

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.

Contact Details:

For further information regarding this project please contact:

Ms Agnes McMillan

Tel: (02) 4732 2388

Assistant Director

Fax: (02) 4732 2388

Child and Adolescent Services

E-mail: mcmilla@wahs.health.nsw.gov.au

Wentworth Area Health Service

PO Box 94

PENRITH NSW 2751

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.

Contact Details:

For further information regarding this project please contact:

Ms Belinda Robson	Tel: (03) 9482 7111
Psychiatric Disability Services of Victoria Inc.	Fax: (03) 9482 7281
370 St Georges Road	E-mail: belinda@vicserv.org.au
NORTH FITZROY VIC 3065	

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.

Contact Details:

For further information regarding this project please contact:

Ms Sue Marks

Tel: (08) 8221 5166

ROOFS South Australian

Housing Association

PO Box 310

MARLESTON SA 5033

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.

Contact Details:

For further information regarding this project please contact:	
Ms Anne O'Donnell	Mr Ralph Olivieri
A/g Regional Director	Service Coordinator
Eastern Community Mental Health Service	City Homeless Assessment and Support Team
275 Main North Road	12 Flinders Street
ENFIELD SA 5085	ADELAIDE SA 5000
Tel: (08) 8269 8432	Tel: (08) 8212 7266
Fax: (08) 8269 8402	

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.

Contact Details:

For further information regarding this project please contact:

Mr Andre Jenkins	Tel: (03) 6233 2599
Mental Health Services	Fax: (03) 6233 3023
Department of Community and Health Services	E-mail: andre.jenkins@dchs.tas.gov.au
GPO Box 125B	
HOBART TAS 7000	

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:

For further information regarding this project please contact:

Mr Shaun Byrne	Dr E. Rafalowicz
Senior Social Worker	Regional Director
Marion Continuing Care Team	Southern Mental Health
Southern Mental Health	Southern Regional Office
820 Marion Road	179 Greenhill Road
MARION SA 5043	PARKSIDE SA 5063
Tel: (08) 8375 6000	Tel: (08) 8406 1620
Fax: (08) 8375 6001	Fax: (08) 8406 1641
