Responding to crisis and building community-a local government perspective of mental health and service responses

Submission to the Senate Select Committee on Mental Health

May 2005

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Enquiries to Kate Incerti
City of Port Phillip
Private Bag No. 3
P.O. St Kilda (Vic) 3182
P. (03) 9209 6666
F. (03) 9645 7629
E. kincerti@portphillip.vic.gov.au

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1. Executive Summary and Recommendations

1.1 Summary

•This submission is made by the City of Port Phillip to the Senate Select Committee on Mental Health.
•The submission examines and discusses the challenges and crises affecting outcomes for mental health, the impact on individuals, and communities from a local government perspective.
•A summary of findings and recommendations is set out below.

1.2 Findings

- Poor mental health is a massive challenge for those who experience it and others in the community.
- There is a perception that the problems are getting worse.
- The system is inadequate and stressed currently, and will definitely not be able to cope with the forthcoming burden.
- Some ill health is unpreventable.
- Much ill health can be either prevented or more quickly alleviated. Services and cultures that address common pathways such as childhood trauma need to be dramatically bolstered to make long-term dollar and suffering savings.
- The needs are complex, dynamic and interconnected. Governments need to address this by thinking about the whole lifestyle of the people affected (e.g., housing, drugs, health, social connectedness, stigma, income, dignity, food, education, meaning of life) and about whole of government (e.g., general health, specific health, police, law, income support etc).
- The social model of health is a good start.
- Mental health services tend to work in isolation from other community services to the detriment of people with mental illness
- The mental health system is premised on medical model and remains focussed on treatment, recovery and rehabilitation.
- A community development approach within the mental health service system would provide for the development of new initiatives and responses to increase inclusion and participation opportunities for people with mental illness in local communities.
- The current mental health system does not actively support people with mental illness to exercise their citizenship rights in local communities

1.3 Recommendations

The City of Port Phillip recommends:

1.3.1 That a social model of health be the foundation of evaluating and reviewing the efficiencies of the Mental Health system and developing further linking up of sectors: prisons, housing, community health, education, employment and training;

1.3.2 Increase resources to community health counselling services;

1.3.3 Target resources for training to address issues of navigating the complex service system of Mental Health Services.

1.3.4 Explore the range of support roles that are used in UK Mental Health Services to incorporate outreach, flexible maintenance support

1.3.5 Further develop innovative case management services such as the ConnectED model of linking acute systems to community with positions co-located in ED's and community agencies;

1.3.6 Increased resources for secure, high dependency and acute beds, CAT outreach and greater cross-sector training with Police and Council Local Laws services;

1.3.7 Increased practical flexible funds via Home & Community Care (HACC) and Housing Establishment funds (HEF) being available to assist with avoiding evictions and assisting to sustain tenancies (clean ups, rental arrears and storage);

1.3.8 Encourage innovative Local Government partnerships with Mental Health services and Police to develop constructive responses to people presenting with unstable mental health. This requires improved communication and planning strategies;

1.3.9 Increased resources to educate housing providers regarding preventative assistance such as outlined in 1.3.7: Consumer Affairs, Real Estate Agents, State Housing Authorities; Community Housing Providers, Rooming House Managers;

1.3.10 Increased linking of mental health advocacy initiatives to the affordable housing and accommodation advocacy strategies;

1.3.11 Combined mental health and homelessness support resources situated within crisis accommodation, juvenile care, refuges, hospitals;

1.3.12 Increased consideration of psycho-geriatric needs in the Commonwealth Aged Care formula;

1.3.13 Increased resources to recognise the unique needs of people with a mental illness from a Culturally and Linguistically Diverse (CALD) background, frequently associated with previous torture and post-traumatic stress experiences;

1.3.14 Increased resources for early intervention and preventative support to parents experiencing mental illness, depression and anxiety including practical resources and family aide positions and further training for Family Support programs, particularly of children and youth services (12-18 years);

1.3.15 Consideration be given to changing psychiatric rehabilitation models that can include recreation, sports and arts initiatives to more one based upon community participation;

1.3.16 The mental health system would be greatly improved by the development of a more comprehensive policy framework with a focus on community inclusion, participation and citizenship.

1.3.17 It would be of great benefit for mental health services to engage more strongly with local government services and decision makers.

2. Introduction

2.1 City of Port Phillip Context

The City of Port Phillip is located on the northern shore of Port Phillip Bay, 2 kms south of the Melbourne CBD. There is significant diversity in the socio-economic status represented with extremes of wealth and poverty. Amongst a total population of approximately 80 000, there is a higher proportion than in other areas of Melbourne and many areas of Victoria of:

- Rented dwellings (both public & private);
- Lone households-more than 25% of these earning less than $300 per week, 54% are renting;
- Rooming houses with a high proportion of residents with disabilities, particularly psychiatric illness and complex needs such as cognitive impairment, alcohol and substance use;
- Flats and apartments as a housing type;
- Adults aged 25-64,especially 30-34 year olds and 55-64 year olds;
- Higher levels of homelessness compared to the Melbourne Metro.
- Port Phillip has also historically been home to significant numbers of post war migrants from Southern & Eastern Europe, many of who are now reaching 75+years.
- "Port Phillip has a significantly higher rate (113.97 per 1000) of ill health that contributes to years of life lost than Victorian average (79.71 per 1000) and higher rates across many health conditions especially cardio-vascular, cancer and mental disorders; rates of drug dependency, drug abuse and suicide are also higher than other areas of the Melb. Metro and state."[1]

Coinciding with the process of deinstitutionalisation including Mental Health from the mid 1980's, the City of Port Phillip has operated within a highly dynamic and rapidly gentrifying property market. This is similar to many inner-urban regions in Australia and across the Western world. Additionally it has significantly higher housing density creating major accommodation challenges for

[1]http://www.portphillip.vic.gov.au/attachments/o10502.pdf

people on a limited income such as a Centrelink pension whilst also trying to manage with mental health issues.

Traditionally Port Phillip has always been home to many people with diverse interests and needs with low incomes who have lived here when a range of low cost private rental, rooming houses and private hotels were plentiful. Apart from these diverse housing types previously being accessible, Port Phillip has also been known as an area welcoming diversity and non-judgemental inclusiveness across its communities.

As a result many services have originated and expanded in response to this concentration of needs. This municipality is home to many of the key statewide agencies, which support approximately 31% of the recorded homeless population of metropolitan Melbourne. These agencies include Hanover Welfare Services; Salvation Army Crisis Service; Sacred Heart Mission; and Ngwala Willumbong Co-operative.

3. The Links between Community & Mental Health

3.1 Mental Health & Community Care services

Community health services specialise in a social model of health and providing services to low income, disabled and otherwise disadvantaged people. Community health centres and services play an important role in early intervention and in responding to the less acute mental health problems and psychosocial needs of people living in their local community. Community health services have long waiting lists and current government health initiatives have the potential to increase the demand for counselling services

In the 1990s the demand for counselling in Community Health Centres was influenced by trends to treat people in the community rather than in institutions, closure of services such as school support, mandatory reporting and greater public acceptance and awareness of the benefits of counselling. During the 1990s the ability of community health centres to respond to the increasing demand for low cost counselling services was limited in part by significant changes in economic policy and the way in which services were defined and provided. The demand for low cost counselling increasingly exceeded supply (O'Connor, D. 1998).[2]

The social model of health is based on the premise that people's social and economic circumstances strongly affect their health throughout life. A case management approach is based on the social model of health in that it looks

[2] *ISEPICH Inner South East Partnership in Community and Health*

beyond the illness and seeks to change the underlying social conditions and other factors that influence a person's health.

Community Health Services are reporting an increase in the incidence and range of complex social and health problems they must deal with. These include family violence, child abuse, alcohol and drug dependency, youth suicide, gambling problems, sexually transmitted diseases, family and individual problems connected to long term unemployment, homelessness or single parent households as well as mental illness. The multi-disciplinary nature of community health service provision is recognised by clients and referring agencies alike as having the expertise to deal with complex problems and as a result demand pressures are increasing.

Ironically it is community health counselling services for people with anxiety disorders and depression that are currently unable to cope with the demands and commonly have up to three months waiting times. Long waiting lists cause people to end up on a merry-go-round being referred from one agency to another (passed around in the hope that they will get access treatment). Unless the client progresses to a crisis situation that duty workers at a community health centre, hospital or another agency has to address immediately, it is months later before they finally get to the top of a list and access professional counselling.

In response to terms of reference (b), (c) and (e): Additional funding needs to be allocated to community health to meet the needs of vulnerable people and allow sectors of the health system to balance and achieve effectiveness and efficiency. Community mental health services help to prevent serious mental illness and promote health, and there is growing evidence that these services are cost effective for national economies in the longer term.

Service providers have difficulty navigating the existing structure of the Mental Health Service this leads to frustration, inappropriate referrals, lack of continuity of care and further isolates mental health clients. Resources are required to integrate and coordinate community health services with other local and government services.

3.2 Mental Illness, Complex Needs and innovative responses

In response to Terms of Reference (b), The City of Port Phillip is the fundholder for a project "ConnectED" that integrates care to improve the health and wellbeing of people with high needs and who frequently attend the Alfred emergency service. The aim is to prevent unnecessary emergency department presentations. A multi-skilled virtual team drawn from several acute and community services undertakes assertive outreach and, together with other services, provides enabling, holistic support to people with high needs.

ConnectED workers are employees of different agencies but work as part of a virtual team. As the project has become more established the benefits of working in this model have become more evident. These include:

- A flexible engagement and assessment period responsive to the client
- Flexible funding to meet client needs
- The ability for one worker to "walk with" the client and be a single point of contact
- Preventative community development with complex clients living in rooming houses
- The support and supervision offered to workers by both home agency and by ConnectED,
- Rapid cross agency communication and co-operation,
- Bridges between the acute and the community health sectors,
- Immediate access to multi-disciplinary expertise and advice,
- Capacity to cross-geographical boundaries with the client, many of whom are transient.
- The ability to easily access information (essential with complex clients) from both the psych. (RAPID) database as well as from acute (CFC, First Net), Alcohol and drug (ADIS) and community services.
- A Worker in the emergency department, who can leave the hospital and go with the client, liase with other hospitals and who people in the community can call.

The City of Port Phillip has also established and resources a number of networks:

•The (Supported Residential Services) **SRS Services Network** that brings together a range of outreach services, community health and mental health services, and activity providers to improve co-ordination and co-operation between service providers. This Network has been very effective in promoting collaboration between service providers.

•Through its involvement with the **Inner South East Partnerships in Community and Health,** Port Phillip has participated in developing a **Health Promotion Plan which includes initiatives for a settings based approach to health promotion** in Rooming Houses, Supported Residential Services, public housing and other settings. A **Rooming House workers Network** has also grown out of this and previous coordination initiatives from workers themselves. Apart from circulating health information, education and support, professional development for workers, and advocacy, this continues to raise awareness of the impact of violence on health and the need to identify people at risk of violence or likely to use violence.

Given the high incidence of chronic mental illness amongst SRS and Rooming House residents in this area, **mental health workers are generally under represented on the Networks**, despite continual efforts to engage them. However, the SRS Network has been successful in engaging service planning staff at Alfred Psychiatry through the formation of a **Working Group around**

SRS's and access to Mental Health Services. This working group has high-level support within Alfred Psychiatry, and is having a positive effect on the way mental health services are delivered to SRS residents. There is also a Working Group looking at the access and quality of GP services for SRS residents.

Port Phillip have also been aware of the recent development of a **Multiple and Complex Needs Panel** by the Victorian Department of Human Services (Complex Clients, Housing and Victorian Communities) but would submit that little is known of its services and referral pathways across the mainstream social services and local government authorities outside of the mental health sector.

3.3 Mental Health and Housing

There has been extensive research into linkages between housing and support and what is important from the perspective of people living with a mental illness.[3] This research identified key factors that supported people maintaining stable housing and risk management strategies. We would strongly advise that this Senate Enquiry endorse many of the recommendations in this report as it particularly proposed:

- A model for integrating risk management into the service system and
- Government making the management of housing risk for people with complex needs a key objective.

The City of Port Phillip has a well-established, nationally and internationally recognised suite of housing programs and initiatives that recognises the human right to shelter as a significant pre-requisite for a quality of life. Our municipal housing and health strategies support that a lack of accessible, secure and affordable housing is both detrimental to an individual's health and well-being and unsustainable as a community needing to respond to the changing life events individuals can experience.[4]

Developing a mental illness is one such life event that can happen to anyone in our community at any age. Port Phillip Council believes it has a role to "develop resilient and fair communities by ensuring residents are effectively and appropriately supported in accessing services and resources"[5] While the City of Port Phillip is actively building and supporting housing for disadvantaged members of the community **it is apparent that the mental health system is**

[3] O'Brien, A et al "Linkages between housing and support-what is important from the perspective of people living with a mental illness" AHURI Sep 2002

[4] Spivak, G City of Port Phillip Housing Strategy 1997 & Creating a Healthy and Safer Port Phillip 1999

[5] City of Port Phillip Annual Report 2002/2003 p7

radically under resourced and is geared almost exclusively to the extreme crisis end of care.

Increased investment in community mental health is required at every level- from secure locked facilities for violent, complex clients, to emergency beds and outreach workers [CATT], to psychosocial rehabs and community centres and support groups, community development initiatives and education. Most importantly, there needs to be access to adequate crisis, transitional and long term housing, including public housing, community, and supported housing.

In our experience in relation to Terms of reference points (b) and (e), There is a gap in long term outreach support services that assist people with severe mental illnesses who are residing independently in the community with activities of daily living. In the UK we are aware this is assisted by the positions within the Community Mental Health teams of "Support, time & Recovery workers" see appendix 1 for example of a job description.

These workers are managed by the care co-ordinators and have a smaller caseload (5-8) to enable them to assertively outreach visit several times a week and use their time flexibly accompanying clients to appointments, activities or training as required.

In Victoria, usually by the time we have been informed of someone experiencing a breakdown of living skills, this has impacted upon the individual, their family and the community neighbouring their residence. Community Mental Health services cannot provide the level of practical, maintenance and preventative input similar to this UK model or current Community Aged Care Packages in this country. As a result, the individual's chance of optimising living as independently as possible in the community and their housing is then jeopardised.

It has been our experience that there is a current gap in HACC and PDSS financially resourcing the cleaning, packing up of items and assisting relocations when a person's mental health has deteriorated whilst they are living independently in private rental accommodation. We regularly receive requests from acute or outpatient mental health services to assist a person return home from an inpatient admission or relocate to alternative accommodation due to eviction from the private rental property.

In part this has been due to the condition in which they have allowed the property to reach, rental arrears, neighbour disputes etc whilst experiencing deterioration in their mental health. Costs are incurred in delaying discharge from hospital which could be sped up if funds could be made available to carry out these tasks and expedite the person's return to their tenancy or relocate to alternative accommodation without the total loss of all their belongings. Research

has shown that preventive input has been cost effective across a no. of sectors in relation to averting homelessness. [6]

We frequently experience Neighbours, Real Estate agents and Body Corporate representatives approaching Council services to respond when a person with a mental illness is becoming acutely unwell to organise environmental health assessments and to take action to tackle compulsive and excessive hoarding and associated infestations; nightime disturbances and odd behaviour.

In relation to terms of reference (c), (e) and (i), it would be beneficial if there was:

- **Greater understanding of mental health issues amongst the community at wide and housing providers in particular,**
- **Improved resourcing of mental health services including flexible care funds that can be accessed to rescue tenancies at risk.**

We are very interested in the newly emerging model of a subsidised supported rooming house being developed by the Victorian State Government Department of Human Services (Mental Health, Office of Housing and Aged Care) **Rooming House Plus Project** with a community housing organisation managing tenancy and a support agency providing intense support to a number of the 64 self contained tenants at the site in Albert Park.

3.4 Mental Health, Homelessness and public space issues

A high proportion of people who suffer from mental illness are homeless, or living in poor standard boarding houses, rooming houses, SRS's and caravan parks. Many of these people have contact with services and are medicated, but are isolated, marginalised, unengaged with services or support and 'warehoused out of sight'. Many drift to the inner city from the outer areas of Melbourne when evicted from their accommodation or it closes down. If these people do not have a mental illness when they first become "homeless" they often develop one as a result of the stress of their circumstances.

We acknowledge that not every person experiencing homelessness has a mental health issue, but research has demonstrated there are many people with a mental illness experiencing homelessness: "75% of people experiencing homelessness in inner city Sydney have a mental health issue compared to 20% in the general population; 23% of men & 46% of women who are homeless have

[6] Berry, M et al. *Counting the Cost of Homelessness: a systematic review of cost effectiveness and cost benefit studies of homelessness* prepared for Commonwealth National Homelessness Strategy AHURI July 2003

schizophrenia compared to general population prevalence of between 0.5% and 1%; 33% have depression compared to 6% of the Australian community"[7]

The City of Port Phillip's homelessness responses have been developed within the framework of a nationally recognised definition also used by ABS for 2001 Census:

- "Primary homelessness: those without conventional accommodation;
- Secondary homelessness: those moving around and living in temporary accommodation: refuges, emergency shelters, staying on a friend's couch;
- Tertiary homelessness: those living in boarding or rooming houses in the medium to long term".[8]

It was estimated in 2000 in Victoria nearly 3000 people with a mental illness were experiencing homelessness.[9]

Port Phillip has implemented a coordinated and constructive response to instances of primary homelessness by recognising some of these individuals who may also have complex needs and be in genuine need of accommodation. In 2000, the Council's Homelessness Protocol was developed to respond to individuals with complex needs falling within City of Port Phillip's Local Law 44A 'Camping on Council Land'. Council land refers to public roads, footpaths, laneways and nature strips as well as parks and foreshore areas. Requests from the public are frequently received and may fall within statutory, enforceable offences e .g sleeping in unregistered vehicles, erecting of makeshift structures or tents or using a mattress in a sports pavilion or park rotunda.

This can lead to significant escalation of tension and contesting of public space; particularly if the homeless person is exhibiting bizarre and unusual behaviour. Studies have repeatedly shown that 80%of the homeless, people living in rooming houses, shelters, squats and sleeping rough have a diagnosed mental disorder. In 2001, there were more than 23,000 homeless people in Victoria, many of them under 24 years of age. In Inner Melbourne (Southern Region of the Department of Human Services), which includes the City of Port Phillip, the recorded population of homeless people is estimated to be 1,806 people in 2001.

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[7] Hodder, T et al "Down and out in Sydney Prevalence of Mental Disorders" in Sydney City Mission 1998 in *Social Justice-Along road to recovery* St Vincent de Paul NSW/ACT State Council 2001

[8] Chamberlain & McKenzie 1998 in *National Evaluation of the Supported Accommodation Program*, Dept of Family & Community Services, Canberra 1999 (SAAP 111)

[9] *Victorian Homelessness Strategy* "Support responses to adults with a mental illness and dual diagnosis who are homeless information paper" DHS Victoria 2000

Many of the 50-60 cases dealt with by Council officers over the past 3 years have been individuals experiencing chronic and poorly maintained acute mental illnesses. At Port Phillip, since the introduction of the Homelessness Protocol, both site assessment and assessment of the individual's needs are conducted so engagement and enforcement roles can be planned and coordinated by Council officers, Police and community agencies. Referrals can be considered to a range of assertive outreach community care programs including:

- Mental Health Homeless Outreach;
- Assertive Mental Health,
- Community Connections Program,
- Hanover Outreach (overnight x2 week),
- Ozanum Outreach (Alcohol),
- Mobile Health Outreach (Intravenous drug users) and
- Koori Outreach workers.

"Local Governments have always been at the forefront of battles over competing claims for use of public spaces and the development of activities within their boundaries".[10] As international and Australian research has shown, "many who have been chronically homeless have problems beyond simply a lack of housing-many are single, socially isolated, lack friends or have estranged family ties, and have combinations of physical and mental illnesses, alcohol dependency and drug misuse."[11]

Local Government clearly has a responsibility to promptly address public safety and environmental health issues that may be associated with the individual's use of the site, particularly when they have relapsed or become acutely unwell. These instances invariably present operational and occupational health challenges for Council officers encompassing Local Laws, Parks & Gardens, Environmental Health, Street cleaning, Traffic & Parking who will be approached by traders, residents and visitors to the area to 'remove' the person and belongings from the site as they are perceived as a hazard and a threat.

An automatic 'moving on' or fine and throwing out of belongings are obviously not the answer. This is unsustainable in the long term and would be derelict of our duty of care under the Mental Health Act, as well it would be contradictory of Port Phillip's recognition of the difficulties people can face when trying to access secure and affordable housing and crisis accommodation when they also experience complex health, financial and social needs (common when you have a chronic mental illness that is poorly maintained).

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[10] Press, M & Szechtman, R 'Whose place is this? Shifting policy responses to illegal street sex and drug use in St Kilda" in Mendes, P & Rowe, J *Harm Minimisation Zero Tolerance & Beyond* Sydney 2004

[11] Crane, M p20. in Parity Journal of Council to Homeless Persons Vol13 Issue7 Aug 2000

Innovative Parks and Foreshore Design initiatives have also been pursued at Port Phillip using the concept of Crime Prevention through Environmental Design (CPTED) and community development principles. Participants are stakeholders who all have an interest in the public space being redeveloped and have included community members including local residents and businesses, people who are homeless and people whose behaviour is sometimes challenging (or their advocates).

Port Phillip by taking this approach is promoting safer and inclusive public spaces and acknowledging that many people have limited access to space to sit, sleep and stretch out whilst trying to set responsible limits. This approach is not always actively supported by some in the community and continuing education about the complexities of mental health and disadvantage are required.

Generally from our experience so far in relation to Terms of reference points :(b), (c), (e), (f) & (m) include:

-Greater coordination and sharing of information across sectors that come within Mental Health Act requirements: eg. When a person may be in danger of harm to themselves or others. We have experienced at times a reluctance to share critical information and officers have approached a person known by the Mental Health System without being fully informed of critical risks.

-Better resourcing of outreach services to encompass more consistent coordination, especially between Police and after- hours access to specialist mental health crisis assessment teams (CATs) and an increase of acute beds. **We have experienced a reluctance on the part of both Police and CATs to attend a homeless site to assess a person because there will be no way of restraining them or taking them to an acute service.**

-Increased training of homelessness services and housing providers such as Office of Housing, Community Housing managers, Supported Residential Services (SRS's) and rooming house managers regarding the Mental Health Act and greater linking up of these services with consistent, specialist mental health teams. **We have experienced people having repeated episodes of evictions (recurring homelessness) because the providers have not known where they could access prompt Specialist Mental Health support to avert problems in a preventative manner.**

-Greater combined mental health and homelessness support resources situated within crisis accommodation, prisons, juvenile justice, psychiatric inpatient units and refuges. **We have experienced many instances of primary homelessness within Port Phillip who have been people released from custody, hospital or care without adequate accommodation and support being established.**

3.5 Poverty and Mental Health

The links between sustained poverty and financial stress, housing inaffordability and mental health need to be further considered in relation to Terms of reference (a) and (m): Recent analysis has projected that if nothing is done to address unmet demand for affordable housing, by 2020 "there will be one million people in housing stress in Australia"[12] Housing stress transfers directly to issues for individuals and families, affecting health, education and employment outcomes which in turn impact on future mental and physical well-being.

These conditions have created a particularly challenging property market in which to compete if experiencing chronic mental illness and restricted to a low income. It is also difficult for policy makers and governments trying to reduce the occurrence of more prevalent mental health conditions in the community such as anxiety and depression. Much of the good work performed by government sponsored mental health services can be quickly undone if general living conditions are stressful and chaotic. Nationally, availability of affordable housing is currently under resourced for all housing types. This is particularly difficult for people on temporary permit visas who commonly experience mental health concerns related to post traumatic stress from earlier experiences in the countries they were fleeing, as well as their experiences of detention in this country.

In Port Phillip we have experience of this range of related mental illnesses through having a significant proportion of Holocaust survivors and other WW2 veterans through to more recent arrivals of older people from the former USSR and families from Somalia and Horn of Africa. There is a need for the National Mental Health Strategy to create greater links between other National and State housing and community development initiatives.

We have noted that the Second National Mental Health Plan explored "adverse life events including employment poverty and social adversity"[13] but did not specify housing stress, breakdown and homelessness; we submit that since the release of the second report, housing has become more unaffordable and warrants particular attention.

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[12] Hawtry K "A new proposal to expand housing supply" in *Parity* July 2002 Vol 15 Issue 6 p 7

[13] National Mental Health Strategy, *Mental Health Promotion and Prevention National Action Plan* 1998-2003 A joint Commonwealth, State and Territory Initiative 1999 p24

3.6 Mental Health & Different life stages

In response to Terms of Reference (b) and (f):

There are currently a number of gaps in the services available to meet local needs for older residents requiring psychogeriatric low care and high care[14] and the need for a psycho-geriatric nursing home and hostel beds has been recognised as access to services able to cater for psycho-geriatric residents is very limited. Residential Care providers are also noting a steady increase in numbers of residents in facilities who have had life- long psychiatric diagnoses and present different challenges to those developing psychogeriatric illnesses. Others ageing with psychiatric illnesses have ended up in Supported Residential Services, however Port Phillip and neighbouring municipalities are experiencing a steady closure of these facilities so this does not address the gap. We have welcomed a more flexible and appropriate care model in St Kilda: **Sacred Heart Mission /Aged Care Assessment Service – Grey Street Annex- see Appendix 2-an initiative of both Commonwealth Residential Care and Victorian Department of Human Services.**

Outpatient psychiatry services are generally limited to a 9-5 Mon-Fri. outreach service (Caulfield Mobile Aged Psychiatry Service) that can be limited when the older person is homeless and needing assessment after hours. We have experienced reluctance on the part of Police and CAT's to respond to a more chronically unwell older person that is not necessarily exhibiting acute behaviour; these cases fall between the MAPS coverage and the crisis response and often remain intractably homeless and transient.

In relation to families where a parent has a mental illness, it is our experience that there is little or no support to families where either parent or child have a mental health issue. Respite services and support for children who become carers of parents with mental health illness are urgently required to maintain the family unit and advocate for the needs of the child in these circumstances, likewise for parents of children with a mental health disability.

Childcare for parents is difficult to obtain and afford and can place extra stress on services and staff inadequately trained to deal with mental health illness.

Maternal and Child Health Services offer a universal model of care and support to all families with children 0-6 years, this gives access to families at one of their most vulnerable stages in life. Existing mental health issues can be exacerbated, whilst undiagnosed conditions or new conditions are often recognised at this time putting pressure on an under resourced service that is often frustrated by the limited support able to be offered in form of counselling, support groups and referral waiting times.

[14] City of Port Phillip Residential Care Strategy 1999

There is no service available to give ongoing practical domestic support and role modelling to these families. Family Support Services have limited funding and are not designed to be long-term carers. Further resourcing and training for Family Support Services would greatly benefit the number of support groups and short term specific support able to be offered in particular to families with children between the ages of 12 and 18 years where support and programs of any kind is inadequate.

The most difficult client base to work with is the family where mental health issues are complicated by drug and alcohol problems. These families are difficult to engage and workers are often in vulnerable situations where safety is a concern not only for family members but also the worker themselves.

In light of the dearth of research on the importance of the early years to long-term outcomes, mental health prevention and early intervention is greatly under resourced in all areas of this sector.

3.6 Opportunities for Participation in Local communities: Recreation & Arts initiatives:

In response to terms of reference (l) and (p), The City of Port Phillip has been proactive in developing a range of low cost accessible arts and recreation activities that ensure that people with mental illness have opportunities to participate in our community.

Council directly funds a range of recreation and social opportunities to people with psychiatric disabilities or other social disadvantages. By supporting people with psychiatric disabilities to become involved in community recreation activities and arts projects, problems of social isolation and alienation are addressed, and people develop social networks and friendships. These regular connections – example at the local tennis club, gym, with others in the theatre group… provide a sense of belonging in the community and have a positive impact on mental health, including reduced likelihood of relapse.

A number of activities have been developed in conjunction with local community recreation providers. While most PDRS services provide activities, these tend to isolate ‘clients’ from others in the community, as they are provided in segregated settings, and are based on rehabilitation model rather than a community participation model.

In Port Phillip, there is strong Council support for the Accessible Arts & Recreation Initiatives, which are seen as ‘policy in action’ promoting social equity and supporting the diversity within our community.

Port Phillip has also been a strong supporter of a Victorian State-wide initiative: **(Access for All Abilities) AAA.**This Community Development initiative was established in the late 1990s to work with community sport and recreation providers to open up opportunities for people with disabilities to participate in local communities. The AAA initiative is funded by State Government Department of Human Services (mainly Disability Services, but with a small contribution from Mental Health) and administered by Sport and Recreation Victoria.

While the initiative has been very effective in terms of building opportunities for people with disabilities, there has been minimal engagement with the mental health sector, and AAA providers often experience difficulty in working with mental health services – which are not generally oriented towards working in partnership with non mental health services, and often undervalue the importance of sport and recreation opportunities for people with mental illness.
(For more detail contact Paul Dunn – DHS – 03 9616 7714)

The Roomers Magazine Outreach Project is an innovative community project that actively engages people who are the most disadvantaged and stigmatised in the Port Phillip community. The project works people who live in rooming houses, SRS's and other supported accommodation.

The Roomers Magazine Outreach Project recruits local artists/writers to assist as volunteer mentors, working on an individual basis with contributors to develop their work for publication in the magazine. Contributors write of their experiences including homelessness, substance abuse, and mental illness. First hand accounts and their experiences and viewpoints on issues of local interest provide a perspective that is not readily available in the broader community.

The Roomers Project also provides opportunities for the public presentation of work at Spoken Word performance events, including the Melbourne Writers Festival. The project creates important connections and understandings between those who are most marginalized as a result of mental illness, addiction and poverty, and others in the mainstream community.

In addition, the Roomers Magazine functions as an alternative source of information about services and opportunities in the community, successfully reaching those who are least engaged with the formal support services.

The involvement of Elwood St.Kilda Neighbourhood Learning Centre as the lead organization provides a strong community connection for Roomers contributors, with links to adult education and other activities associated with the Learning Centre.

However, while the majority of those benefiting form the Roomers Project are people who experience mental illness, it has not been possible to date (since

1996) to secure an ongoing contribution of funding from mental health services to support this project. The reason given for this is that there are no suitable funding categories within mental health, as the project is not based on a clinical or casework model. **There is a need to develop mental health funding for Innovative projects that assist in creating community participation opportunities for people with mental illness.**

4. Recommendations for Improving Mental Health Outcomes for People & Communities

Developing a focus on Community Inclusion and Participation

The mental health system would be greatly improved by the development of a more comprehensive policy framework with a focus on community inclusion, participation and citizenship. The Victorian State Disability Services Plan 2002-2012 is an excellent reference in terms of its focus on community inclusion and capacity building, and the reorientation of specialist services to achieve community participation outcomes for people with disabilities. This is in stark contrast to the policy frameworks in mental health, which focus on services co-ordination, community 'care', and 'social support services'.

Engaging local government

Given the role which local government plays in fostering and developing local communities in which all residents can exercise their citizenship rights and have access to opportunities which promote quality of life and a sense of belonging, **it would be of great benefit for mental health services to engage more strongly with local government services and decision makers.**

In response to the State Disability Plan, LGAs have been funded for community development /community building positions across Victoria, through the Rural Access and Metro Access initiatives. In rural Victoria these positions have been very effective in developing projects and initiatives at the local level to engage a range of stakeholders and mobilise community resources to improve the range of opportunities available in community for people with disabilities. MetroAccess is in the establishment phase, with all metropolitan LGAs receiving funding for MetroAccess workers.

See attached Guidelines for MetroAccess, and a progress report on RuralAccess (2002)

In Victoria, it is likely that there would, be opportunities for a partnership approach between Mental Health and Disability Services around these community-building initiatives. Some of the Disability funded RuralAccess services already work on projects that have positive impacts for people with

mental illness - and obviously positive change in communities in response to people with disabilities is also likely to benefit people with mental illness.

State Government- Interdepartmental co-operation

In Victoria a Round Table for Inclusive Arts, Tourism, Sport and Recreation has recently been established with State Govt representation from Arts Victoria, Tourism Victoria, Sport and Recreation Victoria and Department of Human Services, with reps from Disability Services and Mental Health Branch. It is very encouraging to see mental health represented on the Round Table.

Contacts: Bernadette Pound (Mental Health – 03 9616 7777)
Paul Dunn (Disability Services-03 9616 7714

Appendix: 1[15]

Job Profile	
Job Title	Support, Time & Recovery worker
Responsible to:	Community Mental Health Team Manager or Senior STR Worker
Responsible for:	None
Location:	Community Mental Health Team
Hours of work & Grading:	30-37 per week (to include evenings and weekends and public holidays); 14,400-17,500 pounds sterling (Est. A$ 35,000-$43,750.00)
Job Purpose:	•To provide direst support to people with or recovering from severe and enduring Mental Health problems •To work as part of a multi-disciplinary team of professional staff providing mental health services in the community
Principal Accountabilities:	•Provide support, under the guidance of the Care Co-ordinator, to service users in line with their care plan •Attend and contribute to CPA review meetings and assist in development of care plans in line with the care coordination process for an allocated number of individuals •Promote independent living of service users •Assist with practical tasks and develop abilities re household management including budgeting, shopping, and planning and cooking meals •Provide support with activities of daily living including self care skills •Help service users gain access to

[15] www.cumbriacc.gov.uk

	resources such as state benefits, welfare rights advice, education, employment, leisure facilities, etc. in order to improve quality of life •Provide information to promote good health and healthy lifestyle •Help to identify early signs of relapse by monitoring service users progress and mental state and alert the Care Coordinator or other appropriate staff when necessary •Maintain adequate records as required by existing procedures and entering appropriate details onto service users case notes as necessary •Participate in regular consultation and supervision with the Care Coordinator and supervisor; •Attend team meetings and training sessions as directed •Be responsible with own time management and organisation of visits etc under supervision •Be flexible with regard to work place, which may be in the service user's home, the wider community or in hospital; •Provide support to carers of service users with mental health problems as defined within the carer's care plan; •Undertake other duties that may be determined from time to time within the general scope of the post •You are, as far as reasonable practicable, responsible for your own Health and Safety and the health, safety and welfare of other people in the course of your own work and are expected to take any necessary and appropriate action to ensure this. You will cooperate with your employer to ensure Health and Safety requirements are fully met.

Appendix: 2

SACRED HEART MISSION /AGED CARE ASSESSMENT SERVICE PROTOCOL – GREY STREET ANNEX

Target Group

Priority access will be given to -people at risk of homelessness as a result of being displaced from a pension only Supported Residential Service (SRS). The emphasis will be on those with complex needs.

Secondary priority will be given to -hostel eligible people with complex needs experiencing homelessness and people who are inappropriately placed in a pension only SRS on the basis that their needs are in excess of what can be provided by this service. People requiring hostel care, who are currently located in public housing, will be eligible under this category.

These complex and/or multiple needs may include one or more of the following disabilities or conditions –

- ❖ Intellectual disability
- ❖ Physical disability
- ❖ Acquired Brain Injury/Cognitive disability
- ❖ Serious mental illness and/or psychiatric disability
- ❖ Behavioural disorder
- ❖ Frailty
- ❖ Problematic drug use or alcohol dependence
- ❖ Chronic physical health problems

Eligibility

A person will be eligible to receive residential care in Grey street hostel

- If the person is socially and financially disadvantaged and
- If the person has physical, medical, social or psychological needs that require an increasing level of care and supervision.
- Those needs cannot be met more appropriately through non-residential care services.

See Aged Care Act 1997

Prospective residents will generally be 50 years and older assessed as requiring a high level of personal care with increasing dependency. There is no legislative age limit and younger people are eligible for admission where assessed by an ACAS as requiring hostel care.

City of Port Phillip Contributors: (03) 9209 6666

- **Kate Incerti:** Social worker, Housing Information & Support
kincerti@portphillip.vic.gov.au

- **Heather Betts:** Operations Coordinator, Family Services
hbetts@portphillip.vic.gov.au

- **Jackie Beckmann:** Project Manager, ConnectED
jbeckman@portphillip.vic.gov.au

- **Peter Streker:** Coordinator, Community & Health Development
pstreker@portphillip.vic.gov.au

Marie Hapke: Participation & Inclusion Policy Officer, Social & Cultural Planning & Policy
mhapke@portphillip.vic.gov.au

- **Valerie Kay:** Project Officer (Inner South East Partnerships in Community and Health) ISEPICH
vkay@portphillip.vic.gov.au