia**

**Aims:** This project was undertaken by the Association for Services to Torture and Trauma Survivors (\$262,500). The aim of the project was to pilot a community-based model of primary prevention in refugee communities identified as being at risk of developing severe mental illness in the early period of resettlement.

**Description:** The objectives of the project were intended to “reduce risk and reduce impact” for the refugee groups by:

- reducing settlement stress;
- identifying mental health problems early in their development; and
- facilitating the development of community networks and seeking to integrate isolated members of the community into these networks.

The project linked two community workers with 2-4 recently arrived refugee groups to assist them in recognising and dealing with possible factors which placed them at risk for the development of mental disorders following their settlement experiences. Target groups from former Yugoslavia and from the Horn of Africa (Somalia, Eritrea and Ethiopia) were selected from fourteen refugee groups considered to be at risk of episodes of mental illness. The two community workers became involved with the refugees by initially being available at the “on-arrival” accommodation, at social events and official functions and through the assistance of government workers and spiritual and community representatives.

A range of issues which impacted on the mental health of refugees were identified. The issues were grouped into three categories: settlement; recovery from trauma; and community development. Strategies were developed to address the issues.

By liaising with other services, and acting as an advocate for the refugees, community workers assisted the refugees to secure basic needs such as housing, employment and training, financial assistance and language training. Workers monitored the refugees for mental health problems such as post traumatic stress disorder, and where appropriate linked refugees with service providers and counselling services.

Community development was a major task for the community workers. Community education with the groups and the formation of community networks assisted in establishing supportive links between isolated refugees and the community. Examples of community building activities cited in the report were: the Ethiopian men's employment project, the African Mother's Union, a Tenant Participation Project and a Retreat for newly arrived refugee women and their families.

### Outcomes:

As the project progressed, factors influencing the wellbeing of torture and trauma survivors became evident. The project highlighted the importance of community workers meeting newly arrived people as soon as possible to acknowledge their torture and trauma experiences, assist in settlement by introducing them to small groups of like ethnic or members of the host society, and to form networks with relevant service providers.

Further outcomes as a result of the project were the:

- development of the Early Intervention Program and the provision of case coordination for torture and trauma survivors;
- arrangement of retreats with other groups in a safe environment where experiences were expressed and shared in a locality most suited to the particular group of survivors;
- implementation of a General Practitioner Liaison Project raising the awareness of local doctors of issues of concern to survivors of torture and trauma and an increase in the number of available counsellors for refugees;
- provision of dental care, looking at damage, disease and decay including the incidence of deliberate torture to the head and neck. Refugees were screened through the University of Western Australia's School of Oral Health Services and the East Perth Public Health Unit Dental project;
- appointment of a psychiatrist from the Mental Health Division of the University of Western Australia to assess refugees at risk of mental health problems, and to assist in training health professionals about the specific needs of torture and trauma survivors;
- appointment of a culturally appropriate spiritual leader to support the healing processes of newly arrived refugees;



The project comprised a Steering Committee, project manager, project coordinator and four workers from Cambodian, Chinese, Polish and Vietnamese backgrounds. Four communities were selected to address the aims and objectives of the project.

The workers took on roles of cultural consultants, community educators and advocate/support workers. These workers worked closely with mental health service providers to ensure that mainstream services and workers developed and implemented appropriate programs and treatment plans reflective of individuals, families and carers involved in the project.

A total of ninety-three (93) people (people with a mental illness and their carers) participated in the project. The participants were primarily refugees of low socio-economic background. Many of the participants also had a rural background, and were illiterate in English and their own language.

**Outcomes:** The service model that emerged through the project was a model of partnership between three separate and discrete systems; cultural experts, mainstream mental health, and non-English speaking background individuals and communities.

A number of elements characterised a change towards greater access and quality of service for members of non-English speaking background communities:

- management commitment;
- development of working agreements;
- effective communication;
- policy development;
- participation in service planning and delivery;
- development of culturally relevant programs;
- training and education; and
- commitment to a key liaison person.

The project is now incorporated under the South Australian Incorporations Act (1895) as the Multicultural Mental Health Access Program.

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Multicultural Mental Health

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Access Program

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# THEMHS Awards

THE MENTAL HEALTH SERVICES CONFERENCE OF AUSTRALIA AND NEW ZEALAND

## LIST OF THEMHS AWARDS FOR 1997

### **Category I: COMPREHENSIVE CATCHMENT AREA SERVICE**

(Overall excellence of service provision within the constraints of the resources available)

**Award Gold:** ROCKINGHAM KWINANA PSYCHIATRIC SERVICE, LIVING SKILLS CENTRE  
COMMUNITY MENTAL HEALTH SERVICES, ROCKINGHAM AND  
KWINANA, WESTERN AUSTRALIA

**Description:** The Service is based upon a model of seamless, coordinated service provision that ensures continuity of care for clients in inpatient care or community care settings. Secure and open facilities were provided, as well as an acute day programme. Strong links were developed with primary care services and an independent consumer and carers support group was established.

**Award Silver:** VALLEY INTEGRATED ADULT MENTAL HEALTH SERVICE  
ROYAL BRISBANE HOSPITAL, QUEENSLAND

**Description:** The Service has a strong community basis and embraces the Primary Health Care philosophy. The Service developed a strong research base in the development of outcome research. The Service also employed a consumer evaluator to work with the Service.

**Award Bronze:** COMMUNITY BASED COMPREHENSIVE PSYCHIATRIC SERVICES  
WARRNAMBOOL AND DISTRICT BASE HOSPITAL PSYCHIATRIC SERVICES  
DIVISION, VICTORIA

**Description:** Following mainstreaming in 1992, the Hospital redeveloped psychiatric service provision in South Western Victoria from an institutional model of care, to a comprehensive community based model of integrated mental health care. The 250-bed institution was closed and specialised multidisciplinary community based teams were located in geographical centres. The Service focuses on early detection and intervention and implemented ongoing education and skills development for all staff.

**Category 2: SPECIALIST SERVICE OR INNOVATIVE PART OF A LARGER SERVICE**

(Any area of service excluding the categories below)

**Award Gold:** MENTAL HEALTH SERVICES, AUCKLAND HEALTH CARE, NEW ZEALAND

**Description:** Te PUAU Ora (a Maori Community Support Work Service) was established to support Maori people with an ongoing psychiatric illness who live in the community. The Service is staffed entirely by Maori and only accepts Maori clients. The model of care sets its philosophical base on traditional concepts to assist clients and their whanau (families) to lead wholesome quality lives and includes home economics, cooking, personal hygiene, housing education, recreation and leisure, communication, independence and empowerment, advocacy and negotiation. Strong links are made with other services and organisations.

**Award Silver:** WARATAH AREA HOMELESS OUTREACH PSYCHIATRIC SERVICE  
INNER WEST AREA MENTAL HEALTH SERVICE, ROYAL MELBOURNE HOSPITAL, VICTORIA

**Description:** WAHOPS focuses on homeless people living on the streets, under bridges, in parks and squats, and those who use the inner city emergency night shelters. Innovative strategies of engagement and a culturally appropriate model of service delivery were employed to deliver clinical treatment services to homeless people.

**Award Bronze:** OUT DOOR INC, GETAWAYS PLANNED RESPITE SERVICE, VICTORIA

**Description:** Getaways provided five-day holidays, in locations ranging from the beach to the mountains, for people with psychiatric disabilities and their carers. The participants were involved in the planning and preparation of their vacation and were encouraged to take part in a range of activities.

**Category 3: REHABILITATION SERVICES**

(Including vocational and residential services)

**Award Gold:** PSYCHO-SOCIAL REHABILITATION PROGRAMS, PRAHRAN, VICTORIA

**Description:** Psycho-Social Rehabilitation Programs were developed in direct response to consumer need and service gaps in the community. The Programs were actively used to further knowledge in the field and

focussed on professionalism and technical competence, a commitment to evidence based practice and a scientific approach to program development and evaluation together with a philosophy and humanity, compassion and hope.

**Award Silver:** TRANSITIONS SUPPORTED EMPLOYMENT, NORTH SHORE CITY, NEW ZEALAND

**Description:** Transitions Supported Employment is a supported employment service, responsive to the needs of people who experience a psychiatric illness. It covers training, education, job search, personal development, placement and retention. The service which emphasises the social importance of work (and education settings) in our culture, as a means of establishing oneself as an individual, and as a means of building social networks with other community members.

**Award Bronze:** CREATIVE HOUSE, RECREATIONAL AND VOCATIONAL PROGRAM GIPPSLAND PSYCHIATRIC SERVICES, LATROBE REGIONAL HOSPITAL, VICTORIA

**Description:** Creative House is a low budget Program with few staff but plenty of enthusiasm and vision. The Program has involved clients to the maximum in devising and running the program and volunteers are also highly valued by staff and clients alike.

#### **Category 4: CHILD AND ADOLESCENT SERVICES**

**Award Gold:** VIDEO-CONFERENCING PROJECT, ROYAL CHILDREN'S HOSPITAL  
Child and Adolescent Mental Health Service, Victoria

**Description:** This was the first application of the use of video-conferencing in child and adolescent mental health services in Australia. The main aim was to facilitate access of rural health care service providers and their clients to specialist child and adolescent psychiatric expertise.

**Award Silver:** THE PACE CLINIC, PARKVILLE, VICTORIA

**Description:** The PACE Clinic provided an innovative program to educate primary carers (GPs and school counsellors) about high risk young people, and about flexible and accessible services for young people. The program also undertook research on the development of psychosis.

**Award Bronze:** YOUTHLINK, INNER CITY MENTAL HEALTH SERVICE  
ROYAL PERTH HOSPITAL, WESTERN AUSTRALIA

**Description:** YouthLink focuses on reducing suicidal and self-harming behaviour in homeless and at-risk people aged 12-19 years, as well as addressing other mental health and psychosocial problems including substance abuse, depression, sexual abuse issues and early psychosis. Education and training programs and consultancy services are provided free to other agencies and workers with at-risk young people.

**Category 5: SERVICES FOR OLDER PEOPLE WITH MENTAL ILLNESS**

There were no entries for this category.

**Category 6: PREVENTION, HEALTH PROMOTION OR HEALTH EDUCATION SERVICES OR PROJECTS**

**Award Gold:** DARWIN RURAL ABORIGINAL MENTAL HEALTH TEAM  
TERRITORY HEALTH SERVICES, NORTHERN TERRITORY

**Description:** The Team included two registered mental health nurses, one permanent Aboriginal mental health worker, and four temporary Aboriginal mental health workers based in different locations. The Team worked closely with a community-based worker on a youth suicide prevention project and provided a fairly comprehensive service to the Darwin based Psychiatric Inpatient Facility.

**Award Silver:** THE PACE CLINIC, VICTORIA

**Description:** The PACE Clinic works with individuals identified as high risk according to certain symptoms or other factors such as family history. PACE aimed to educate primary carers, provide flexible and accessible services, treat clients' current problems, evaluate consumer satisfaction with service provisions, and undertake research.

**Award Bronze:** THE CENTRE FOR INDIGENOUS MENTAL HEALTH RESEARCH AND EDUCATION  
UNIVERSITY OF MELBOURNE, DEPARTMENT OF PSYCHIATRY, VICTORIA

**Description:** The Centre is a unique initiative that has been at the leading edge of mental health programs for Aboriginal people for over a decade. Central to the work was the development of strong links with Aboriginal communities, including consumers and carers (through community controlled health services) and the belief that working together is the best way of addressing the mental health of Aboriginal communities.

**Category 7: BEST CONSUMER INVOLVEMENT SERVICES OR PROJECTS**

(For consumer controlled or consumer/provider partnership activities, including activities with carers, or advocacy programs, provider/staff education, or research)

**Award Gold:** BUILDING BLOCKS CONSUMER NETWORK, QUEENSLAND

**Description:** The Network offers peer support and information for people who experience a mental illness and undertook a number of projects promoting the concept of mutual support. Consumers were involved in the provision of an active and effective advisory service.

**Award Silver:** LIVING WELL WITH SCHIZOPHRENIA, SCHIZOPHRENIA FELLOWSHIP OF SOUTH AUSTRALIA

**Description:** Three people with personal experience of schizophrenia and a community mental health worker gathered and recorded practical and creative strategies that people with schizophrenia use to deal with the day-to-day challenges of living with the illness. The group compiled the strategies into a book and over 1,000 copies were distributed. The group also ran a series of workshops and produced a 12-minute video for people with mental illness.

**Award Bronze:** MENTAL HEALTH CONSUMER NETWORK  
NORTHERN SYDNEY AREA HEALTH SERVICE, NEW SOUTH WALES

**Description:** The Network was established in 1994 to increase consumer participation and empowerment at all levels of mental health services. Consumers are recognised and acknowledged to present the consumer

viewpoint in the planning and management of services. Activities include participation in meetings, workshops, seminars and conferences, special projects, training, Peer Support Advocates, social activities, newsletter, and consultations.

**Category 8: INDIVIDUAL OR TEAM AWARD FOR AN OUTSTANDING CONTRIBUTION TO THEORY, EDUCATION OR PRACTICE**

(Recognition of people who have made an important contribution to the development of better services)

**Award Gold:** THE CENTRE FOR INDIGENOUS MENTAL HEALTH RESEARCH AND EDUCATION  
UNIVERSITY OF MELBOURNE, DEPARTMENT OF PSYCHIATRY, VICTORIA

**Description:** The Centre is a unique initiative that has been at the leading edge of mental health programs for Aboriginal people for over a decade. Central to the work was the development of strong links with Aboriginal communities, including consumers and carers (through community controlled health services) and the belief that working together is the best way of addressing the mental health of Aboriginal communities.

**Award Silver:** DIPLOMA OF HEALTH SCIENCE (MENTAL HEALTH)  
JOINT INITIATIVE WITH CHARLES STURT UNIVERSITY, SOUTHERN HEALTH SERVICE, ABORIGINAL STEERING COMMITTEE, NEW SOUTH WALES

**Description:** The Diploma of Health Science (Mental Health) was specifically designed for Aboriginal and Torres Strait Islander mental health professionals to meet the needs of their respective community. Three students graduated from the original pilot course and the course is being supported by various Aboriginal & Torres Strait Islander communities.

**Award Bronze:** DARWIN RURAL ABORIGINAL MENTAL HEALTH TEAM  
TERRITORY HEALTH SERVICES, NORTHERN TERRITORY

**Description:** The Team included two registered mental health nurses, one permanent Aboriginal mental health worker, and four temporary Aboriginal mental health workers based in different locations. The Team worked closely with a community-based worker on a youth suicide prevention project and provided a fairly comprehensive service to the Darwin based Psychiatric Inpatient Facility.

# Rural Areas & Remote Communities

## **Project 11015: Breaking the Mind Barrier**

**Aims:** This project was undertaken by the Peninsula and Torres Strait Regional Health Authority and the Royal Flying Doctor Service, Queensland Section (\$88,107). The aim of the project was to examine the feasibility of providing mental health services to people living in remote areas in conjunction with the Royal Flying Doctor Service (RFDS).

**Description:** A national consultation about the operation of the Royal Flying Doctor Service in 1993 revealed that mental health issues were of high priority to those living in isolated areas. High levels of stress were reported and concern was expressed at the rising rural suicide rate, linked to a deepening rural recession and the effects of prolonged drought. Access to specialist mental health services was reported to be very limited and people had to travel many hours to major centres to access help.

The project was organised into two phases, a Research Phase and an Implementation Phase. The Research Phase involved conducting a needs analysis on the kinds of mental health issues found in communities served by the RFDS. The mental health training needs of remote area staff, including RFDS personnel, and their support needs were also assessed.

The Implementation Phase involved the provision of clinical services, conducting education sessions with remote areas and RFDS staff, and providing Critical Incident Stress Debriefing services and other support services.

The Royal Flying Doctor Service is often the first, or sole, point of contact with a health service for people living in the bush. The provision of primary health care is an important aspect of the RFDS which is

sometimes overlooked because of the more publicised emergency evacuation work. Examples of preventive work were carried out during the project and the findings of the needs analysis indicate that further preventive and early intervention mental health work is needed. For example the project identified the need for prevention programs to reduce depression of isolated station personnel in the face of continuing drought, and further education of RFDS staff to identify mental health problems early and ensure prompt access to treatment.

## **Outcomes:**

The research phase reported the different types of communities served by the RFDS and selected demographic variables indicated that communities were quite different from one another. Depending on the type of community, specific stressors were identified by residents as causes of stress, for example drought and the recession on stations, unemployment and financial worries in small rural support towns, and isolation and work stress in mining communities. Residents in all community types reported stress levels to be high with resulting psychological problems such as depression, anxiety and stress on family relationships.

In summary, the report identified a general lack of awareness and community stigma about mental health issues. Other mental health problems encountered were general stress, alcohol problems, family and relationship problems, and depression and anxiety.

RFDS and other remote staff indicated a need for further education in mental health issues, in particular indigenous mental health, drug and alcohol issues, and mental health in relation to isolation and rural life. Remote area staff expressed a need for training in basic counselling skills and, in particular Critical Incident Stress Debriefing.

The implementation phase covered clinical work and the provision of educational and personal support services. The clinical involvements ranged from one-off consultations and the provision of telephone support, to a series of on-going psychotherapy sessions and facilitating access to specialist mental health services. By being able to respond immediately to requests for assistance, the clinical work served to increase the credibility of the project and, in turn, reduce the stigma attached to mental health issues in rural areas.

The project demonstrated the feasibility of providing mental health services in conjunction with the RFDS, which are well received by consumers, carers and remote staff. This includes continuing education activities for RFDS and other remote workers, providing personal support services to isolated workers, undertaking preventative initiatives

such as community awareness-raising campaigns and education sessions in schools, and formalising links with specialist mental health services who service targeted rural and remote areas.

### Contact Details:

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### Project 22057: The Development of a Model for an Integrated Aboriginal Mental Health Service

**Aims:** This project was undertaken by the Central Sydney Area Health Service (\$73,220). The aim of the project was to provide a model for mental health service delivery to Aboriginal and Torres Strait Islander people through collaborative programs provided jointly by a community controlled Aboriginal health service and by mental health professionals from an urban Area Health Service such as the Central Sydney Area Health Service. Consultation to, and linkages with, rural Aboriginal community health services were also considered.

**Description:** The preparation of the model involved extensive consultation with Aboriginal and Torres Strait Islander communities and organisations. This involved an analysis of the utilisation of services available, and a review of literature and service development planning with colleagues in community controlled Aboriginal services in and mainstream services.

A highly developed Community Controlled Aboriginal Health Service exists in Redfern, in the Central Sydney Area Health Service, and provides primary health care services, health education, health promotion, and medical and dental services to the local Aboriginal community and to Aboriginal people who reside beyond the area. Many out-of area clients travel considerable distances, even from rural areas, to access the Redfern Aboriginal Health Service.

The model was developed in consultation with individual people, families and carers, community groups leaders and key organisations of Aboriginal people both within the Central Sydney Area, and in other urban and rural communities. Consideration was also given to people in isolated areas in rural communities whose needs were not adequately met by mainstream services.

The project was developed in consultation with the Aboriginal Health Resource Cooperative (NSW), the NSW Department of Health, Aboriginal Health Branch, and the Working Party to develop a Strategy for Aboriginal Mental Health in NSW. The project describes a model for the delivery of a range of specialist mental health and psychiatric services complementary with and linked to existing primary health care facilities. Efforts were made to ensure that mainstream staff were sensitive to cultural and social issues, and to the specific needs, of Aboriginal people. Aboriginal health liaison officers were appointed at King George V Hospital and Prince Alfred Hospital to facilitate client care.

**Outcomes:** The report on the project recommended that services be provided by a specific Aboriginal Mental Health Unit Team (based at one of the major hospitals) to follow up patients likely to experience serious deterioration in their mental health or quality of life as a consequence of an existing health disorder. The Team should have access to a 24-hour Mobile Crisis Team. The project identified the need for access to culturally responsive post-acute and rehabilitation programs, a specialised post-acute 6-person unit, together with post-discharge community based supported accommodation.

An active outreach program was also recommended to assist in reconnecting individual clients with their families in rural and remote areas and the model should provide support and psycho-education for family members, extended families, local health workers, and general practitioners where appropriate, using key consultants and newly available technology. Access to telemedicine, linking expert and culturally sensitive consultation to rural Aboriginal health and medical services, were also identified as being beneficial.

In consultation with the Aboriginal Children's Service in Redfern, child and adolescent consumers, parents, Gullama (Department of Community services, Alexandria), the Juvenile Justice Advisory Council and the NSW Department of Juvenile Justice, consideration was given to the special mental health needs of children and adolescents. The report states that Aboriginal mental health services must be able to support individuals and families who have previously experienced the removal of Aboriginal children within the community setting through locally based Aboriginal health workers who have expertise in trauma and counselling skills.

The report of the project concludes that there is a reluctance of Aboriginal and Torres Strait Islander people to utilise mainstream services, and due to inadequate data collection the true extent of continuing trauma and mental health problems among Aboriginal people is not accurately estimated. Work on this project identified that a substantial population of Aboriginal people of all ages suffer from a high level of depression, post traumatic stress disorder and the consequences of unresolved grief and loss, and have higher prevalence rates for serious mental illness compared with the general population.

**Contact Details:**

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Central Sydney Area	Coordinator Aboriginal Mental
Health Service	Health Unit
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**Project 24004: Climbing Sage Hill: Setting up an innovative professional support and information service for rural carers of individuals with a mental illness**

**Aims:** This project was undertaken by the Association for the Support of Psychiatric Services (\$1 37,606). It aimed to develop a professional, community-based rural service that integrates with existing services, tailored to respond to the support, information and education needs of families and other carers of people with a mental illness.

**Description:** The project was established in recognition of the role and needs of carers (often family members) who care for people with mental illness. It is estimated that in the south west of Victoria, over 3,000 people suffer from a mental illness at some stage in their lives and that their families will undertake to care for their mental health needs.

Up until 1995 there was no local service in south west Victoria available specifically to meet either the support for information needs of carers of people with mental illness.

In 1995 the Sage Hill Carers Service was established for a two year period to provide professional support and an information service for rural carers of people with a mental illness. The target population for the service were carers living in the municipalities of Corangamite, Glenelg, Moyne, Southern Grampians and Warrnambool in the south west of Victoria.

## Outcomes:

The report states that the Sage Hill Carers Service is now an established and needed local support service for carers of people with a mental illness. In its first two years of operation the service had 145 registered carer-clients.

The Sage Hill Carers Service has undertaken a wide range of interactions with carers. Most staff activity has been focussed on:

- carers social, emotional and physical needs;
- general information sharing;
- liaison between carers and health and welfare agencies; and
- liaison between carers and psychiatric treatment and support services.

Over 1,500 individual items of service have been provided for individual carers. In addition, over 300 carers participated in over 75 groups facilitated by the Sage Hill Carers Service. Over 930 contacts with health professionals were recorded since the service opened. An on-call service has been established for carers during holiday periods.

According to the report, the Sage Hill Carers Service is regarded as an important addition to the services available to carers of those with mental illness in the south west of Victoria.

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Sage Hill Carers Service

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## **Project 2700 I: Community-based Aboriginal Mental Health Workers in the Darwin District**

**Aims:** This project was undertaken by the Rural Mental Health Unit, Territory Health Services (\$248,000). The aim of the project was to develop services to provide to Aboriginal communities in two localities in the Northern Territory.

**Description:** Mental health issues among the Aboriginal community historically were not recognised or appropriately managed until the development of the National Aboriginal Health Strategy (1989), the NSW Aboriginal Mental Health Report (1991) and the Report of the Royal Commission into Aboriginal Deaths in Custody (1991). Two key objectives evolved from these reports:

- the development of the Aboriginal Terms of Reference for Mental Health (which placed mental health problems into a framework relevant to the experiences of Aboriginal people); and
- the development of Aboriginal controlled, community based mental health services.

This project focussed on the work of Aboriginal Mental Health Workers in two different communities in the Northern Territory with the aim of helping Aboriginal families and the community to look after their own mental health. The project was “about doing mental health work the Aboriginal way, using Aboriginal law and culture” and providing an opportunity for Aboriginal people to have more control in decisions about their own needs in their communities.

Aboriginal Mental Health Services were established in the Tiwi Islands (Milikapiti community) and at Port Keats-Daly River area (Nganmarriyanga community). Each health service employed an Aboriginal Mental Health Worker who lived and worked within the community. The role of the Aboriginal Mental Health Worker was comprehensive and not easily defined. They were “on-call” 24 hours a day and on weekends and their partners frequently worked with them. Some of their tasks included:

- facilitating community members to organise social and cultural activities for themselves and others;
- organising Health Week activities to promote the community's awareness of current mental health issues;
- coordinating the work of other agencies in the communities, (eg. police aides, disability services, hospitals, health professionals);

- working with Aboriginal people who had a knowledge of local law and healing in critical cases;
- organising families to go into the bush, teaching young people about bush medicines and how to find water;
- providing support for families when family members were in hospital, or jail or at funerals; and
- supporting the reunion of people with their families.

## Outcomes:

The final report of the project states that the Aboriginal Mental Health Workers established an identified role and developed very strong working relationships within their communities. Also, they contributed to an increased level of understanding of mental health and community wellbeing among Aboriginal people.

The communities felt that the Workers, rather than mental health administrators, understood their own laws and culture and therefore were in a position to appropriately inform mental health programs and influence policy change. Close collaborative relationships between the Aboriginal Mental Health Workers, the Northern Territory Rural Mental Health Unit and the communities acknowledged that there was a need to bridge the gaps in cross culture service provision and to encourage a higher level of trust within the communities.

The report suggests that there is a continuing need for mental health workers to deliver services along the lines provided by the two Aboriginal Mental Health Workers in the Darwin rural district. The report makes the following recommendations:

- that the Aboriginal Mental Health Unit should develop its own vision about "what mental health means in an Aboriginal environment" and have more responsibility for training workers, providing professional support and networking;
- that the role of the Aboriginal Mental Health Worker should be decided by the Regional Health Board including tasks which the Board suggests would be beneficial to the community;
- that resources should be provided for promotion and wider community awareness of this project through the work of the Aboriginal Mental Health Workers;
- that communities should make effective use of Aboriginal healers in the delivery of mental health services; and
- that coordination with other programs should be a criterion for funding allocation of Aboriginal programs at the national and regional level.

## Contact Details:

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Territory Health Services

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## Project 26029: Mallee Mental Health Project

**Aims:** This project was undertaken by the Mallee Enterprise Development Network (\$147,308). The aim of the project was to encourage community involvement in the development of support networks for people with a mental illness which were suited to rural conditions, and develop a consumer/carer oriented resource package for rural service providers.

**Description:** The project had four main objectives:

- empowerment of consumers and carers through their active involvement and ownership of the project;
- increased level of community support available to meet the identified needs of people with mental health problems living in the Murray Mallee;
- reduction in the level of stress experienced by carers; and
- provision of resources for service providers and the community to promote a better understanding of the issues for people with mental health problems and their carers in rural communities.

The Mallee Mental Health Project aimed to develop a range of local services and supports both for people with a defined mental illness and the general community.

A community based project team was established which consisted of consumers/carers, mental health advocates, a newly appointed community development worker and an administrator. Meetings were convened to facilitate discussion about community concerns of mental illness and to identify people with a mental illness who may become involved in the development of the Project.

Community Forums were also held to attract the attention of people with a mental illness, some of whom consequently chose to join the project team. A resource centre was established (*Mallee Resource Centre*) which became a community meeting place where classes, social functions, workshops and fund raising activities were held. There were difficulties maintaining the Centre due to a number of reasons which included running costs, distances people had to travel in widespread rural communities, and the reluctance of people suffering from a mental illness to identify themselves as having a problem.

During the second year of the Project, there was an increased drive for community mental health education with a focus on breaking down the stigma of mental illness. Support Groups were established in the community and provided a forum for communicating and networking among people with a mental illness. These groups invited guest speakers from organisations such as the Alzheimers Association and the Mood Disorders Group.

The collaboration of the Carers Association of South Australia with the Support Groups, outlined above, was a successful initiative which exposed the community to a wide variety of resources such as promotional material and education on the availability of services for carers and people with a mental illness.

## Outcomes:

All the objectives outlined above were met to varying degrees. People in the Mallee communities described feelings of empowerment and increased confidence in discussing and debating issues related to their mental illness. They felt that health professionals and the community were growing in an awareness of their needs and that the support measures implemented were worthwhile.

Carers felt that the Project had a positive impact for their group by assisting in the reduction of stress levels. The development of Support Groups, Carers Retreat, Relief Care and the involvement of the Carers Association in the Mallee community enabled carers to identify and share their problems.

There were many recommendations made following the implementation of the Project. They covered:

- increased health promotion in the community;
- improved resources in rural areas (eg. development of skilled mental health teams);
- improved provision of short and adequate long term accommodation;
- establishment and maintenance of local mental health support groups; and
- better accessibility to psychiatric services and acute referral centres.

**Contact Details:**

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**Project 28010: Diploma in Aboriginal Mental Health: Pilot Course**

**Aims:** This project was undertaken by the Marr Mooditj Foundation, Aboriginal Health Worker College (\$149,882). The aim of the project was to develop and pilot an accredited mental health training program for Aboriginal Health Workers at a specialist diploma level.

**Description:** This pilot project was established to provide Aboriginal Health Workers, who are often the first point of contact for Indigenous people with mental illness, with training to appropriately recognise, treat and/or cure members of their community with mental health problems or disorders.

The Diploma in Aboriginal Mental Health course was accredited by the Skills Standards Accreditation Board in September 1995. The course was designed to:

- provide Aboriginal Health Workers with education and training to enable them to contribute to the delivery of mental health services;
- enable Aboriginal Health Workers to be responsible and accountable for the supervision and coordination of specialty services delivered to Aboriginal people with a psychiatric illness and their family;
- equip Aboriginal Health Workers and their communities with the skills to make informed decisions regarding their own health, their own health programs, and to evaluate service delivery;
- explore historical, cultural and social factors that are linked to mental health issues; and
- enable Aboriginal Health Workers to relate to mainstream mental health services.

Application packages were distributed through Aboriginal Health Workers in the Western Australia Health Department and Aboriginal Medical and Health Services. Notices were also placed in Koori Mail and the Aboriginal Health Workers Journal, and Aboriginal Radio 6AR and Milbindi, through the Golden West Television Network, were also involved.

The pilot course commenced in late 1995 and covered 8 blocks of units over a 12 month period.

**Outcomes:** The first intake of students studying for the Diploma in Aboriginal Mental Health graduated in December 1996. From 1997, the course will be conducted concurrently with the Diploma in Aboriginal Health to take advantage of common logistics of study, including the provision of student accommodation, individual tutors, and Indigenous lecturers.

The course provided Aboriginal Health Workers with the training and skills required to devise appropriate programs for Aboriginal people with mental illness. The course also assisted Aboriginal Health Workers to apply Aboriginal cultural values to all health programs, including Indigenous healing methods, and identified strategies to promote a positive and healthy community.

Through this pilot study, the Marr Mooditj Foundation forged strong links with Health Departments, psychiatric facilities, Aboriginal Medical Services, and non-profit organisations, such as the Alzheimer's Association of Western Australia.

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# Advocacy &

## Community Support

### **Project 23012: Close Personal Advocacy in Involuntary Treatment for Mental Illness**

**Aims:** This project was undertaken by the ACT Department of Health and Community Care (\$113,165). The aim of the study was to test the hypothesis that close personal advocacy would lessen antagonism between clinicians and patients. This improves patient's satisfaction with treatment and consequent cooperation with after-care, and reduces the rate of early rehospitalisation.

**Description:** One hundred patients admitted involuntarily to The Canberra Hospital were divided into statutory (control group) or close personal advocacy (experimental group).

The control group received the statutory advocacy provided to all involuntary patients admitted to hospital. Statutory advocacy ensures that patient's legal and civil rights are protected from the time of admission as an involuntary patient to the Tribunal hearing. Advocacy does not continue actively after the confirmation of involuntary treatment.

The experimental group received close personal advocacy and also statutory advocacy throughout the period of involuntary treatment. In addition to the legal protection provided by statutory advocacy, the close personal advocate identified the patient's needs by facilitating discussion with medical clinicians, negotiating consent and ensuring that treatment decisions took into account the patient's circumstances.

All experimental and control patients rated their satisfaction with care after the first three days of involuntary care and again four weeks after discharge. Staff and participating patients reported the impact of advocacy and compliance with after-care, which was confirmed from clinical records. Rehospitalisation data were also obtained from clinical records.

**Outcomes:** The results of the study demonstrated that the patients in the experimental group responded more favourably to their period of involuntary hospitalisation than the patients in the control group, especially in the areas of after-care and outcome. Follow-up attendance improved significantly. The proportional hazard of involuntary rehospitalisation for the experimental advocacy group was less than half the risk of the control group.

During the period of involuntary hospitalisation, the close personal advocate's primary allegiance remained with the patient. The advocate became a companion of the patient and liaised with the clinical staff throughout the patient's experience of illness and loss of autonomy.

Nursing and medical staff also reported that the project had a positive influence on patients and staff involved in the experimental group.

Hospital staff reported that there was reduced antagonism with this group compared to the control group and therefore staff experienced an increase in work satisfaction.

In the control group, the Office of the Community Advocate was informed when the patient was admitted to the hospital. An officer from that Office visited the patient, ensured the patient was aware of his/her legal rights and attended the Tribunal hearing to represent the patient's legal interests. Once the order was made the Officer was not usually involved further. The clinician became responsible for treatment and decision making on behalf of the patient. This was often seen as coercion by the patient and led to antagonism between the patients and clinician.

The author commented that the following features of close personal advocacy are vital to its success:

- the advocate was a specialist clearly working to the best interest of the patient and adhered to the consultation and the representation principles;
- the advocate stayed with and represented the patient throughout the period of involuntary treatment;
- the advocate attempted to enter into discussion with patient and clinical staff in the manner in which consent is decided with competent and voluntary patients; and
- the advocate was answerable to and supported by a structure independent of state or agencies which have conflicting interests of community protection.

This structure implies that the close personal advocate should be a trained paid specialist whose role is backed and accountable to an independent agency which does not have interests which might interfere with a fiduciary relationship or conflict with the patient's best interests such as family or community safety.

The final report recommended that:

- close personal advocacy should be added to the statutory or legal advocacy that is presently available;
- close personal advocacy should adhere to the principles of independence and best interests; and

- close personal advocacy should be provided by a paid specialist supervised and accountable to an independent body with fiduciary responsibility to the patient.

**Contact Details:**

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**Project I 5003: Mental Health Advocate/Community Development Trainer Project**

**Aims:** This project was undertaken by Advocacy Tasmania Incorporated (\$137,673). The aim of the project was to identify gaps in existing mental health services in Tasmania and to identify strategies to provide individual advocacy services, particularly for people living in rural and remote communities and older consumers effected by the downsizing and integration of local facilities. The project also aimed to develop training packages on consumer rights and responsibilities for consumers, carers and health professionals.

**Description:** Advocacy Tasmania Inc. (previously known as the Tasmanian Advocacy Information Service) is an independent advocacy service which supports and empowers people with disabilities and older people to obtain information and to access services appropriate to clients needs. The target group for the project was people with mental health issues, and their carers and relatives.

A range of activities were undertaken to address the aims of the project. These included consultation with consumers, carers and special interest groups (consumers with dual disability, people from a non-English speaking background, and women), advertisement of the project across the State, preparation of training packages and other materials which were circulated for comment, and the development of recommendations for further work in consultation with relevant stakeholders. The project also aimed to establish a network of mental health service providers and advocacy workers in other jurisdictions, and to strengthen the links between State-based agencies. A number of reference groups were established to assist with the project activities.

Soon after the commencement of the project, individual independent advocacy services were provided to consumers and carers, both in the

community and the hospital setting. This focus, while time-consuming, served to address a range of important issues for consumers about their rights within the health system, including issues related to abuse, freedom of information, accommodation, child custody and wardship, and access to services.

The consultation phase assisted in identifying a broad range of issues, including gaps in service provision and issues related to the structure of services.

## **Outcomes:**

The final report of the project presents a detailed overview of the consultation process and outlines the role the consultation process had in educating and informing the participants on a wide range of issues. Group forums were identified as the most beneficial method of generating discussion, particularly among consumers and carers.

A number of issues impacted on the implementation of the project activities across Tasmania including issues related to the restriction of time for some activities and the extensive travel (and related cost) which was required to undertake regional trips. In addition, a significant amount of work was conducted via the telephone which, while necessary, was not the ideal means of undertaking some activities. As such, the project did not achieve as broad a state-wide focus as was desired.

However, a number of other important outcomes were achieved from the project. Importantly, the project increased understanding of “independent advocacy” in the mental health sector and raised its profile as a valid avenue for consumers and carers of mental health services.

The project also assisted in identifying a range of “gaps” in the provision of mental health services in Tasmania, ranging from the need for adequate and understandable information on consumer rights and responsibilities and grievance procedures, to options for consumer advocacy and participation in service provision activities.

The final report of the project includes 44 recommendations which relate to the range of structural reform issues identified during the project. The final report presents a rationale for the provision of independent advocacy to people with a mental health issue in Tasmania and to ensuring that advocacy services have a more visible role in the community. The report also notes the need for specific work in the area of dual disability and for people from non-English speaking backgrounds and people living in rural communities.

The final report overviews the development of a mental health advocacy network and other activities which could be undertaken to strengthen the network. The report notes the important role that the network had in addressing the isolation inherent in advocacy work (and

inherent in Tasmania) and in documenting the gaps in the provision of advocacy in mental health.

## Contact Details:

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## Project 24032: Assertive Outreach to Forensic Psychiatric Clients and their Families

**Aims:** This project was undertaken by the Epistle Post Release Service (\$114,528), and aimed to provide assertive community support for mentally ill offenders released from prison and hospitals, with a particular focus on assisting the offender to regain contact and develop quality supportive relationships with family and other members of the community. The overall aim of the project was to develop a model for providing this type of service.

**Description:** The project provided community outreach support for mentally ill people with a forensic history, with a specific focus on providing support for their families.

The project provided services to both the person with a mental illness and their family on an outreach basis, and included components such as education and information, emotional support, practical assistance, and access to 24 hour on-call support. A major part of the project was also to research and document the needs and risk factors for both mentally ill offenders and their families, and to evaluate the effectiveness of the project in meeting these needs.

In developing a model for providing family centred support services to mentally ill offenders and their families, two approaches were tried. In the first approach, the project support worker provided support to both the client and their family. In the second approach the project support worker provided services to the family, while another outreach worker supported the client, which was a useful approach to employ if there was considerable conflict in the relationship between the client and family. Both approaches were found to be effective depending on the particular circumstances of the client and family.



- developing models that would assist in the total integration of these people in the community.

The project also aimed to develop a greater awareness of mental health issues in parish communities in south east Queensland and to establish models for parishioners to assist people with mental illness in the community.

**Description:**

The objectives of the project were:

- to investigate the feasibility of Anglican parishes becoming involved in supporting people who live with emotional and mental trauma in the community;
- to gain an understanding of the factors which may encourage or inhibit this development;
- to select and work with a number of parishes and investigate their willingness to become involved in the project;
- to develop models to assist parishioners wanting to include others in their lives and the community;
- to develop strategies that could support ongoing development of this work;
- to develop and support links between people leaving hospital and people in parishes;
- to work towards positive outcomes for people living with mental and emotional trauma presently situated in parishes; and
- to understand what a “sense of belonging” means to people who live with mental and emotional trauma.

The project report describes details about the project team which consisted of a leader, three project workers and two consultants. The original approach of the project was centred around getting to know a small number of patients in a psychiatric hospital and introducing them to people in the community, associated with the Anglican parish. It was hoped that once the destination of the patient on discharge from the hospital was identified, a suitable person could be found to support them through convalescence and help them find connections within the community without any expectation of the patient becoming involved in the church.

The project embraced a research component and a community development component, both of which are described in the project report. The development of the project relied on consultation with key people in similar fields of work and a review of appropriate literature. The project team worked in consultation with parishes, parishioners, mental health professionals, patients and staff at Wolston Park Hospital, Brisbane. Questionnaires were distributed to parishes and clergy in the Brisbane Diocese of the Anglican Church to estimate already established

involvement in the mental health area. Newsletters, media releases and regular workshops made people aware of the project and kept people informed and in contact with others. By sharing experiences and learning from each other, a 'movement' of people aspiring to assist in the project developed.

## Outcomes:

It was learned during the project that in order for people who live with mental and emotional trauma to find a place to belong, communities need to be built which are 'more welcoming'. It was recommended that this theme be carried into institutions, parishes, our homes and our hearts.

Detailed recommendations were made as a result of the project. Recommendations were made for the church and for government. Some of the recommendations included:

- listening to people who have experienced mental illness and marginalisation in the community;
- linking, supporting and sharing lessons learned from this project with those working in other churches and with other church groups, mental health and disability workers and other appropriate health sectors;
- sharing practical, concrete ideas for welcoming and including people with mental illness in a parish community and to explore the establishment of small groups to support this development;
- basing funding decisions for projects undertaking community inclusion work similar to this project, on compassion and justice as well as on the basis of economics; and
- ensuring innovative grants are made available for the development of accommodation and treatment options to augment current hospital based clinical settings.

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## LIST OF THEMHS AWARDS 1996

### **Category I: COMPREHENSIVE CATCHMENT AREA SERVICE**

(Excellence of service provision within the constraints of available resources)

#### **Award Gold: THE LOGAN MENTAL HEALTH SERVICE, QUEENSLAND**

**Description:** An accredited, integrated mental health service which comprised the Logan Hospital Psychiatric Unit and Woodridge Adult Mental Health Clinic. The service delivery model provided continuity of care by providing an extended hours service, mobile intensive care team, emergency phone advisory service, rehabilitation service and hospital consultation liaison team. A consumer and carer group facilitated a range of linkages to other local service providers.

#### **Award Silver: REDCLIFFE-CABOOLTURE DISTRICT MENTAL HEALTH SERVICE CABOOLTURE ADULT MENTAL HEALTH SERVICE, QUEENSLAND**

**Description:** The service was an extended hours, mobile community mental health service for adults with severe mental disorder and mental health problems and aimed to improve consumer access to a range of formal and informal services. The service worked to develop partnerships with consumers and carers and to form support networks for clinical work and service planning, delivery and evaluation.

#### **Award Bronze: GRAMPIONS PSYCHIATRIC SERVICES, LAKESIDE HOSPITAL, VICTORIA**

**Description:** The Grampions Psychiatric Services developed a number of innovative solutions to comprehensively provide services for child and adolescent, adult and aged care programs. Active recruitment of psychiatrists and other mental health workers assisted to develop strong multidisciplinary teams. General practitioners were involved in shared care, teleconferencing and assertive follow up using the state tracking system.

**Category 2: SPECIALIST SERVICE OR INNOVATIVE PART OF A LARGER SERVICE**

(Any area of service excluding categories below)

**Award Gold:** POST TRAUMATIC STRESS DISORDER UNIT  
UNIVERSITY OF NSW AND WESTMEAD HOSPITAL, NEW SOUTH WALES

**Description:** The Post Traumatic Stress Disorder Unit provided assessment of stress reactions following traumatic injuries of patients admitted to hospital and early treatment based on a specially developed cognitive behavioural therapy program. The Unit's program was the first in the world to demonstrate that early cognitive behavioural intervention in trauma patients can prevent P.T.S.D. The Unit hoped to advance its program to provide similar assessment and treatment programs for children following trauma.

**Award Silver:** TRANSCULTURAL MENTAL HEALTH CENTRE, NEW SOUTH WALES

**Description:** The Centre worked to improve the mental health status of people from non-English speaking backgrounds and employed the community and mental health service providers to ensure that the needs of these people were appropriately addressed. Training was provided for health and community workers in transcultural mental health issues and culturally relevant multilingual resources in mental health were developed and promoted.

**Award Bronze:** POST TRAUMATIC STRESS DISORDER PROGRAM  
AUSTIN AND REPATRIATION MEDICAL CENTRE, VICTORIA

**Description:** This Program was a statewide specialist service targeted to the needs of Vietnam Veterans, Defence Force Personnel and Emergency Services Workers. It provided treatment programs which dealt with acute and chronic presentations of post traumatic stress disorder (P.T.S.D). The Program concentrated on individual and group therapy, work specifically related to trauma, alcohol abstinence, partner support, education about P.T.S.D. and its treatment, anger management, depression and interpersonal/social skill development.

**Category 3: REHABILITATION SERVICE**

(including vocational services)

**Award Gold:** HUNTER PSYCHIATRIC EMPLOYMENT PANEL  
COOKS HILL COMMERCIAL CENTRE, COOKS HILL, NEW SOUTH WALES

**Description:** This program assisted people with a psychiatric disability to find and maintain work. The program linked employment, rehabilitation, education and medical services and ensured that medical and psychiatric rehabilitation and employment supports were established to assist the consumer to realise their full potential.

**Award Silver:** BROMHAM PLACE CLUBHOUSE  
SCHIZOPHRENIA FELLOWSHIP OF VICTORIA

**Description:** Bromham Place Clubhouse offered a safe environment where people with a mental illness could start again and be recognised as valuable, rather than a burden on society. People who attended the Clubhouse were members and worked alongside club staff doing the work required for the club to function. Involvement in Clubhouse activities was seen as a catalyst for people returning to work or study.

**Award Bronze:** INTERIM RESIDENTIAL REHABILITATION SERVICES, WESTERN AUSTRALIA

**Description:** The Interim Residential Rehabilitation Services provided an interim residential service which offered crisis, respite and group education to people with severe psychiatric problems. It was developed in response to an identified lack of accommodation services and provided a variety of residential models. The service also empowered and supported clients in the community and assisted clients to move to stable independent accommodation.

**Category 4: CHILD AND ADOLESCENT SERVICE**

**Award Gold:** SOUTHERN CHILD AND ADOLESCENT SERVICE MENTAL HEALTH SERVICES  
FLINDERS MEDICAL CENTRE, SOUTH AUSTRALIA

**Description:** C.A.M.H.S provided a comprehensive, regionalised, multidisciplinary child and adolescent mental health service comprising an inpatient and liaison service and a child and adolescent research unit. The service was innovative in its programs and active in evaluation, research and national and local policy development.

**Award Silver:** BENDIGO HEALTH CARE GROUP, DIVISION OF PSYCHIATRY, VICTORIA

**Description:** The Bendigo Health Care Group provided professional high quality visiting services for children and adolescents in remote areas. Together with other welfare agencies it adopted creative and intelligent approaches to problem solving and provided support to children and their parents and guardians in remote towns.

**Award Bronze:** DIVISION OF MENTAL HEALTH, WOMEN AND CHILDREN'S HOSPITAL, SOUTH AUSTRALIA

**Description:** The Division provided a range of quality services and programs across the continuum of care ranging from a unique, state-wide tertiary inpatient facility through to mental health prevention and promotion programs. It offered a comprehensive continuum of care including mental health promotion and prevention programs across the northern metropolitan and country areas of South Australia.

**Category 5: PSYCHOGERIATRIC SERVICE**

**Award Gold:** SOUTHERN PSYCHOGERIATRIC ACTIVITY SERVICE  
CENTRAL BAYSIDE COMMUNITY HEALTH CENTRE, NEW ZEALAND

**Description:** The Southern Psychogeriatric Activity Service consisted of specialist psychiatric workers providing a psychosocial model to assist clients access local activity services. The workers also acted as a psychiatric resource for existing activity services. S.P.A.S. worked closely with clients in developing a therapeutic relationship and gaining trust. The client was supported and assisted to integrate into appropriate activity programs/groups.

**Award Silver:** DANDENONG AGED PSYCHIATRY PROGRAM  
DANDENONG HOSPITAL DEPARTMENT OF PSYCHIATRY, VICTORIA

**Description:** The Dandenong Aged Psychiatry Program provided assertive community based assessment, treatment and support services, without the benefit of a specialist bed based unit. The Program demonstrated a significant reduction in service utilisation and improved consumer/carer outcomes. Satisfaction with community service providers and clients was demonstrated by feedback mechanisms developed by the Program. This assisted the service to develop meaningful and responsive solutions to the needs of the client group and carers.

**Award Bronze:** WAITEMATA HEALTH, MENTAL HEALTH SERVICES FOR OLDER PEOPLE, NEW ZEALAND

**Description:** This was a multidisciplinary service providing community and in-patient services to people aged over 65 years. The service comprised two community teams responsible for domiciliary assessment and treatment with outpatients clinics. The service functioned as a crisis team, liaison psychiatry team, inpatient team, continuing care team, and community mental health centre.

**Category 6: PREVENTION OR HEALTH PROMOTION SERVICE OR PROJECT**

**Award Gold:** DANDENONG HOSPITAL DEPARTMENT OF PSYCHIATRY AND VICTORIA POLICE 'E' DISTRICT LIAISON PROGRAM, DANDENONG, VICTORIA

**Description:** This program was a team effort between Dandenong Hospital Department of Psychiatry and the Dandenong Police. The aim of the innovative program was to optimise client outcomes by providing a consistent, respectful approach to psychiatric clients, by both police officers and psychiatric clinicians in situations that required intervention by both parties. The model established at Dandenong Hospital Department of Psychiatry was adopted as a state-wide policy.

**Award Silver:** THE CONSULTATION LIAISON IN PRIMARY CARE PSYCHIATRY PROJECT MORELAND CONTINUING CARE CENTRE, BRUNSWICK, VICTORIA

**Description:** This project was an area-based mental health service providing clinical case management and rehabilitation, and a primary and secondary prevention service to patients. The project also created a supportive mechanism for mental health service clients who were transferred to shared care arrangements with general practitioners, focusing on secondary and tertiary prevention as well as physical health care promotion.

**Award Bronze:** THE TURKISH RADIO PROJECT  
AUBURN COMMUNITY HEALTH CENTRE MENTAL HEALTH TEAM,  
NEW SOUTH WALES

**Description:** The Turkish Radio Project was initiated to address the barriers in existing service provision with the Turkish-Australian population in an urban area. The Turkish Radio Program became a regular segment on SBS Radio and informed Turkish-Australian listeners about mental health issues and available resources. Feedback indicated that, as a result of the project, consumers were more likely to access mainstream mental health services than ever before.

**Category 7: PARTNERSHIP SERVICE OR PROJECT**

(For consumer/provider partnership activities, especially projects where consumers have equal power and were involved from the start)

**Award Gold: JOINT PURCHASING PROJECT**

NORTHERN REGIONAL HEALTH AUTHORITY (NORTH HEALTH),  
NEW ZEALAND

**Description:** The Joint Purchasing Project was a decision-making partnership between consumers and the Northern Regional Health Authority's mental health section. The joint purchasing group was made up of health workers and consumers. The group decided the types of consumer-run initiatives to purchase, called for proposals and decided what proposals to accept.

**Category 8: CONSUMER ADVOCACY SERVICE OR PROJECT**

There were only two applications and neither was considered to be of sufficient standard for an award, though the Ryde Consumer Advocacy Project was favourably commended.

**Category 9 INDIVIDUAL/TEAM AWARD FOR AN OUTSTANDING CONTRIBUTION TO THEORY/EDUCATION/PRACTICE**

(Recognition of people who have made an important contribution to the development of better services)

**Award Gold: MENTAL HEALTH PROGRAM, DEPARTMENT OF HEALTH AND NUTRITION  
UNIVERSITY OF WOLLONGONG, NEW SOUTH WALES**

**Description:** The Program offered innovative, post-graduate education and training in mental health to professionals and consumers which was presented by a multidisciplinary team using multimedia education technology. The program used state-of-the-art clinical approaches and multimedia education technology to support and re-skill mental health workers. It placed emphasis on the development of clinically effective and culturally sensitive strategies for health care workers.

# Treatment for

## Dual Disability

### **Project I2011: Developing effective treatment strategies for people with a serious mental illness and problematic substance use**

**Aims:** This project was undertaken by the Royal North Shore Hospital (\$154,860). The project's key aims were to:

- improve integration between the Mental Health and Drug and Alcohol Services;
- provide an effective training and ongoing supervision program for service providers; and
- identify, implement and evaluate more flexible and tailored treatment programs, including a residential treatment program.

**Description:** A crucial principle of the project was to improve the integration and collaboration between mental health professionals, drug and alcohol health professionals, people with dual problems (serious mental illness and problematic substance abuse) and family members of people with dual problems. A working party was established which planned, coordinated, implemented and evaluated all activities during the life of the project.

Extensive consultation with clients affected by a serious mental illness and problematic substance abuse use, carers and family members, and mental health and drug and alcohol providers was undertaken.

Education and group therapy programs in a residential treatment facility were established to assist with integration of patients into the project.

In collaboration with the University of Wollongong, the working party commenced an intensive training program for service providers. The program attracted health professionals from all over Australia and

internationally and also for service users who later became consultants to the project.

People with both a mental disorder and substance use problems are often excluded from both mental health and substance abuse residential treatment facilities. As a response to this problem the concept of a “damp” house was created. A “damp” house is neither “wet” or “dry”. That is, while alcohol and other drug use is generally excluded from the house, individuals are not evicted due to the use of these substances. The “damp” house is designed to offer a therapeutic, safe and supportive living environment. The underlying principle is that rehabilitation and the reduction of substance misuse can be achieved when basic needs, such as the security of safe housing, are met first.

**Outcomes:** A number of important outcomes were achieved by the project. The project demonstrated that it is possible to improve cooperation between Mental Health and Drug and Alcohol Services within the existing system. The combined services were encouraged to support cross-training initiatives and to supervise case managers of people with a serious mental illness and problematic substance use. The implementation of a training program increased the participants' effectiveness in managing clients.

The report also indicated that the use of evaluation and outcome measurements to measure change were valuable. Further application of evaluation measurements and research to develop and evaluate these tools was recommended.

It was reported that there were significant outcomes on the quality of life of people involved in the project. This was indicated in the reduction of harmful use of substances, and fewer hospital admissions.

The provision of a safe, therapeutic “damp” house provided positive benefits for people with serious mental illness and problematic substance abuse. The project recommended that a “Damp House” concept is recognised as an alternative residential treatment program and encouraged the establishment of “Damp Houses” in each health service area in New South Wales.

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Extended Hours Team

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## Project 14036: Specialist Dual Disability Project Mental Illness, Alcohol and Drug Dependence Program

**Aims:** This project was undertaken by the Dandenong Hospital - Westernport Drug and Alcohol Service (\$79,100). The aim of the project was to develop and implement an integrated service model to address the problems experienced by clients presenting with dual diagnosis.

**Description:** The Mental Illness, Alcohol and Drug Dependence (MIADD) program was piloted in an outpatient setting in the Dandenong and District Region to assist in the development of an integrated service model for clients with dual diagnosis. A survey was conducted to obtain information on the prevalence of dual diagnosis clients. The survey found that there was no coordinated approach that served the needs of the chronically mentally ill and substance dependent clients in the area.

The target group were people with dual diagnosis who had several previous hospital admissions and had experienced periodical exacerbation of acute symptoms of their mental illness, caused by drug interaction with their mental illness and treatment regime.

The MIADD Service Model pilot study comprised drug and alcohol education, a self-help support group, an integrated treatment program coupled with residential rehabilitation. Each component of the treatment model was facilitated and monitored by a dual diagnosis specialist officer and resourced by a project officer. Consultation, promotion and direct referral of clients was encouraged. Physical assessment of the client was undertaken. This included an evaluation of the clients' perception of their substance taking and liaison with medical and psychiatric professionals and case managers.

A Staff Education and Skill Development Program and an Information and Referral Kit were developed and evaluated for health workers.

The report states that of the 14 clients initially referred, five clients actively participated in the study. The most common psychiatric diagnosis of the participant group was schizophrenia (60%), followed by paranoid schizophrenia (20%) and major depression (20%). The most common substances of abuse in the group were alcohol and cannabis (60%), prescribed medication (20%) and amphetamines (20%).

## Outcomes:

The report concluded that the MIADD Service Model provided a framework for the delivery of integrated services. The pilot study was small and lasted only six months, and therefore long term stable remissions in clients could not be observed.

Findings of the pilot study indicated that gains were made by several participants where the combined efforts of the case worker and project worker occurred in developing and assessing client treatment plans. Participants were more responsive to coordinated case management. Where there was a reduction of substance abuse in clients, clear behavioural gains were observed. The report states that retention of clients during the pilot was dependent on the continual engagement of both the case-worker and the project officer. Participants who appeared to develop a level of independence and self-control over their substance abuse behaviour, required support and persuasion to maintain that stability.

The final report of the project proposed that an integrated model would be effective, provided that it was designed as a flexible comprehensive treatment guide for the individual client and that the roles of the case workers were defined and coordinated.

## Contact Details:

**For further information regarding this project please contact:**

Ms Anne Parkes

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Westernport Drug

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& Alcohol Service

PO Box 208

DANDENONG VIC 3175

**Project 22023: The Gemini Project: An integrated treatment approach for persons with serious mental illness and substance abuse.**

**Aims:** This project was undertaken by the Inner City Mental Health Services, St Vincent Hospital, Eastern Suburbs Area Health Service (\$306,680). The project aimed to develop an innovative treatment program for persons with a dual diagnosis of serious mental illness (schizophrenia or bipolar affective disorder) and substance use disorder, which worked in conjunction with existing case management systems.

**Description:** The Inner City Mental Health Service established a pilot project (the Gemini Project) to provide people with comorbid mental and substance use disorders with access to appropriate treatment services. The project was established because despite the common co-occurrence of drug and alcohol and mental health disorders, service delivery systems do not adequately meet the complex service needs of this group of people. The project sought to demonstrate that following provision of appropriate treatment, persons with serious mental illness would reduce substance misuse, HIV risk-taking behaviours, and improve social functioning.

A project team was established which comprised 3.5 full-time equivalent clinical staff, 3 registered general psychiatric nurses, and a drug and alcohol worker. The project team worked in conjunction with staff from the Inner City Mental Health Service and clients with a serious mental illness and substantial substance misuse over the previous 6-month period.

The project team undertook to integrate the drug and alcohol and mental health systems, based on principles of harm minimisation. A number of strategies were implemented in order to link the services effectively including the development of referral protocols for clients to the Gemini Project, the negotiation of priority access positions to public methadone units, the provision of training to drug and alcohol workers in the treatment of persons with serious mental illness and concurrent substance misuse. Referred clients were interviewed and assessed for treatment and then provided with clinical interventions tailored to individual's needs.

One hundred and forty-nine clients were referred to the project. Of these, 83 people were assessed. The other 66 people refused assessment, had moved outside the catchment area, or were inappropriate for treatment (did not have a serious mental illness, had not used substances in the previous 6 months, or had alcohol-related brain damage). Of the 83 clients, 67 received treatment. Twelve-month follow-up data was completed for 37 of the treated clients.

## **Outcomes:**

The 83 clients comprised 59 males and 24 females ranging in age from 18-74 years. The most common diagnoses were schizophrenia, neurotic disorders, affective disorder, depression, and personality disorder. The most commonly used drugs were tobacco, alcohol and cannabis. Over half the respondents reported using substances to relieve boredom, feel less anxious or relaxed, or to be able to do something with friends. A high proportion of the clients had undergone previous treatment for substance misuse – on average the clients had tried two or three types of treatment although nearly a quarter had tried at least five to eight different treatments.

After 12 months of intervention, clients showed only moderate change. There was a trend, although not statistically significant, towards reduced substance use and improvements in social functioning and psychiatric symptomatology. Greater benefits following treatment may have been evident given a longer follow-up.

The most significant outcome of the project was an increased link between drug and alcohol and mental health services and an increased awareness among clinicians of dual diagnosis issues. A staff training manual and a program of inservice courses was developed. The courses were well attended by staff from non-government organisations and participants found the sessions extremely valuable and informative.

## **Contact Details:**

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SYDNEY NSW 2052

## Empowerment

### **Project 26003: Anxiety Disorders Consumer Education, Support and Prevention Program**

**Aims:** This project was undertaken by the Panic Anxiety Disorder Association Incorporated (\$47,554). The aim of the Anxiety Disorders Consumer Education, Support and Prevention Program was to encourage consumers with an anxiety disorder; and their carers, to take an active part in their individual recovery. The Program also aimed to prevent disabilities associated with anxiety disorder; such as agoraphobia, drug and/or alcohol abuse, major depression and suicide.

**Description:** The target group for the Program was people with anxiety disorders and their carers in the Northern Territory, Queensland and Western Australia.

The main objectives of the Program were:

- providing Panic Anxiety Management Workshops to people with anxiety disorders and their carers in the target areas;
- training of interested, appropriate consumers to facilitate the Workshops in the target areas;
- providing assistance in the establishment of local support agencies in the target areas;
- researching and evaluating the effectiveness of the Panic Anxiety Management Workshops; and
- conducting a public awareness and education campaign.

### **Outcomes:** *Panic Anxiety Management Workshops*

Panic Anxiety Management Workshops were held in Perth, Darwin and several locations throughout Queensland. The evaluation of the Workshops found that they were effective in terms of reducing the

severity of anxiety disorder symptoms. Further, a three month follow-up with participants by self completed questionnaire showed a significant decrease in the severity of the major symptoms and fears associated with anxiety disorders. The Workshops encouraged carers and other family members to interact and to establish support networks.

### ***Training of Consumers to run Workshops***

Training was completed and Workshops were held by consumers in Queensland, Western Australia and the Northern Territory. Formal training consisted of attending presentations, preparing training material and researching other issues of relevance. Training was available to any consumer nominated by the Panic Anxiety Disorder Association. Over the period of the Program, six consumers were provided training to undertake workshops and other presentations.

### ***Assistance in the Establishment of an Association in the Targeted Areas***

Independent Panic Anxiety Disorder Associations have been established in Queensland, Western Australia and the Northern Territory.

### ***Public Awareness and Education Campaign***

Public awareness and education campaigns were conducted during the Program. This included a number of radio interviews, ongoing community awareness announcements on radio and in the print media, newspaper editorials, advertisements in major and community newspapers, and ongoing flier distribution. 'Today Tonight', a current affairs program on Channel 7, also ran a segment on anxiety disorders and the Panic Anxiety Disorder Association.

The public awareness and education campaign was found to be an effective strategy, reflected in the number of people attending Workshops and contacting the Panic Anxiety Disorder Association and the Anxiety Disorders Foundation. An aim of the campaign was to provide details of the major symptoms and fears associated with disorders to encourage people to seek assistance or advice early.

### ***A Working Model***

The working relationships developed during the Program between the Panic Anxiety Disorder Associations and individual State and Territory government departments, other non-government organisations and individuals contributed to the overall success of the Program. The



- **Peer Support Function and Volunteers:** Peer Support workers undertook to offer regular support services of between 4 and 12 hours a week, which included responding to telephone enquiries and speaking with people in-person. Others offered their time to provide reception and switchboard functions as well as general administrative assistance. A manual was developed to outline the responsibilities and duties of volunteers.
- **Support groups:** Several support groups were organised and met weekly during the project. The groups were established to discuss practical solutions to the issues faced by the participants and were well attended.
- **Newsletter:** A bimonthly newsletter was prepared and sent to over 200 individuals and organisations. The content of the newsletter included information about the Peer Initiative and Resource Centre for Mental Health, community support issues, and activities of interest to consumers.
- **Outreach Service:** The project developed an outreach service to a number of psychiatric inpatient facilities. The outreach units were highly valued by professional staff working in the facilities.
- **Community Development and Networking:** Throughout the life of the project, considerable work was undertaken to distribute information about the project widely within the community.
- **Conferences:** Representatives of the project presented talks to three national conferences of mental health service workers and consumers.
- **Library and Resources:** A resource box of books and other material was established on topics related to mental health, self-motivation, alternative therapies, and relationships. Much of the material was received as donations.

**Outcomes:** The project clearly demonstrated the value of training peer support volunteers. The evaluation of the project recommended the establishment of a statewide training centre based on the training model established by the project.

The project provides a thorough demonstration of how consumers can actively contribute within the network of established mental health services. The project also offers many lessons about establishing a self-help-based organisation and developing a shared vision and culture to enable an organisation to administer as an independent body. The project also offers some lessons about the importance of specifically focussing the role of an organisation to ensure that core activities receive sufficient attention.

**Contact Details:**

For further information regarding this project please contact:

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23 Weston Street	
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**Project 11014: Arts on Fire: Integrating people with a mental illness into the community through community based arts activity.**

**Aims:** This project was undertaken by Access Arts Incorporated (\$120,840). The aim of the project was to develop a national model for empowering people with psychiatric disabilities to be involved in their communities through integration in community based arts projects.

**Description:** This project endeavoured to develop a model utilising community-based arts projects to assist in the integration of people with mental disorders and serious mental illness into the wider community.

The project was organised and managed by Access Arts in Brisbane which is a non profit professional arts organisation that supports people experiencing disabilities to pursue their ambitions in the arts. The project team comprised representation from Access Arts, the artist in residence from the Prince Charles Hospital, a university researcher and a senior psychologist.

People with psychiatric disabilities were involved in the planning, and design of the project and determined the services and support they required. Essential to the project was the recognition of consumer’s rights through participation and skill development in arts-activities as part of their rehabilitation process.

Two different community settings were selected to develop the project model, one in the inner city and the other in the country. In each setting public meetings and community surveys were held initially to:

- share information and to gather community input into the proposed design and outcomes of the project;

## Outcomes:

- involve the local Shire Council in community decoration of the landscape; and
  - inform the community of the goals of the participants.
- The Access Arts project resulted in the creation of an innovative model of artistic development. In Stage 1 of the project, the participant's artistic works were exhibited publicly and outdoor works were installed in a local park. Participants reported that during their creative stage:

- self esteem and friendship networks increased;
- access to community networks expanded;
- dependence on Day Care facilities decreased; and
- expectations of community arts were fulfilled with the pleasure of "leaving something behind in the park".

In stage 2 of the project a group of participants created works of art and were involved in story telling, movement and dance workshops. The outcome of the workshops culminated in a "Fire Event" presentation and an installation of the works of art in a local parkland.

Participants found that the project gave them a "chance of somewhere to go" and "most of us were gifted but we knew nothing about how to make it happen."

A clinical evaluation of the effectiveness of the project found that at the end of the project the participants displayed a significant reduction in psychiatric symptomatology, and improved in living and social skills.

It is expected that this model could be implemented at a national level by other arts, local government and health agencies to enable people with psychiatric disabilities the following benefits:

- increased quality of life;
- increased community living skills;
- reduced dependency on health services; and
- empowerment and confidence so that they could inform health professionals on the type and level of support required.

## Contact Details:

**For further information regarding this project please contact:**

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Access Arts Incorporated	Fax: (07) 3266 1577
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NUNDAH QLD 4012	

## **Project 22004: The Community and Consumer Service Project**

**Aims:** This project was undertaken by the South Eastern Area Health Service, University of New South Wales, Prince Henry and St Vincent's Hospitals (\$310,000). The aim of the Community and Consumer Service Project was to empower clients by establishing parity between clients and staff and to involve clients in their rehabilitation process in a consensual manner that promoted their dignity, self-respect and self-determination.

**Description:** Clients with schizophrenia and bipolar disorders were invited to participate in a randomised controlled trial over a 12 month period in the Eastern and Inner City Sectors of the South Eastern Sydney Area Health Service.

Strategies employed to assist clients to participate as partners in the management of their illness were:

- developing a client focused or partnership approach to case management;
- developing customised recovery plans based on clients' goals;
- organising recovery agreement meetings between clients, families, mental health staff and consumer advocates; and
- assigning consumer advocates to the client group in the trial.

The trial evaluated the impact of these strategies on client functioning, disability, quality of life, service satisfaction, family burden of care, re-hospitalisation and the use of psychiatric services and treatments.

One hundred and nineteen clients consented to participate in the trial after meeting pre-determined diagnostic and selection criteria.

Subsequently each client was allocated to one of the following groups:

- Standard Case Management Group (control group, 35 participants);
- Client-Focused Case Management (research group 1, 39 participants); and
- Client-Focused Case Management with Consumer Advocate (research group 2, 45 participants).

Initially there were no significant differences detected between the three groups on sociodemographic variables, illness factors, medication factors or compliance with service variables or in the baseline assessment of clients. Baseline assessments were made on all clients entering the trial using a range of measures which included the Global Assessment of

Functioning, the Life Skills Profile, the Health of the Nation Outcomes Scale, the Quality of Life Scale, and a global measure of Service Satisfaction and Family Burden of Care.

Clients were followed up at 6 months and 12 months before referral back to the standard community case management teams.

**Outcomes:** On completion of the trial the following objectives had been achieved:

- case managers delivered a client-focussed approach to case management which was satisfying to clients;
- consumer advocates participated in service delivery and reported increased client satisfaction;
- client functioning, disability and quality of life improved over time for the whole group; and
- family burden was reduced especially in the client focussed case management groups.

Although clients expressed increased satisfaction with a client-focussed approach to case management, significant differences between the groups on the measures of functioning, disability, quality of life and family burden of care were not apparent during the trial. At the follow-ups all clients in the research groups reported that participation in the trial had made their lives “better”, whereas clients in the control groups reported that “things remained the same”.

The clients in the consumer-focused case management with advocacy group expressed that having an advocate was “supportive” and “helped me reach my goals”. Data for this group was compared with clients who experienced client-focussed case management only together with clients who only saw advocates occasionally. The report states that although the sample size was small and the outcomes were difficult to evaluate in this group, the clients benefited from the experience. The trial provided a worthwhile learning experience for the advocates which indicated that an advocacy program should be developed and implemented.

At the 12 month follow-up the control group had significantly higher contact with crisis intervention over the period of the trial than the research groups but no variances were obvious in the number of hospital admissions or number of days spent in hospital between the groups.

Implementation of recovery agreement meetings was not progressed as originally intended at the beginning of the trial. Inhibiting factors included: the clients difficulty in completing paperwork; family and

professional involvement was seen to be threatening to the client; and the clients illness frequently delayed completion of paperwork.

The timeframe for the project was dictated by the period of the funding and the need to follow-up each client at 12 months. It was felt that a longer trial would reveal more significant outcomes. Some recommendations emerging from the trial were:

- a partnership/client focused model of practice be integrated into community practice;
- a consumer network is established to enable training and support for consumers working as advocates; and
- case manager and client ratio for delivery of case management services should be approximately 25:1.

**Contact Details:**

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 RANDWICK NSW 2031

**Project 23010: The Welcome Back Project**

**Aims:** This project was undertaken by the Rotary Club of Canberra (\$64,400). Final amount funded: \$46,219.16. The aim of the project was to assess community willingness to actively participate in the process of re-integrating people with a mental disability into the mainstream community following an episode of acute disability.

**Description:** The Welcome Back Project (previously named the Links Program) was a pilot project sponsored by the Rotary Club of Canberra. The Rotary Club invited members to volunteer as mentors to assist people with a mental disability to integrate back into the community. It also identified the need to provide continuing education on issues relating to mental health to the community.

Educational aids such as information phamplets and a training manual for mentors were developed to increase awareness and understanding of mental illness. Mental health professionals assisted in the education of mentors and participated in group discussions with possible participants in the project.

Unfortunately, while there was considerable general interest in and commendation of the project by Rotary Club members only a small number of people volunteered to become mentors. In these circumstances the project was discontinued.

**Outcomes:** The program established that there is a willingness of some members of the community to participate in programs which involve mental health sufferers with the resources and support of mental health professionals, but barriers need to be broken down so that there is a better understanding and acceptance of mental illness in the community.

**Contact Details:**

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**Project 24029: Developing Effective Consumer Participation in Mental Health Services: The Lemon Learning Tree Project**

**Aims:** This project was undertaken by the Victorian Mental Health Council (\$207,140). The project aimed to increase the level and effectiveness of consumer participation in the mental health system by developing and conducting training programs for service providers and consumers.

**Description:** The Lemon Tree Learning Project was established in 1995. The "lemon tree" became a symbol for a number of ideas because the lemon tree stood for "an explicit, almost defiant, acceptance of the stigma of mental illness in the general community where it is regarded as something shameful". The metaphor continues that, by learning to appreciate "the taste of the lemon juice (the experience of mental illness as communicated by the consumers)" there comes an awareness of "the zest and unique qualities of the juice of the lemon (consumer experience)". The report on the project states that there is an unequal

power relationship between service providers and consumers and that service providers do not have the same agendas as consumers.

The principal work of the project was the development of resources and training packages for consumer-only groups and service providers. The report describes consumer efforts to influence decision making in mental health services and develop programs and opportunities for reflection and dialogue among consumers and service providers.

Two full-time consumer workers with teaching and research experience were appointed to manage the project.

## Outcomes:

In the Lemon Tree Learning Model, training for consumer participation was divided into the following programs:

- “Root Learning.” A training program which gradually built an infrastructure to support consumer participation. This form of training was considered very valuable as it encouraged trust and learning and the development of strong relationships which endured. Training included participation in regular monthly meetings with the Child and Adolescent Mental Health Service (CAMHS), which was attended by service providers, consumers, parents and project officers. The success of this program led to further funding for staff-consumer consultants for CAMHS.
- “Branch Learning.” This training program was developed around existing knowledge and depended on consumer participation. There were five different training courses designed in the category of “branch learning”. All courses were consumer driven and in some cases were prepared in collaboration with service providers. These encompassed education and training of consumers as staff-consumer consultants; workshops to enhance consumer participation in mental health service delivery; courses in consumer facilitation to enhance participation in consumer networks; and “deep dialogue” between consumers and service providers over an extended period of time.
- “Leaf Learning.” This referred to single training sessions about consumer participation when requested by a service for practicing providers. These single sessions did not guarantee an ongoing commitment to the project. This training was considered the least effective for meeting the long-term needs of consumers as it was not consumer driven and did not influence any cultural change in the attitude toward consumers. “Leaf learning” was resource intensive and it was found that a “one-off” training session was ineffectual to service providers who had difficulty with the concept of consumers as participants in their service.



## LIST OF THEMHS AWARDS 1995

**Category I: COMPREHENSIVE CATCHMENT AREA SERVICE**  
(Overall excellence of service provision within the constraints of the resources available)

**Award Gold:** ROYAL NORTH SHORE HOSPITAL AND COMMUNITY MENTAL HEALTH SERVICE, NEW SOUTH WALES

**Description:** This is a comprehensive, integrated mental health service (hospital and community) which provided a consumer focused, mainstreamed and integrated service, which emphasised continuity of care for people with a serious mental illness. Some of the services provided included crisis intervention, assessment, case management, rehabilitation, residential and intensive mobile care.

**Award Silver:** BENDIGO AND REGION PSYCHIATRIC SERVICES, VICTORIA

**Description:** The Bendigo and Region Psychiatric Services provided a comprehensive and integrated community focused mental health service encompassing a large rural region with a widely dispersed population. The service provided modern, community-focused psychiatric care and used a range of related assessment services, including consultation and liaison with mainstream health care providers, and psychosocial support services and community education.

**Award Bronze:** THE GEELONG HOSPITAL, PSYCHIATRIC SERVICES, VICTORIA

**Description:** The service comprised a comprehensive range of mental health services based on continuity of care, case management, consumer involvement and crisis prevention. Despite an operational budget cut over three years, services were reorganised and integrated to achieve a 38% increase in patients treated and 160% rise in community based contacts, resulting in the lowest inpatient treatment ratio in Victoria. Services included innovative features such as the Community Rehabilitation Facility and Day Treatment Centre. Effectiveness of services has been enhanced by successful general practitioner and family education programs.

**Category 2: INNOVATIVE PART OF A COMPREHENSIVE SERVICE**

(Any service area from acute care to rehabilitation)

**Award Gold:** COMMUNITY BASED PSYCHOSOCIAL SUPPORT SERVICE, DE PAUL COMMUNITY SUPPORT SERVICE, WESTERN AUSTRALIA

**Description:** The De Paul Community Support Service was a community-based inreach service which provided psychosocial support to people with a psychiatric disability in their own environments, where they could maintain community tenure and quality of life. The service, which operated in conjunction with identified medical and clinical structures was tailored to individual needs and assisted people to improve their social circumstances, social functioning and mental and physical health.

**Award Silver:** NORTHERN REGION INDEPENDENT LIVING PROGRAM, NORTH METROPOLITAN HEALTH SERVICE, PSYCHIATRIC REHABILITATION SERVICES, WESTERN AUSTRALIA

**Description:** The project was a joint venture between Government and non-Government Services, formed to address serious deficiencies in the range of accommodation available to people with psychiatric disabilities. The project was client focused and assisted people with psychiatric disabilities to access the accommodation of their choice, in locations they selected with access to appropriate support systems.

**Award Bronze:** PSYCHIATRIC REHABILITATION SERVICES, ACT DEPARTMENT OF HEALTH

**Description:** The service targeted people with mental illness who had difficulty living in the community, did not use the existing services appropriately, or who required more care than was provided within existing resources. Assertive case management and domiciliary rehabilitation services was provided to reduce psychotic symptoms and/or increase social and living skills. Clients were assisted to participate in other Psychiatric Rehabilitation Service programs and they received specialist clinical services from the multidisciplinary Psychiatric Rehabilitation Service Team.

**Category 3: SPECIALIST SERVICE**

(Most innovative or excellent specialist service)

**Award Gold:** CONSULTATION-LIAISON PSYCHIATRY UNIT, MONASH MEDICAL CENTRE, VICTORIA

**Description:** The Unit specialised in the mental disorders of people with physical illness in a suburban teaching hospital. The Unit promoted a multidisciplinary, bio-psycho-social, approach to management, which embodied a "whole

person" strategy and integrated psychiatric clinicians into medical and surgical units where physical-psychiatric comorbidity was high. The Unit had an established record of high service provision (breast cancer), patient satisfaction and quality improvement initiatives, international collaboration on standardised case register systems and development of consultation-liaison psychiatry outreach in general practices.

**Award Silver:** **AGED CARE PSYCHIATRY ASSESSMENT AND TREATMENT TEAM  
BENDIGO AND REGION PSYCHIATRIC SERVICES, VICTORIA**

**Description:** The Team provided community based, specialised assessment, treatment and rehabilitation to the elderly mentally ill through a shared-care approach with general practitioner's and aged services. The Team provided quality service through the development of a modified screening process, implementation of case management and triage system and through staff supervision and quality review processes.

**Award Bronze:** **GRANVILLE VOCATIONAL UNIT, COMMONWEALTH REHABILITATION  
SERVICE WESTERN SYDNEY, NEW SOUTH WALES**

**Description:** The Granville Vocational Unit had a statewide responsibility to provide people with psychiatric disabilities vocational rehabilitation services and assistance to gain employment. The Unit worked in partnership with service providers who were responsible for the ongoing management of a person's mental illness and with employment agencies who provided ongoing employment support.

**Category 4: MOST IMPROVED SERVICE**

(Encourage services in less developed areas)

**Award Gold:** **GLENBURN PRIVATE HOSPITAL-WAITEMATA HEALTH, NEW ZEALAND**

**Description:** The service provided long-stay accommodation and improved therapeutic input for "functionally ill" patients considered difficult to place. The patients had previously lived in impoverished conditions with little involvement in the outside world. Their move into a purpose-built private unit coincided with increased therapeutic input and for many residents their symptoms improved sufficiently for them to live in a less restrictive environment. Many were discharged from the Glenburn Private Hospital.

**Award Silver:** COMMUNITY BASED ADULT PSYCHIATRY SERVICES  
WARRNAMBOOL AND DISTRICT BASE HOSPITAL PSYCHIATRIC SERVICES  
DIVISION, VICTORIA

**Description:** The Community Based Adult Psychiatry Services provided a comprehensive specialist psychiatric service which evolved from an isolated model of psychiatric care to a community-based model of integrated mental health care delivered close to the client's environment. Comprehensive assessment and treatment was provided with an emphasis on home based care, case management and an individual service plan for every client. Clients and carers were involved in all areas of management.

**Award Bronze:** NORTH WEST COMMUNITY HEALTH SERVICE, VICTORIA

**Description:** The service was an area based mental health service providing clinical, case management and rehabilitation services provided by a range of multi-disciplinary teams. Key initiatives of the service were the development and implementation of needs assessment tools and a sophisticated case management system, community liaison in primary care psychiatry, increased supported accommodation and consumer initiatives.

**Category 5: NON-GOVERNMENT SERVICE**  
(Including funded and voluntary non-government organisations)

**Award Gold:** FRAMEWORK TRUST, NEW ZEALAND

**Description:** Framework Trust is a charitable trust that evolved in an innovative, dynamic, and responsive way by developing community based services in partnership with mental health consumers which offered choice, flexibility and opportunities to consumers about social and development activities, work skills, employment, accommodation and work cooperative endeavours.

**Award Silver:** PANIC ANXIETY MANAGEMENT PROGRAM AND WORKSHOP,  
PANIC ANXIETY DISORDER ASSOCIATION INC, SOUTH AUSTRALIA

**Description:** The Association held Panic Anxiety Management Programs and Workshops throughout Australia. The Programs and Workshops were designed to compliment various therapy options provided by the

individual's psychiatrist and/or psychologist. The Programs and Workshops were developed experientially from a large client base and drew on the clients subjective experience of their disorder which included the difficulties encountered during recovery phase.

**Award Bronze:** **DOING THINGS PROGRAM, OUT DOORS INC, VICTORIA**

**Description:** A community managed mental health service, which designed its programs around outdoor adventure, education, community based recreation, experiential learning, art and cultural activities and provided practical opportunities for people with serious mental illness. The service assisted people by participating in interesting, challenging and socially valued activities, to improve their motivation and capacity to live in the community and improve self-image and social skills.

**Category 6: PARTNERSHIP AWARD**

(For consumer/provider partnership activities)

**Award Gold:** **UNDERSTANDING AND INVOLVEMENT, CONSUMER EVALUATION OF ACUTE PSYCHIATRIC HOSPITAL PRACTICE, VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL, VICTORIA**

**Description:** The project developed and tested ways for staff to seek feedback from consumers which involved difficult 'cultural change' in an area of practice which has not traditionally sought the views of clients. The project trialed and implemented methods for seeking consumers' views which could be successfully used in other acute and community psychiatric service settings.

**Award Silver:** **TASMANIAN ASSOCIATION FOR MENTAL HEALTH OPEN MIND JOURNAL, TASMANIA**

**Description:** Open Mind was a consumer-focused publication which was designed to raise the awareness of mental health issues in Tasmania. It campaigned for new and better services and regularly reported on research, new treatments and programs. The publication included personal accounts of experiences and coping mechanisms of people with a mental illness. It campaigned for new and better services and regularly contained reports on research projects and accounts of new treatments and programs.

**Award Bronze:** CAMP AND RECREATION SUB COMMITTEE  
THE SCHIZOPHRENIA FELLOWSHIP OF SOUTH QUEENSLAND  
INCORPORATED

**Description:** The Camp and Recreation Sub Committee was established by carers and staffed by an administrative personnel and a recreation officer. The Camp and Recreation Sub Committee was responsible for the provision of holiday camps and other recreation activities for members of the fellowship and consumers of the Brisbane Metropolitan Area Community Psychiatric Clinics. Initiated by an enthusiastic carer in 1989 with the help of consumers and other carers, camps were held 3-4 days a year over a 3 day period. Questionnaires have been used to ensure that consumers needs were being met.

**Category 7: INDIVIDUAL/TEAM AWARD FOR AN  
OUTSTANDING CONTRIBUTION TO  
THEORY/EDUCATION/PRACTICE**

**Award Gold:** ASSOCIATE PROFESSOR PATRICK MCGORRY  
DIRECTOR OF THE EARLY PSYCHOSIS PREVENTION AND INTERVENTION  
CENTRE ASSOCIATE PROFESSOR IN THE DEPARTMENT OF PSYCHIATRY  
AT MELBOURNE UNIVERSITY.

**Description:** The staff of the Early Psychosis Prevention and Intervention Centre nominated Professor McGorry for the work, drive, vision and dedication he demonstrated in the area of early psychosis. Professor McGorry epitomised the scientist-practitioner model and made significant contributions both academically and clinically. He worked tirelessly to ensure that the quality of service offered at the Centre was of the highest standards and sensitive to the requirements of the participants. He had time for all staff, peers and consumers alike and as such gained a deep respect and admiration by all associated with him.

# Tenants and

## Accommodation

### **Project I2020: Women in Boarding Houses Project**

**Aims:** This project was undertaken by the Wentworth Area Mental Health Service, Sydney (\$40,922). The aim of the project was to collect data on the physical health status and physical health needs of women with a chronic mental and disabling illness living in boarding houses/hostels and to develop strategies to achieve a coordinated approach to address these needs.

**Description:** The Women in Boarding Houses Project was initiated in response to the concerns raised by the Burdekin Report on the National Inquiry into the Human Rights of People with Mental Illness as to the adequacy of physical health care provided in boarding houses/hostels. The physical health care of women in boarding houses/hostels with long term and disabling mental illness is usually attended to by general practitioners and only limited information is available on the adequacy and frequency of care provided.

A nursing assessment to collect data on the physical health status and physical health needs of women living in boarding houses/hostels in the Wentworth Health Area was conducted. Information was also gathered on the frequency and level of physical health care provided by visiting health professionals.

The target group was expanded to include a small group of women with chronic mental illness living in the community which enabled a comparison to be made between the health status and physical health needs of the two groups.

## Outcomes:

The report states that the overall health status of the women assessed appeared to be adequate, although a gap was identified between their actual and optimum physical health status. Six major health care needs were identified which included podiatry and skin care needs, sight and hearing difficulties, regular gynaecological and general medical reviews.

The following recommendations were made as a result of the project:

- a Physical Health Policy be implemented as a strategy for a more coordinated approach to meeting the needs of women with long term and disabling mental illness;
- the Physical Health Policy should be expanded to include the health needs of all clients including men, living with a chronic illness in the Wentworth Area Mental Health Service;
- a registered nurse be appointed to work with case managers to coordinate the physical needs of clients;
- a comprehensive set of physical health protocols should be adopted by the Department of Community Services so that all residents of boarding houses/hostels can be assured of access to services and consistent medical monitoring;
- training programs on physical health should be implemented for case managers, boarding house/hostel managers and unskilled hostel workers; and
- liaison should be improved with other services in the area providing health care for clients living in boarding houses/hostels.

The project highlighted the importance of mental health case managers working closely with house/hostel managers to ensure that appropriate care and follow-up is provided to people living in boarding houses.

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**Project I4038: Can I Call This Home? An evaluation of the Victorian Housing and Support Program for people with psychiatric disabilities**

**Aims:** This project was undertaken by the Psychiatric Disability Services of Victoria Incorporated (\$78,336). The aim of the project was to evaluate the Victorian Housing and Support Program which is an inter-departmental program that provides permanent housing to people with serious psychiatric disability.

**Description:** The Victorian Housing and Support Program was established in 1992/93 to provide permanent housing to suit the particular needs of people with serious psychiatric disability. This includes the provision of funding to non-government organisations to provide intensive outreach disability support, normally with a ratio of one worker per 8 to 10 tenants. Tenants live either alone or in shared accommodation. Some tenants live in clustered accommodation with 2 to 10 people sharing a block, while others have a purchased unit or flat in an ordinary block. The evaluation included an in-depth case-study of the experiences of people living within the housing program and described changes in the quality of life of the tenants.

The evaluation was founded on the premise that no single housing program can suit all people with serious psychiatric disability. The evaluation sought to explore whether supported accommodation can reduce the need for hospitalisation, and whether access to staff support and the opportunity to make personal decisions regarding housing choice, can improve the experiences of people in supported accommodation. It also considered the strengths and weaknesses of clustered accommodation and purchased units situated in blocks of home units.

As of March 1995, 81 people were living in accommodation provided by the Program, which represented 72% of all people who had entered the Program. Men represented 63% of all housing support tenants and people from non-English speaking backgrounds represented up to 25% of the population.

The evaluation was based on two rounds of interviews with 39 tenants, 11 support workers, and 8 people from other housing arrangements.

**Outcomes:** The report of the evaluation concluded that the tenants' lives had improved significantly since their involvement in the Program. The Program offered intensive support, and affordable and high quality housing which was valued by the tenants. This led to stronger community links and increased involvement in structured leisure or training activities, such as day-programs and employment.

Support workers identified positive outcomes for people living in the Program, ranging from higher self-esteem to better independent living skills. Tenants expressed a greater sense of control over their illness. Satisfaction with disability support services was very high (82%).

The Victorian Housing and Support Program is identified as an extremely successful model for providing supported housing. The evaluation demonstrates the important links which can be made between housing and support services to provide secure and stable housing and access to intensive disability support.

Footnote: In 1997/98 the Victorian Housing and Support Program housed 660 people with psychiatric disabilities.

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## Project 1600: Housing model for people with psychiatric disability

**Aims:** The project was undertaken by the Roofs South Australia Housing Association (\$92,522). The project was established to expand and further consolidate activities provided by the Roofs Housing Association that provides supported accommodation for people with psychiatric disabilities. The principle aims of the project were to:

- consolidate a housing model that provided permanent, affordable, secure, supported housing for people with long term chronic psychiatric disability;
- consolidate an existing joint service model with the South Australian Mental Health Services for the provision of individual support services for tenants; and
- establish a supported housing model that could be utilised and implemented in other areas across Australia.

## Description:

The Roofs Housing Association was established in 1991 with funding from the local Government and Community Housing Program and was sponsored by the Schizophrenia Fellowship of South Australia. A management committee was responsible for the overall management of the Association and a project officer was responsible for managing the accommodation and other support needs of tenants.

A number of management structures were established to ensure that project activities complied with the requirements of relevant legislation and the South Australian Community Housing Authority. This included defining the role of the project officer and members of the management committee to ensure that clear rules determined how properties were managed without intruding into the private lives of tenants. The project also reviewed strategies and practices that work towards successful tenancies for tenants and landlords, for example, issues related to the management of properties during periods when tenants require hospitalisation.

The Roofs model is based on the principle of separating housing needs from other related support services, for example, separating the role of the housing manager from the support agency to ensure that all parties are treated equitably on issues related to the management of the housing property. Under this project, Roofs was responsible for the provision of adequate housing with the support services provided by the South Australian Mental Health Services.

A central component of the Roofs model is the focus which is given to providing support to individual tenants. The project sought to address the problem where people with mental illness are provided with housing without the provision of follow-up assistance and support, which is often the most critical issue to whether a person with a psychiatric disability will be able to live independently. The project sought to offer individual assistance by a direct care worker, provided

according to need, and access to a range of other health professionals as required, including occupational therapist and psychiatrists.

Consumers, carers and health professionals were involved as members of project committees to ensure that all parties were involved in discussions and decisions about service delivery and evaluation.

## **Outcomes:**

The final report of the project outlines the benefits of the project for tenants, many of whom had previously sought accommodation in public housing. The project was able to provide low income accommodation with flexible support for people with psychiatric illness which enabled them to live and function in the general community, and as such recognised the episodic nature of many psychiatric disabilities. The report also outlined the individual benefits for people involved in the project, for example the tenants (people with a psychiatric disability) expressed confidence in their capacity to participate in community activities and welcomed the opportunity to participate in decision making processes.

The report highlights the important role that an “understanding” landlord (who liaises with support agencies as required) can have to ensuring that tenants (with a psychiatric disability) feel supported, relaxed and safe. The availability of the support, especially at times when tenants were most vulnerable (at times of risk of relapse or when recently discharged from hospital), was vital to ensuring that tenants were able to have a successful long-term tenancy.

The report identified that the majority of tenants had fewer hospital admissions of shorter duration, improved relationships with parents and siblings, and extended their network of friends to those with and without psychiatric disability. There was also less evidence of the “revolving door syndrome” (frequent readmissions) which many people with long term, chronic psychiatric disability experience.

The project served to consolidate the working arrangements of Roofs with the Western and Northern South Australian Mental Health Services Area Teams to ensure that an appropriate mix of support services were available for people with psychiatric disabilities.

The project demonstrated that with appropriate individual, flexible support and long-term secure, affordable housing, people with mental illness and psychiatric disabilities can successfully live in the community.

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## Project 16016: City Homeless Assessment and Support Team (CHAST)

**Aims:** The project was undertaken by the Adelaide Inner City Homeless Multi-Disciplinary Team Coordination Project (\$175,388). The aim of the City Homeless Assessment and Support Team (CHAST) pilot project was to provide services to homeless people, aged 18-65 years, living in the city of Adelaide who had mental, behavioural, drug and alcohol problems or dual diagnosis.

The CHAST pilot project had the following objectives, to:

- assist people towards independent living or other stable living environments;
- develop a multidisciplinary service to assist inner city homeless people with complex problems by working with inner city non-government homeless agencies and other allied services including the South Australian Mental Health Services (SAMHS) and Drug and Alcohol Services Council (DASC);
- develop a detailed multidisciplinary service incorporating the existing agencies into an integrated model structure;
- establish agreed roles and a plan of operation for non-government homeless agencies and other allied services;
- develop and implement an evaluation mechanism for the service; and
- advocate for suitable after care services for homeless clients through the development of inner-city agency consultative and staff training processes.

## **Description:**

A service delivery model was established which incorporated an “assertive outreach” approach where clients were assessed or visited in an environment separate from the project office. The model worked to develop links between existing agencies by providing linkages between government and non-government agencies to coordinate the range of services assessed as being necessary to meet the needs of the client. New referrals and further actions were discussed at weekly multidisciplinary meetings.

In the two years of operation, 420 referrals were received for 332 individuals; 80.1% were male and 19% were female and the average age of clients referred was 36.6 years. Clients experienced a combination of behavioural problems and personality disorders, substance abuse, schizophrenia or other mental health problems; 42% of the clients had dual diagnosis. Indigenous people comprised 5% of the people referred to CHAST and 62% of those people had dual diagnosis.

The impact of CHAST services on clients referred to the service was measured by the Service Needs Scale. The scale identified measurable changes in “need” in the categories of medication compliance, housing, and finance/income at specified periods of time, for example time of referral at one month and three months.

More generally, some of the services provided to clients by CHAST included assessment, education, case management and monitoring, and coordination of services with a wide range of organisations. Case studies were included in the report to illustrate the interventions necessary to meet the objectives of the project.

## **Outcomes:**

The final report of the project states that CHAST successfully met many of the objectives identified at the outset of the project. After three months of case management 74.3% of clients had measured improvements in relation to housing, medication and/or income according to the Service Needs Scale. Feedback from inner city agencies indicated that CHAST provided valuable assistance to inner city homeless clients with multiple problems, and that it had established a multidisciplinary team comprising a social worker, clinical psychologist, nurse counsellor, mental health nurse and psychiatrist, who liaised with a wide number of agencies.

Linkages with other services such as SAMHS, the Intellectual Disability Services Council, and DASC were established in the pilot project. Feedback from the other agencies indicated that CHAST provided

comprehensive assessment and coordination of services for clients with complex problems in the targeted area.

The project was evaluated through all stages of its progress. A range of data were collected including data on referrals, characteristics of clients and services provided. The Service Needs Scale were used to assess changes in patients needs at specific periods throughout the project. Data were also collected from personal interviews with workers and/or managers of the major inner city homeless agencies and with CHAST's own staff. An evaluation report on the project was published.

CHAST had considerable success in facilitating better after-care services for homeless clients. Seventy-eight per cent of CHAST clients were linked with another service. Work on the development of protocols between government and non-government services for the provision of after-care service for clients commenced. Inter-agency consultative services were extended according to individual need through case conferences with the agencies. Information and training sessions were held for workers involved in the project, and staff in inner city homeless agencies reported that working collaboratively with CHAST workers resulted in increased knowledge of mental health issues and access to government resources.

The report recommended that the work initiated by CHAST be continued and further developed to coordinate the care for homeless clients in the inner city of Adelaide.

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## **Project 25006: Towards a Model of Supportive Community Housing (TAMOSCH)**

**Aims:** This project was undertaken by the Southern Regional Mental Health (\$59,736). The TAMOSCH project aims were to:

- investigate the accommodation and support needs of people with a mental illness;
- develop a range of innovative models for the provision and management of supportive community-based accommodation for people with a mental illness;
- establish a community based support group to implement and manage the proposed accommodation models;
- work with the community based support group to develop funding submissions to deliver services based on these models; and
- evaluate the effectiveness of the project.

**Description:** The TAMOSCH Project was developed in recognition of the major deficiencies in accommodation options for people with a mental illness which were linked to the failure of attempts to reform mental health services overseas. The project was managed by regional steering committees and supported by a state-wide coordinating committee.

The TAMOSCH Project was developed initially to meet the accommodation needs of people with a mental illness living in southern Tasmania, and employed a project officer in May 1995 for a 12 month period.

The Project was later combined with a Community Housing Program and a second project officer was employed for a 5 month period in March 1996 to review the needs of people in the north and north west regions of Tasmania. The combined project collected information and developed a variety of options for providing accommodation to people with a mental illness and made recommendations for community management of supportive accommodation arrangements.

**Outcomes:** The principal finding of the Project was that the existing accommodation options lacked the support services needed by people with mental illness. The types of support that were required included regular assistance with physical needs, short-term training in living skills, intermittent counselling and emotional support, and liaison or advocacy with landlords and representatives from public utilities.

It was recommended that urgent attention be given to assisting people to remain in the housing of their choice as part of their recovery and stabilisation process, following an episode of illness and/or hospitalisation. At the same time it was important to provide people with a range of housing options to meet a variety of needs. It was considered that this would improve the quality of life of persons with a mental illness, enhance their recovery prospects and avoid further unnecessary hospitalisation.

However, it was recognised that the lack of funding avenues for support workers was a major obstacle. It was also recommended that the public sector, the private sector and non-government organisations pool their skills and resources to help achieve this aim.

The Report also recommended that a support worker be funded to provide support for the people who may access the Housing and Support Model/Community Living Model identified by the project and selected by the Mental Health Housing Coalition as an accommodation priority.

Six accommodation models were identified by the project in the Southern Region, three of which have been selected as priorities by the Coalition:

1. Housing and support for people who are unable to live independently in the community. This option was originally based on the Abbeyfield Society's model of supported accommodation for the elderly. However, the Abbeyfield model was ultimately deemed inappropriate for those with mental illness. Despite this, there remains a need to provide increased access to supported accommodation. It was considered that this would require capital and recurrent funding to provide both tenancy and personal support.
2. Support in the home (private rental, public housing or privately owned accommodation) including tenancy issues and support while a person is in hospital. A major outcome of TAMOSCH was recognition of the need to prevent homelessness and inappropriate hospitalisation by maintaining people in their current accommodation. This is particularly the case if a person requires intensive support for a short time due to the episodic nature of mental illness.

3. Respite care options for carers and family and for clients who do not currently have access to respite care. TAMOSCH identified a critical need for increased respite accommodation facilities offering 24-hour support, possibly on an on-call basis.

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## Project 2601 I: Stage 1. Individual Tenant Support Scheme and Stage 2. Southern Access.

This project was undertaken by the Southern Mental Health, Flinders Medical Centre and Noarlunga Health Services (\$244,000).

### Stage I: INDIVIDUAL TENANT SUPPORT SCHEME

#### Aims:

The model was designed to provide support for people with a mental disability in their current housing, offering an alternative to supported housing, congregate accommodation and hospitalisation. It aimed to reduce the impact of mental disorders on individuals, families and the community and to ensure the rights of people with mental disorders to live in similar accommodation to others in the community and to lead an integrated and valued lifestyle.

#### Description:

The tenants were integrated into community support and local resources with assistance from Direct Care Workers. The Direct Care Workers were part of a team of support that included a case manager and a coordinator who together with the tenant, family and carer, planned and implemented the model. This community-based model is tailored to consumer goals for individual support and takes into account variations in health status.

**Outcomes:** Thirty-two tenants were supported in their housing and 21 continued to remain in the community. Only three tenants eventually moved into extended care and four moved into sheltered accommodation. Generally, the maintenance of tenants in the community was considered successful through the tenants own efforts, family support and assistance from mental health services.

The final report of the project described five key learning areas as a result of the project, and included recommendations for further development. They were listed as:

■ Tenant and Carer Empowerment

The services delivered to tenants were designed to encourage self-reliance and the building of self-esteem. The final report of the project recommended that training for mental health services staff, Direct Care Workers and carers in empowerment models and techniques should be implemented. Training for tenants in self-reliance and maintaining motivation would also be valuable.

■ Host Agency Organisational Culture

The Individual Tenant Support Scheme model was hosted by a mental health service mandated within a clinical model of service delivery and a framework of diagnosis around illness/wellness. The concepts of community integration, tenant participation and customer service were not fully understood by all the participants and it was recommended that further education would be beneficial in addressing these issues.

■ Service Planning and Service Delivery Framework

The report stated that detailed planning of service delivery should be implemented to maintain continuity of services so that tenants would not be disadvantaged in the event of staff changes.

■ Recruitment and Training

The report states that ongoing staff training is pivotal to this alternative type of service which differs from the traditional, clinical models of support and intervention. It further suggested that training be extended to carers/families and tenants as appropriate.

- Housing Options

The report notes that a supportive housing provider should be involved to achieve a successful housing outcome so that tenants would have a range of housing options (public, community or private housing). The report suggested that charity and welfare agencies should be asked to assist tenants in establishing their homes.

## **Stage 2: THE SOUTHERN ACCESS PROGRAM**

**Aims:** The Southern Access Program was established as an extension of the above project. The Program aimed to develop a flexible personalised service for 10 people with a chronic mental illness from the southern metropolitan region of Adelaide who had previously required high levels of housing and community support.

**Description:** The Program was based on a housing model that enables people to establish and maintain their own homes while receiving individual and flexible support. The model encourages the individual to direct the type and frequency of support they receive. There was a high level of commitment within the Program to understand the participants and their past experiences, and not to expose them to further hurt and harm.

The Program assisted the participants overcome the barriers to accessing independent housing, namely the financial constraints of living on a low income and the stigma of having a mental illness. The strategies used to assist people access independent housing included:

- negotiating access to South Australian Housing Trust resources (housing, bond assistance, rent relief);
- allocating \$500 per person in the budget to purchase household items;
- arranging assistance from the Wyatt Benevolent Trust and Anglican Community Services for household furnishings; and
- providing appropriate and responsive support from a community organisation.

**Outcomes:** The Program enabled the participants to receive a level of support which was of their choosing, including the nature and duration of the support. The clinical case management aspects of the participant's management were managed by Southern Mental Health, while the housing support services were coordinated by Southern Access.

The Program was only funded for 10 months and therefore can not demonstrate the long-term changes for, or impact on, people who chose to leave secure (supported) accommodation in favour of owning their own homes. However, over the period of the Program, there was a marked decline in the hours of support that was provided to the participants and it suggests that in a relatively short period of time, people can access and maintain housing of their choice. While there was a decrease in the availability and provision of support services in the final stages of the Program, the final report of the project states that the decline in the need for services was, in most instances, a reflection of the decreased need for support.

The participants reported several benefits including increased confidence, the opportunity for new experiences in the community, greater personal freedom, and an improvement in the relationship with the support worker. This resulted in a decreased dependence on hospital services for care and support.

The support workers also valued the opportunities provided by the Program for improved and focussed client management. This included providing "tangible" services clearly valued by the participants and empowering people to make changes and have realistic expectations about what they can do and where they require support.

The Program highlighted a number of issues which need to be further explored to enable people with mental illness to live independently in the community. These include understanding the difference between the 'physical' and 'social' integration of people with a mental illness, and understanding what constitutes a 'home' and 'home-forming practices' to people with a mental illness.

An evaluation of the Program was undertaken by a team of external evaluators consisting of several people with extensive experience in the

evaluation of human services and several recipients of mental health services. The findings of the evaluation demonstrate that it is possible to support people with a chronic mental illness in ordinary community settings. The evaluation recommends that further work be undertaken to develop a non-clinical service model to support people with a chronic mental illness to live independently in the community.

## Contact Details:

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# Support and

# Training Networks

## **Project I2033: On-site Training and Placement Program: Integrated Systems of Mental Health Care**

**Aims:** This project was undertaken by the Royal North Shore Hospital and Community Mental Health Services & Blacktown City Mental Health Services & Ryde Hospital and Community Mental Health Services (\$225,500). The aims of the project were to establish a short-term placement and training scheme for experienced mental health professionals, providing on-site experience and instruction in comprehensive locally integrated community and hospital mental health services.

The three host mental services involved in the program were the:

- Royal North Shore Hospital and Community Health Services;
- Blacktown City Mental Health Services; and
- Ryde Hospital and Community Mental Health Services.

**Description:** The On-site Training and Placement Program was established as an educational model to provide mental health professionals with new ideas in service delivery, case management, and clinical skills. The four main components of the On-site Training and Placement Program consisted of planned programs of:

1. 2-3 day visits to the host mental health services, including talks by directors of the services and team leaders;
2. site placements that allowed mental health professionals to spend several days in the host mental health services;
3. detailed seminars about specific issues (it was sometimes difficult to organise the seminars because of the small numbers of participants involved and the geographic distance between the mental health professionals); and
4. inclusion of seminars during site visits.

## Outcomes:

A total of 268 mental health professionals participated in the On-site Training and Placement Program from 1994-1996. Each professional was given an evaluation form and asked to provide feedback about their visit. Additionally, a random sample of 70 people were sent an evaluation questionnaire several months after their visit. Respondents rated the program as worthwhile in terms of their professional interest, cost to their service and their own observation and learning.

Suggestions for improving the Program related to allocating more time for certain aspects of the Program and streamlining some of the administrative arrangements.

Generally, it was also considered to be a positive experience for the host services involved, particularly in terms of learning about facets of other services and in terms of presenting the rationale for their own services.

Two manuals were produced during the project: *The Mental Health Site Visit Seminar and Information Manual*, and *Mental Health Services: Collected Writings*. The Information Manual provides, detailed information about the three host mental health services. The Collected Writings manual provides, copies of articles and conference proceedings which were identified as relevant throughout the Program. These manuals are available through the contact officer, listed below

The demand for the Program has continued since the cessation of funding and is now operated on a self-funding basis, administered by the THEMHS Conference Organisation. The On-site Training and Placement Program is an educational model which outlines a process for undertaking one component of an overall change management strategy for mental health services.

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**Project 14009: The development of a self-help network for people with obsessive compulsive disorder and carers**

**Aims:** The projects was undertaken by the Obsessive Compulsive & Anxiety Disorders Foundation of Victoria, Incorporated (\$137,360), and was established to develop a statewide self-help network for people with obsessive compulsive disorder; and their families and carers.

**Description:** Obsessive Compulsive Disorder (OCD) is an anxiety condition which affects 2-3% of the population; more than 90,000 Victorians and 450,000 Australians. Obsessive Compulsive Disorder has been recognised as the fourth most common psychiatric disorder; after phobias, substance abuse and major depression. People with OCD can be besieged by intrusive, unwanted thoughts and images (obsessions) and compelled to perform tortuous behavioural and mental rituals (compulsions), for example excessive and ritualised hand washing.

The Obsessive Compulsive & Anxiety Disorders Foundation of Victoria identified a need for self-help support networks, support groups and related support services for people in Victoria with OCD. This need was identified after consultation with sufferers and carers, and feedback in relation to the operation and availability of treatment services.

Obsessive Compulsive Disorder support groups assist people with OCD and their carers to rebuild a sense of worth and confidence, and gain new understanding which relieves feelings of guilt and fear. Support groups offer an important means of positively addressing the problems of stigma, alienation and isolation. Clinical and research evidence suggests that OCD sufferers who have good support and social networks have a better chance of recovery and are less likely to relapse than sufferers who are isolated and lack opportunities to improve their level of social functioning.

Support services which were relevant to the aims of the project included telephone counselling, information and referral services, a professional referral network, educational resources, and training for telephone counsellors and group leaders.

## Outcomes:

The Obsessive Compulsive & Anxiety Disorders Foundation underwent a rapid expansion during the two years after the project grant was allocated:

- 6 new OCD support groups were developed and five new specialist support groups were established (in total, 18 groups provide 28 obsessive compulsive disorder/anxiety support groups meetings each month in Victoria);
- 5 time-limited telephone conferencing systems (Telelink) were established to allow people who are geographically isolated or house-bound due to deterioration in their condition, to belong to a support group;
- an OCD & Anxiety HelpLine was established to provide direct access to support, counselling and referral advice for sufferers and carers;
- training was undertaken for 12 group leaders and 8 volunteer telephone counsellors;
- a Group Leaders Support Network was established;
- a Support Group Leaders Resource Manual was developed; and
- a range of pamphlets containing information about OCD were prepared for consumers, families/carers, and health professionals.

The project demonstrated the need for the support and educational services offered by the Obsessive Compulsive & Anxiety Disorders Foundation which provides sufferers and carers with useful strategies for coping with the impact of the disorder on their lives and to access appropriate treatment. It is noted that the support groups and services currently serve as the only source of help for many sufferers who are unable to access treatment or who cannot be helped by the available treatments.

As a consequence of this project, Victoria established a state-wide self-help network for people with OCD and their carers, including support and social groups, educational services, and a HelpLine.

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Obsessive Compulsive & Anxiety

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## **Project 24038: Evaluation of Psychiatric Nurse Clinical Consultancy**

**Aims:** The project was undertaken by the Faculty of Nursing RMIT, & the Australian Centre for the development of Psychiatric Nursing Excellence (\$177,234). The aim of the project was to evaluate the impact on the quality of care provided in two hospitals through the employment of expert psychiatric nurse consultants working as part of emergency departments.

**Description:** The project was conducted over a nine month period under the auspices of RMIT Faculty of Nursing and the Australian Centre for the Development of Psychiatric Nursing Excellence. Experienced psychiatric nurses were located in the emergency departments of two Melbourne hospitals and provided a range of services including psychiatric nursing care in the emergency department, formal and informal education of staff, and advice to team members on consumer care.

Two hospital sites were chosen for the project based on their differences in trauma services, psychiatric service position, location, and client demographic. Hospital A is a suburban hospital which has sessional psychiatric consultation services but no inpatient psychiatric unit. It has a large number of deinstitutionalised clients who are receiving community-based care. Hospital B, which has an inpatient unit and designated psychiatric medical staff, serves an area with a large homeless population. Neither site had formalised psychiatric consultation in the emergency department.

The aim of including the psychiatric nurses in the emergency department was to improve the quality of care provided to consumers with a mental illness who presented at the hospitals. The project focused primary on four client groups: identified mental illness; crisis/trauma; comorbidity; and physical illness causing psychiatric symptoms. During the consultancy period, 148 people at Hospital A and 195 people at Hospital B received direct care from the psychiatric nurses, which constituted 2.8% and 4.3% of all presentations to the emergency departments over the period of the project, respectively.

The project also sought to improve, through consultation and education, the knowledge and skills of general nursing staff and produce positive effects on their attitudes and improvement in a range of nursing practices. The education component of the consultancy accounted for a sizeable proportion of their workload: 16% in Hospital A, and 12% in Hospital B.

## Outcomes:

The report states that an increase in the effectiveness and efficiency of the emergency departments was demonstrated by a decrease in the average length of stay in the emergency departments for mental health consumers at the end of the consultancy period. The average length of stay for mental health patients was reduced by 1 hour and 36 minutes at Hospital A, and 2 hours and 5 minutes at Hospital B. The report also states that mental health consumers were assessed more rapidly, provided with timely and appropriate support, and were referred to suitable services more effectively.

Reports of critical incidents relating to episodes of verbal and physical abuse, and consequential consumer/staff injury, were reduced by 63% at Hospital A and 38% at Hospital B at the end of the consultancy. Additionally, the number of mental health consumers leaving after certification or against medical advice and attempted self-harm were also decreased at the end of the project. Overall the report states that the outcomes for mental health consumers who presented at emergency departments in the two Melbourne hospitals were significantly improved.

Toward the end of the consultancy period, data was collected from a random selection of the emergency department nursing staff in both hospitals. The report states that from the data collected, it appeared that the emergency department nurses benefited from the educational input of the consultants which ranged from formal and informal teaching, role modelling, and support for skill development. The emergency department nurses identified increased confidence in their work with mentally ill people, more knowledge of mental illness, and an attitudinal shift which enabled them to see mentally ill people as valid emergency department service users.

Both psychiatric nurses were re-employed at the end of the project to continue their work as members of the emergency department teams.

## Contact Details:

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