

Discharge Planning Pilot (Mental Illness and Homelessness)

Victoria

Information submitted by:

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Background:

This pilot program started in December 2002 and is still running.

Aims

The main aim is to prevent people with a mental illness being discharged into homelessness. It is designed to deliver a seamless, integrated and collaborative approach to meet the complex needs of people with a mental illness who are homeless or at risk of homelessness.

Objectives

- To identify people with a mental illness at risk of being discharged into homelessness;
- To identify people whose mental illness puts their current housing at risk;
- To provide crisis accommodation and key linkages to transitional and permanent housing;
- To develop pathways for people currently treated within the mental health sector to access appropriate support services, particularly Psychiatric Disability Rehabilitation and Support (PDRS) services and Supported Accommodation Assistance Program (SAAP) services;
- To develop pathways for people (with mental health symptoms) currently receiving support within the SAAP sector to access Adult Mental Health Services (AMHS) and PDRS services;
- To provide care coordination for people with complex needs; and
- To promote the development of collaborative partnerships between AMHS, PDRS and SAAP services.

Target group

People being discharged from the Acute Adult Psychiatric Center (16-65 years) in the Loddon Mallee Region of Victoria who are homeless, or at risk of homelessness.

Project Infrastructure

Lead agency

St. Lukes Community Services, Bendigo

Sectors and settings

Includes the following in the rural setting of Loddon, Campaspe and Southern Mallee area (LCSM):

- Public mental health sector: Area Mental Health Service (Bendigo Health Care Group, Psychiatric Services);
- Centre for Rural Mental Health and Monash University;
- Psychiatric Disability Support Services (PDSS);
- Supported Accommodation Assistance Program (SAAP): in the rural LCSM area there are several services that provide supported accommodation and assistance programs including the Office of Housing and Mitchell Community Housing;
- local GP's; and
- Community Health.

Collaborations, partnerships, processes and protocols

- Partnership agreement between Area Mental Health Service and St.Lukes;
- SAAP/ Transitional Housing Management (THM) protocols; Crisis accommodation protocols between Loddon Mallee Housing and St.Lukes.

Staff/ personnel (including volunteers)

- 1 Full time SAAP mental health liaison worker; and
- 0.6 Full time Crisis accommodation worker.

Consumer and carer involvement

Carer and consumers were consulted in the initial phase and more recently have taken part in the external and internal evaluation phase.

Personnel training

One of the key components of this pilot was to identify the specific training needs of the partner agencies in order to implement integrated care coordination and raise staff awareness of key issues (related to mental health and homelessness). Staff within the AMHS and PDSS received training in issues associated with housing and homelessness and SAAP workers received training in mental health issues. This is an ongoing part of the pilot project.

Reference advisory or management groups

A project steering committee has been established. Managers of key agencies are members and the SAAP Mental Health Liaison Worker chairs the committee.

The pilot is also a standing agenda item on the Loddon Mallee Accommodation Network Reference Group monthly meetings (SAAP). The Mental Health Liaison worker is a member of this Reference Group.

The SAAP Mental Health Liaison role ensures that:

- Partnership agreements and protocols are developed;
- The Steering Committee functions effectively; and
- Housing expertise is available to the AMHS and PDRSS.

Initial funding

The pilot was initially jointly funded by Office of Housing and the Mental Health Branch DHS Victoria for 18 months and has been extended another 18 months.

Funding sustainability

Negotiations with the Mental Health Branch and the Office of Housing are currently taking place.

Implementation

Detailed description

A comprehensive integrated service model has been developed that builds on the existing network of agencies and enhances the development of collaboration between the key service sectors. Model elements involve:

- Exposing mental health workers to a broader understanding of homelessness and housing;
- Preventing people being treated with a mental illness from being discharged into homelessness by:
 - identifying those at risk and intervening early;
 - management of a crisis accommodation unit;
 - facilitating access to appropriate housing options for those people who are already homeless;
- Facilitating pathways for secondary consultation;
- Liaison and supervision of the crisis accommodation support worker;
- Developing protocols for access and use of the brokerage component (and management of this fund); and
- Active participation in the evaluation methodology.

Resources

Tools

- **Growing Well: Ways of noticing our emotional and mental wellbeing** (kit)
More information: <http://www.auseinet.com/files/recovery/8growwell.pdf>
Available for purchase from St Luke's Innovative Resources:
<http://www.innovativeresources.org/index.asp>
- **Partnership Agreement**
Between Department of Human Services (DHS) and the Eastern Metropolitan Region (EMR) Homelessness & Domestic Violence Services Sector¹ (HDVSS)
<http://www.auseinet.com/files/recovery/8partneragree.pdf>

Evaluation

The external and internal evaluation processes are still incomplete. The project team's experience has been overwhelmingly positive. In terms of relapse prevention there has been a low re-admission rate. Mostly people coming through the pilot have been housed and are now receiving ongoing support with their mental health conditions.

Another outcome has been improved relationships with partners and more seamless care for those involved in the pilot.

Outcomes

Relationship to 4A's framework

The following information provides details of project outcomes as they relate to the major components of 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)

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

The 'Growing Well' * kit is a tool that is used with project participants to:

- Encourage a focus on own individual strengths;
- Increase knowledge about own risk and protective factors; and
- Assist in developing personal goals and strengths that will contribute to mental health and wellbeing.

(*For more information about Growing Well: see link in 'Resources' section above)

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.*

St Luke's is committed to empowering consumers to make their own decisions about issues that affect them. *Growing Well* is a tool that has been developed by St Luke's and Latrobe University as a result of consultations with people accessing mental health services.

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.*

The service model enhances collaboration between the key service sectors. Training is one strategy used to promote seamless care and improve referral pathways between Mental Health Services, SAAP and psychiatric disability rehabilitation support services (PDRSS).

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.*

People who participate in this program are assisted to make connection with a range of relevant treatment options and to link with a range of community based resources and activities, depending on their personal goals.

Evaluation/Outcomes

What worked well

One of the most important aspects of the pilot has been the involvement of St Luke's project personnel in discharge planning at the Acute Unit. Being able to identify those at risk of homelessness and then intervening early has meant that there has been more time to put support and accommodation options into place. This strategy has been significant in terms of stopping the revolving door syndrome. Many homeless mentally ill people go from hospital to homelessness and back again, sometimes staying in Acute Units all around Australia.

Challenges or barriers

Ongoing funding has been a challenge however: negotiations are underway with major funders over continuing funding. Another challenge has been the lack of affordable housing in the LCSM region, with lengthy waiting lists for public housing.

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