

# Mental Health Housing and Accommodation Support Initiative (HASI)

**NSW****Information submitted by:**

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**Background:**

This program, designed to support the accommodation needs of people with a range of psychiatric disability, began in December 2002 and is still running.

**Aims and objectives**

HASI's primary objectives are to:

- Enable people with mental disorders and high level of psychiatric disability to maximise their participation in the community;
- Enable people with mental disorders and high levels of psychiatric disability to sustain successful tenancies with appropriate support services;
- Develop mutually beneficial partnerships between housing providers, accommodation support providers and mental health service providers that lead to improved outcomes for people with mental disorders and high levels of psychiatric disability;
- Increase access to the range of specialist and generalist community services to which Initiative clients are eligible;
- Use the lessons from the Initiative to develop other options that link housing and support services for people with mental health problems and disorders;
- Increase access to support services providing high level accommodation support that are linked to appropriate housing assistance across NSW; and
- Establish services in areas where there are no, or few, housing and accommodation support services currently available.

HASI aims to assist people at two critical periods where access to housing and accommodation support services is crucial in maintaining the mental well being of a person. These are:

- When establishing a tenancy for an individual who may be leaving a psychiatric institution, has a history of homelessness, or resides in boarding houses or other accommodation;
- When a tenancy is at risk and the individual requires support to maintain that tenancy to essentially prevent loss of housing.

**Target group**

HASI clients:

- Have a range of levels of psychiatric disability (HASI operates according to a continuum of care model);
- Have a range of support needs ranging from very high to lower support needs;
- Who are eligible for 'high support' have histories of long term hospitalisations, tenancy instability, limited social networks, family connectedness and minimal levels of community participation; and
- May suffer from co-morbidities.

Of all HASI clients so far:

- 71.9% have schizophrenia as a primary diagnosis;
- 69% are male; and
- 56% are under 34 years of age.

## Project Infrastructure

### Lead agencies

Centre for Mental Health in partnership with the NSW Department of Housing.

### Sectors and settings

- NSW Health: Mental Health;
- NSW Dept of Housing; and
- Non-government organisations.

The initiative is located in all Area Health Services across NSW: including metropolitan, regional, rural and remote settings.

### Collaborations, partnerships, processes and protocols

This initiative is the result of a Partnership between Dept of Health and Dept of Housing. The local implementation of the model for individual service provision is a 2 or 3 way partnership between:

- The Area Health Service (funder and provider of clinical support and rehabilitation);
- A non-government organisation (provider of accommodation support within a psychosocial rehabilitation framework); and
- A provider of housing and tenancy management (depending on the individual's circumstances).

8 NGOs provide accommodation support under HASI. These are:

- Neami;
- Richmond Fellowship of NSW;
- New Horizons;
- The Psychiatric Rehabilitation Association (PRA);
- Mission Australia;
- Aftercare;
- Parramatta Mission; and
- St Lukes.

### Consumer and/or carer involvement.

Consumers must give their consent to participate in HASI. Consumers who enter the HASI program are always involved in care planning. Carer involvement is supported and encouraged where a consumer indicates that this is what they want.

### Staff/personnel (including volunteer input.)

Support services, on a day-to-day basis, are provided by the NGO. Mental Health Support Workers and specialist Area Mental Health Workers as required, or as negotiated in consumer support plans.

### Reference, advisory or management groups.

The HASI Advisory Committee consists of representatives from sponsor and partner agencies, as well as key peak organisations. Its roles are to oversee the implementation of the Initiative, provide direction, support and feedback to the Initiative and to support the independent evaluation.

In 2006 the Advisory Committee will be expanded to a full day workshop and focus group meeting held four times a year.

### Personnel training

NGO support staff are trained within their own organizations to work with the particular client population.

The Centre for Mental Health has funded the Mental Health Co-coordinating Council to form an NGO Development Strategy of which one component is workforce development. This links with the issues of staff skills and training across the mental health NGO sector, and is relevant to HASI NGOs.

### Funding

Recurrent funding is provided by the NSW Dept of Health and NSW Dept of Housing Program (more details included under 'description' below). The project would require increased funding in order to expand.

## Implementation

### Detailed description

HASI provides accommodation linked to clinical and psychosocial rehabilitation services for people with a range of levels of psychiatric disability.

HASI is designed to assist people with mental health problems and disorders requiring accommodation support to

- Participate in the community;
- Maintain successful tenancies;
- Improve their quality of life; and most importantly
- Assist in the recovery from mental illness.

HASI provides community based support and psychosocial rehabilitation to people with a mental illness in an environment of partnership and co-operation across key human service agencies.

### HASI Stage One: High support

Services commenced in 2002/03 with NSW Health and the NSW Department of Housing jointly funding housing and accommodation support for over 100 people with complex mental health problems and disorders. Clients eligible for the high-level HASI may reside in psychiatric institutions, may be homeless or at risk of homelessness, and experience recurrent hospitalisations.

The Department of Housing contributed appropriate housing and NSW Health provides \$5million recurrently for NGOs to provide high-level accommodation support services. Three NGOs provide HASI Stage One Services: Richmond Fellowship, New Horizons and Neami.

### HASI Stage Two: Lower outreach support

NSW Health is providing funding for 460 packages of care for lower level outreach accommodation support for people who have a mental illness and reside in public housing and community housing.

Six NGOs are funded \$4.6million/year by NSW Health under HASI StageTwo: The Psychiatric Rehabilitation Association (PRA), Mission Australia, New Horizons, Neami, Aftercare and Parramatta Mission.

### HASI Stage Three: High support

HASI Stage Three will commence in early 2006, and is an extension of HASI Stage One providing 126 new places of high-level accommodation support to people with a mental illness.

NSW Health is providing over \$6.3million recurrently for NGO support services and the Department of Housing are contributing housing stock.

## Resources

### Tools

The HASI Resource Manual will be available soon online and electronically. The HASI Resource Manual is the resource document developed by NSW Health to provide a description of HASI and how it operates, to identify roles and responsibilities of HASI partners, and to provide templates of standard documents for use under HASI.

Available from the NSW Health website at:

[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

### Evaluation documents

See under section 'Evaluation/Outcomes' below.



## Recovery Framework: the 4A's

The following information provides details of project outcomes as they relate to the 4As framework. This is a model developed by the Australian Government to support an understanding of recovery based approaches. (For more information about the 4As: go to summary sheet at [http://www.auseinet.com/files/factsheets/recov\\_summary05.pdf](http://www.auseinet.com/files/factsheets/recov_summary05.pdf))

**Awareness:** *involves the development of an understanding of one's mental health needs, including specific knowledge of risk and protective factors. Includes education, stigma reduction.*

HASI provides flexible housing arrangements to take into account individual needs. The role of the NGO worker is to provide support for on an ongoing basis according to the individual needs i.e. when the individual is unwell, the support worker can provide increased support and assist the individual in maintaining contact with other family and community supports.

**Anticipation:** *processes which support people who have been seriously affected by mental illness to make their own decisions rather than to have decisions imposed eg: discharge, recovery, crisis plans.*

Where possible clients are actively involved in the selection of accommodation. Clients are involved in developing individual support plans, including crises plans, with support agencies.

**Access:** *timely access to the whole range of services that support wellbeing and early intervention in times of increased service need. Includes service collaboration and partnerships.*

HASI provides access to a range of housing options linked to clinical and disability support. Service partnerships assure ongoing access to clinical mental health services for HASI clients.

**Alternatives:** *recognising the need for an expanded range of treatment and community support options for people who have experienced mental illness eg: housing, employment, holistic treatment.*

HASI provides a framework of support beyond the treatment model that addresses the range of needs of the individual in the community and facilitates independence in the long term. This is supported by the non-clinical support role provided by the NGOs.

## Evaluation/Outcomes

### HASI Stage One Evaluation

The Social Policy Research Centre, University of New South Wales, has conducted a formal 2-year longitudinal evaluation of HASI Stage One. Indications so far from HASI Stage One are that, for people with mental health problems and disorders, the HASI model can lead to stable, long term tenancies, reduce homelessness and reduce frequency and duration of hospitalisation.

The evaluation revealed some remarkable outcomes for many of the clients participating in HASI. Clients, case managers, key workers and family members told of positive changes in relation to clients' community participation, ability to sustain tenancies, their physical and mental health, life skills, independence and relationships.

HASI Report 1: Summary, Social Policy Research Centre, 2005:  
[http://www.health.nsw.gov.au/pubs/2005/house\\_accom.html](http://www.health.nsw.gov.au/pubs/2005/house_accom.html)

There will also be a formal evaluation conducted of HASI Stage Two.

**What worked well**

The key elements contributing to the success of HASI are:

- The cooperative partnership forged between Health and Housing;
- Effective partnerships at service level between Area Health Services, Accommodation Support Providers (NGOs) and Housing NGOs/public housing;
- The work of NGOs to provide active, consumer focused, mental health accommodation support;
- Department of Housing support to provide access to safe, appropriate, community based dwellings;
- Clients control (where possible) of housing type and location; and
- The support of clinical specialist mental health services to provide a highly integrated continuum of care.

**Challenges or barriers**

Developing models of support that work in both metropolitan and non-metropolitan areas.

**Contact details**

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