

Call to Action – Victorian Election 2010

For too long, people with a mental illness, their carers and families have been let down by a fragmented and under resourced mental health system, MI Fellowship seeks:

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| <p>1 Increased Intensive rehabilitation and support</p> | <ul style="list-style-type: none"> • 7 new prevention and recovery care units to help people to step-up and step-down from hospital. • 25 new beds in extended care units (SECUs) in the community sector | ➤ | <p>Reduce recurrence, crisis and re-admission to hospital</p> <p>Better designed support for people with a mental illness</p> |
| <p>2 Double community based support packages</p> | <ul style="list-style-type: none"> • Double the number of community based support packages from 3,000 to 6,000 • 1,000 packages targeted to needs of people at high levels of risk and with complex needs | ➤ | <p>Support individuals to recover and live independently</p> <p>Crisis avoidance, so less pressure on hospitals</p> |
| <p>3 Innovative housing solutions – living supported and secure</p> | <ul style="list-style-type: none"> • Demonstration project that secures 50 one bedroom units in various locations for people with mental illness receiving the disability support pension • Includes tailored packages for people on the road to recovery | ➤ | <p>Reduce admissions to public hospitals</p> |
| <p>4 Increased education for consumers and families</p> | <p>Expand proven Well Ways train-the-trainer programs using facilitators who have experience with managing the impact of mental illness in their lives</p> | ➤ | <p>Improve understanding of mental illness and early warning signs, enable families to access support</p> |
| <p>5 Campaign to raise community awareness</p> | <p>Awareness raising campaign that increases community understanding of mental illness focused on education in schools and with the police</p> | ➤ | <p>Opens up access to the community, education and employment for people with mental illness</p> |

Housing and Support Policy

Access to affordable and decent housing is a fundamental human need and, for people with serious mental illness, housing needs to be accompanied by clinical care and community support.

Victoria is a modern and prosperous community that prides itself on a 'fair go' yet there are 11,000 people with mental illness who are not appropriately accommodated and socially isolated, placing them at risk of homelessness and harm. People with a mental illness are routinely discharged from hospital into tenuous housing or caravan parks or even onto the streets.

The lack of suitable housing and support is driving families and carers to breaking point, and putting pressure on hospitals, the justice system and homelessness services.

More acute short term hospital beds alone are not the solution. The focus must be on providing the full range of longer term community based housing and support options.



Principles

Our policy is based on the following principles¹:

1. Consumer and family voices must inform both policy and practice. Consumer choice is a key element to sustaining housing.
2. Housing with support reduces the need for expensive hospital based intervention.
3. Affordable, stable housing with support instils a sense of belonging and builds social and economic inclusion, responsibility and independence.
4. Tenancy management, housing assistance, health, education and employment must be integrated for support to be effective.
5. Housing must be integrated into community settings with no more than 20% of any single housing complex being reserved for people with a mental illness.
6. The Commonwealth Rental Assistance Scheme should be supplemented to allow a person with a mental illness on the disability support pension to enter the private rental market.

Objectives

- 25% of all new publicly funded housing allocated to people with a mental illness
- Support options that respond to individual needs and include home-based, participant-focussed programs
- Properly resourced and monitored hospital discharge planning with zero tolerance for discharge to homelessness or unstable housing, independently monitored and publicly reported
- Funding to assess and implement innovative initiatives.



Call to Action on mental health – invest in recovery for life

The Mental Illness Fellowship of Victoria Call to Action has been developed to map out a positive reform agenda to improve the health and wellbeing of people with a mental illness, their families and carers. It highlights the challenges facing the community based mental health sector in Victoria that supports people with mental illness in their rehabilitation and recovery.

Victoria spends about \$1bn/year on mental health out of a broader health budget of \$13bn. Still there are ongoing failures in the system, particularly in ensuring that people leaving hospital are linked with community based services and support.

In the lead up to the State election on 27 November 2010, we call on Victoria's political parties to commit to a significant injection of resources into community-based mental health services.

We call on political parties, advocates, families, carers, the media and the broader community to take action. We need more than extra short term hospital beds. Victoria must invest in urgently needed support, education, employment and housing in the community where those with mental illness, their families and friends live their life.

Mental illness – the context

- Mental illness is a major contributor to death and disability and accounts for 25% of Australia's total health burden². It is also a major contributor to other drivers of death and disability, including heart disease and stroke.
- At least 42% of people with chronic and enduring mental illnesses are living in tenuous forms of housing. They need safe, long term accommodation with individually tailored support.
- People with mental health problems and mental illness are over represented among homeless populations, and among those seeking rental assistance and accommodation support³. They often experience discrimination in housing, and their housing preferences typically do not match the options most commonly made available to them.
- Research suggests that carers have the lowest collective wellbeing of any group in the community: their average rating on the depression scale is moderate depression⁴.
- Victorian's from culturally diverse populations often have poorer mental health outcomes compared to Australian-born people. Typically they present to services when their illness is more severe.
- Less than 50% of those with a severe and enduring mental illness complete secondary education.

¹ Mental Illness Fellowship (2008) *Housing for People with Mental Illness: 10 principles for policy and practice*

² Australian Institute of Health and Welfare (2003) *Burden of Disease Report*, Canberra

³ ABS (1999) *National Study of Health and Wellbeing*, Canberra

⁴ Cummins R and Hughes J et al (2007) *the Wellbeing of Australians – Carer Health and Wellbeing: Australian Unity Wellbeing Index Survey*, 17, Deakin University, Australian Unity & Carers Australia, Geelong

1 More Intensive rehabilitation and support

Seven new Prevention and Recovery Care units (PARCs)

PARCs provide step-up and step-down care from hospital. The PARCs currently in operation around Victoria have been highly effective in providing safe hospital discharge and intervention to avoid hospital admission. A further five are under development. PARCs have reduced pressure on the hospital system, limited the need for premature discharge without support and readmission and reduced the overall cost of acute care.

Seven more ten bed PARCs are needed to provide the whole state with this cost-effective step up, step down option. Each new PARC will cost around \$5m in development and \$1.4m/year to operate.

Additional Secure and Extended Care Units (SECUs)

There is a small but significant cohort of individuals who have very complex needs and risk. They are living in inappropriate settings such as caravan parks or with ageing parents and frequently lapse into crisis, putting pressure on a system which has little capacity to effectively manage them. Without access to extended treatment and care, these people pose risks to themselves and the broader community.

An extra 25 new SECU beds are required to help address this situation.

2 Double community based support packages

For individuals to live independently and to avoid crisis and reduce pressure on hospital beds we need to increase the number of community based support packages across Victoria from 3,000 to 6,000.

Currently only around 3,000 packages are funded. The new packages need to be spread across different levels of care to address the needs of people with mental illness: from low intensity to high intensity support and services. A breakdown of the proposed accommodation support packages are set out in Table 1.

We also need a further 1,000 of the current packages in place to be upgraded to provide more secure and supportive environments for people at high levels of risk and with complex needs.

Lack of housing options undermines recovery

Jody is a 26 years old young woman who has been recently diagnosed with Bipolar Disorder. Over an eight month period, she has been admitted to hospital six times. A key stress in her life is the ongoing difficulties she is having with family members.

At the point MI Fellowship comes in contact with Jody, continued hospitalisation is not appropriate. She has been referred for advice regarding appropriate services and supports in the community. Jody's concern is that she does not feel safe enough to be discharged back to her difficult home environment.

Jody asked for referral to a community based residential care unit but this option is not available in her local area. She now travels to Melbourne a few days a week to join day programs that are designed to support her recovery. She still struggles with the issues related to her living conditions.

3 Housing demonstration project

We need new innovative models of housing that support individuals to live independently in the community and further alleviate pressure on acute care.

MI Fellowship proposes a three year demonstration project drawing on private rental housing. We look to securing 50 one bedroom units in a variety of locations around Victoria for individuals with mental illness on the disability support pension.

Rents would be made affordable with a modest supplement to the Commonwealth Rent Assistance and individuals backed with home based support packages.

The cost to subsidise market rental is modest at approximately \$8,200 per person around \$410,800 for the 50 units/year. Extra funds would be needed to set up and furnish the units, provide the 50 support packages and project manage and evaluate the results.

We anticipate that, applied across the state, this initiative will free up currently occupied psychiatric beds and substantially reduce the 'revolving door' rate of re-admissions to public hospitals. It would also minimise the impact on other crisis services such as CAT teams, police and prisons.

Housing support helps recovery

Andy, a 29 year-old male with Schizophrenia who had been homeless a number of times, took advantage of a number of housing and accommodation options on his recovery journey.

He came from a community care unit where he had been receiving intensive psychiatric rehabilitation to the MI Fellowship Opening Doors program that provides medium to long-term rehabilitation for adults.

Andy stayed with Opening Doors seven months and with help moved to supported housing. From there he was able to gain employment and move to less intensive support.

Later, at his own initiative Andy moved to Western Australia to live. In follow up contact by MI Fellowship with his new local mental health service, it was reported Andy was doing exceptionally well, enjoying his life in Western Australia and intends to stay.



Table 1

Summary budget proposals housing and accommodation					
		2011–2012	2012–2013	2013–2014	2014–2015
10 new PARCs	Capital	\$15m	\$20m	–	–
	*Recurrent (new)	–	\$4.2m	\$5.6m	\$9.8 m
25 new SECU beds	Capital	\$35m	–	–	–
	*Recurrent (new)	–	\$9.8m	\$9.8m	\$9.8 m
Supported accommodation	2,000 community support packages	\$3.5m	\$3.5m	\$3.5m	\$3.5m
	600 high support	\$4.5m	\$4.5m	\$4.5m	\$4.5m
	400 intensive support packages	\$7.5m	\$7.5m	\$7.5m	\$7.5m
Housing PILOT	*Recurrent (New)	\$1.3m	\$0.96m	\$0.96m	–

4 Family, consumer and community education

Around Victoria, there are many families caring for a loved one with a mental illness being driven to crisis by the lack of support in caring for that family member.

The informal care system is characterised by ageing parents looking after their mentally ill adult sons and daughters. Too often, families don't have the strategies and supports to cope with these demands and needlessly lurch from crisis to crisis, taking a toll on the health and wellbeing of all.

This often means that families and carers become stressed, depressed, burdened, isolated and unable to work and contribute to the community as they once had. Greater support needs to be delivered to families caring for a person with a mental illness. Families from culturally diverse communities face particular challenges in managing mental illness in their lives.

We also need to assist people with a mental illness and their families to be able to use the mental health system to get the support they need. Evidence shows that when families gain knowledge and their coping strategies improve, there tends to be positive benefits for all concerned. Education helps understanding of the emergence of mental health problems in adolescence and recognition of the early warning signs in a young person and points to where families can access help when mental illness emerges. It also supports people with a mental illness on their recovery journey.

Extend Well Ways

The MI Fellowship Well Ways programs have shown that education programs, where people who have managed mental illness in their lives are trained as facilitators for learning by others with a similar experience, provide highly valued family education.

This proposal would extend delivery of Well Ways to more families in outer metropolitan Melbourne and rural and regional Victoria, link formal education and training outcomes, document the quality assurance model on which the program depends and promote the outcomes to carers, consumer, GPs and clinicians.



Well Ways for a better life

Steve spent 10 years, trying to cope with the impact of his son's mental illness with no outside help. "I was in a bad place and the family was suffering as a result of the relationship," he says. In desperation his daughter searched the internet search for help and found Well Ways, an education program for carers and family of people with mental illness.

Now a Well Ways facilitator, Steve finds that when families gain knowledge about mental illness, they can look at their situation differently and learn that part of being a better carer is reclaiming a life for themselves. And as Well Ways facilitators are also carers they understands what carers go through.

Engage and support culturally diverse families

A range of factors face people from culturally diverse communities in accessing services, such as stigmatisation of mental illness in their home countries. Refugees also often have mental health issues as a result of trauma experienced in their homeland.

We propose a four year demonstration project that develops and showcases a culturally and linguistically responsive mental health service approach with:

- Bilingual staff that promote understanding of culturally appropriate practice
- Research into culturally relevant descriptions of key mental health concepts
- Redesign of and evaluation of existing service processes, guidelines and information
- Development of Well Ways Diversity.

Learning pathways for people with mental illness

Less than 50% of people with a severe and enduring mental illness complete their secondary education. This severely restricts their employment opportunities. Still, only a limited numbers of places are available to meet the needs of those whose studies have been severely disrupted.

MI Fellowship has found that programs that best help re-entry to education and meet the learning challenges that can be associated with severe mental illness, need to offer intensive education and training, counselling and learning support. Of the 75 people who have undertaken the MI Fellowship program in the past five years, 75% have completed and 60% have gone on to work, further education or other community roles.

120 additional new places are needed for people with a mental illness returning to general education and training courses.

5 Build community understanding of mental illness

There have been significant advances in recent years to build understanding and awareness of mental illness in the community. This is helping people with a mental illness be included in the economic and social life of the community. Still there is much to do.

MI Fellowship's calls for a broad based Government community awareness campaign to help address the stigma of mental illness and promote social inclusion. In particular, the campaign should include building the awareness and skills of the Victoria Police and working with schools to ensure students are taught about mental illness.

Table 2

Summary budget proposals education and community awareness					
		2011-2012	2012-2013	2013-2014	2014-2015
Family, consumer and community education					
Extend Well Ways	*Recurrent (new)	\$1m	\$0.6m	\$0.6m	\$0.6m
Develop Well Ways Diversity	*Recurrent (new)	\$1m	\$0.6m	\$0.6m	\$0.6m
120 new specialist VET programs	*Recurrent (new)	\$125,000	\$125,000	\$125,000	\$125,000
Community awareness campaign					
	*Recurrent (new)	\$1m	\$2.5m	\$1.5m	\$1m

*Recurrent assumes ongoing and reflects only new recurrent each year





mental illness
fellowship victoria

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Make recovery for people with mental illness, their families and friends a reality – invest in community mental health

- a home for living
- employment for a living
- education for the road to a better life.

Mental Illness Fellowship Victoria – Call to Action 2010

Mental Illness Fellowship Victoria is a member-based, not-for-profit organisation focused on better outcomes for people with mental illness and their families.

We call on political parties, advocates, families, carers, the media and the broader community to take action to ensure Victoria invest in urgently needed support, education, employment and housing in the community where individuals with mental illness live their life.

www.mifellowship.org