



# Framework for Housing and Accommodation Support

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for People with Mental Health  
Problems and Disorders

*‘ensure access  
to safe, secure  
and affordable  
housing’*

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'Draft' previously published in August 2001 (CMH) 020109

SHPN (CMH) 020212  
ISBN 0 7347 3487 5

*Housing and Accommodation Support for People with Mental Health Problems and Disorders* – NSW Government Action Plan, Sydney.

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November 2002

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# Message from the Director-General

The implementation of the *Government's Action Plan for Health* has been progressing at an impressive rate. The formation of **Statewide Clinical Implementation Groups** to progress the development and implementation of models of care aimed at improving critical, acute and mental health services, and care for people with chronic and complex conditions has been a significant step towards facilitating a better health system for people in NSW.

The *Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders* has been developed to provide much needed policy and planning directions in this area. New partnership initiatives in the provision of housing and accommodation support services along with a clarification of the roles of the public mental health sector through the *National Mental Health Strategy* have created a need for clear policy directions that encourage further identification of collaborative service delivery models that constitute 'best practice' in the provision of housing and accommodation support for people with mental health problems. 'Best practice' in the area of housing and accommodation support will promote the concepts of maximising independence, choice, security of tenure and adequate disability and clinical support provision.

Mental Health Services are encouraged to identify the full range of housing and accommodation support programs available in their geographical area and to ensure collaborative arrangements are in place that identify pathways into both housing and accommodation support programs and mental health treatment and rehabilitation services.

The *Framework for Housing and Accommodation Support* provides a template to assist NSW Mental Health Services, social housing providers, mental health non-government organisations (NGOs) and the mainstream NGO sector with service planning, development and evaluation.

I would like to express my thanks to the **Mental Health Implementation Group**, to the Non-Acute Working Party and its members, and to the many people who assisted in preparing this framework.



Robyn Kruk  
**Director-General**

# Setting the Scene

Shelter is one of the fundamental resources for health and health improvement.<sup>1</sup> Housing is essential for all people and should be secure, safe and stable. Unfortunately, many people with mental health problems are unable to afford stable housing or make choices about the type of housing and the location in which they live. People with mental health problems and mental disorders frequently experience difficulties in accessing housing and experience disruption to tenancies and reduced capacity to maintain housing due to illness.

The provision of public housing is the role of the Department of Housing. However, the fundamental need for people to be housed to maintain health highlights the responsibility for NSW Health to work in close partnership with public, non-government and private housing providers to ensure access to safe, secure and affordable housing for people with mental health problems and disorders. This partnership must occur in systems planning, service planning and development and individual service provision. NSW Health and the Department of Housing have a partnership, the Joint Guarantee of Service for People with mental illness<sup>2</sup>. NSW Health and the NSW Department of Housing are working to expand this key partnership to include other key stakeholders. This policy framework is about strengthening and expanding this partnership. To further this important work, each Area Health Service in NSW will develop a Housing and Accommodation Support plan that identifies key partners, resources and strategies for the development of housing and accommodation support options for people with mental health problems and disorders. The key partners will be the Department of Housing, the Office of Community Housing, community housing associations, non-government providers of both disability and accommodation support services for homeless people, the Department of Ageing, Disability and Homecare and other community organisations. Area Health Services will identify their role as the providers of clinical support.

The NSW Government has recently announced new funding for housing and accommodation support initiatives that will provide high-level accommodation support for 118 individuals. This initiative will be well linked with other new acute and non-acute inpatient initiatives and will provide a substantial improvement to the availability of housing and accommodation support resources for people with mental health problems in NSW. The Human Rights and Equal Opportunity Commission (HREOC)<sup>3</sup> found that people affected by mental illness face a critical shortage of appropriate affordable housing and that lack of suitable supported accommodation was considered to be the single largest obstacle to recovery and effective rehabilitation. Furthermore, Burdekin identified that Government housing programs for people with disabilities exclude many people with mental illness due to inflexible criteria and poor coordination between departments and agencies. Waiting lists for social housing in NSW are long and priority waiting lists are highly competitive. Alternatively, the private rental market is both expensive and competitive.

Sutherland Division of Mental Health found significant evidence of drift occurring for young clients within two years of a first episode of psychosis. The Division is developing a three tiered prevention model that involves:

- mediation for clients and their families in conflict
- 'Systems of Support', systemic support in crisis and acute care
- cross-service-boundary partnerships and repatriation.

*Hannan L, Sara G, Woodland L, O'Brien C.  
The Sutherland Drift Project II: developing a service  
model Paper presented at the MHS 1999.*

Drift may be an outcome of mental health problems for many people. It is the process of rapid socio-demographic decline, weakened family and social support networks and repeated changes of geographic location that result in residence in disadvantaged areas, poverty and homelessness.<sup>4</sup> Poor housing, poor neighbourhoods and poor communities lead to mental health complications and a destructive cycle of increasing difficulties for people with mental health problems. The needs of people with mental health problems and mental disorders are influenced by several factors.

While for the most part individuals recover from an acute exacerbation of illness, complications such as homelessness and social isolation may occur.<sup>5</sup> Living alone and in unsatisfactory housing is strongly related to poor mental health. Improved clinical outcomes may be achieved when service development is accompanied by coordinated planning that includes the clear definition of professional roles, both internal and external to the mental health system. Successful adaptation to community living is linked with careful assessment of personal strengths, self esteem, and self-confidence of individuals as part of the planning for community follow-up<sup>6</sup>. A policy and legislative framework that provides incentives for inter-agency working and joint commissioning of services is, therefore, likely to be of value.<sup>7</sup>

The homeless population now includes a significantly high proportion of young people with a range of complex problems, including mental illness. These trends require new and innovative responses.<sup>8</sup> The challenge is to achieve a coordinated system of care that provides access to a full spectrum of services to meet a range of individual needs across the lifespan. People with psychiatric related disability require non-discriminatory access to disability support services and a range of other social services. To achieve this access, there is a need for the establishment of formal collaborative partnerships at both the system level and the service level through policies, procedures, protocols and coordinated care processes. While strategic alliances will vary according to the needs and preferences of individual consumers, the important partnerships will include other government services, non-government agencies and community support services. Effective strategies must result in the availability of a range of accommodation options, methods to access housing and accommodation support services, and criteria to identify appropriate options for meeting individuals' needs at different life stages. Appropriate clinical care, rehabilitation, disability support and tenancy support are essential for the successful achievement of these outcomes.

The purpose of this framework is to:

- provide new and clear policy directions for the provision of housing and accommodation support for people with mental health problems
- promote the development of appropriate services and reduce duplication
- provide clear information for consumers and carers about the roles of different government and non-government organisations in the provision of housing and accommodation support for people with mental health problems.

# What is happening now?

## Introduction

In Australia, transformation of the mental health system has occurred since de-institutionalisation – there has been a gradual evolution of housing, supported accommodation and other community mental health services for people with mental health problems. Services have progressed from the ‘Homes for Special Care’ system, through to group homes with attached living skills programs, to the current model of stable housing with access to a wide range of flexible supports and rehabilitation services delivered in the home, at work and in community settings. It has been argued that although de-institutionalisation occurred 30 years ago, institutions followed patients into the community and there was a poor separation between home, treatment and social support.<sup>9,10</sup> Mental health policy and planning has focused attention on the need to develop a responsive disability support sector that includes links with existing systems to increase environmental supports and resources, in addition to the continuing focus on preventing illness and reducing symptoms.

Service models that combine housing/disability support with rehabilitation services have been shown to be effective but little empirical research has been conducted to determine which types of housing and, or, disability support yield more favourable outcomes or minimise the risk of homelessness for persons with specific characteristics.<sup>11</sup> Homeless people tend to use services that are accessible and responsive and evidence indicates that these people seek assistance to meet basic needs such as housing rather than other forms of assistance such as mental health treatment and rehabilitation. Access to health services including mental health services remains a central problem for homeless people in Australia and elsewhere<sup>12</sup> hence it is important to establish comprehensive partnerships between the providers of treatment and rehabilitation services, housing and other social support.

The aim of housing and accommodation support services is to provide a range of housing and accommodation support options for people with mental health problems, mental disorders and psychiatric disabilities. People with mental health problems have the same expectations about housing as other people in the community. They expect opportunities to choose their accommodation and live independently, and to have adequate support to maintain their accommodation.

‘Consumers prefer normal living arrangements ...not group homes or other congregated settings’

*Yeich, S., Mowbray, C., Bybee, D., Cohen, E., The case for a ‘supported housing’ approach: a study of consumer housing and support preferences. Psychosocial Rehabilitation Journal 1994;18:75–86.*

Housing is a prerequisite for achieving stability, security, and improved mental health. Consumer surveys and consultancies indicates overwhelmingly that consumers want a home of their own, privacy and freedom with adequate support.<sup>13,14</sup> The preferred approach is to provide stable accommodation and a level of support that is adjusted according to the individual’s changing needs. The type of housing and accommodation support that is available to people with mental health problems and mental disorders is dependent on the local availability of resources, service planning, development and delivery and is based on informal reports of effectiveness.<sup>15</sup>

2

5

## 2

Models of housing and accommodation support in NSW have many combinations of ownership, property management and provision of disability and clinical services. Housing and accommodation support should be provided in partnership with the Department of Housing, community housing associations, and the non-government sector; it is not the role of NSW Health to provide housing or property management services. Accommodation support may or may not be offered in association with access to a property. The property frequently defines the level of support and, therefore, the level of need for additional support. Consequently, people often are moved from property to property as their support needs change.

The range of structural and funding models for the provision of housing and accommodation support services includes:

- public housing with clinical support from mental health services and mental health and disability/accommodation support from mental health non-government organisations (NGOs)
- community housing with housing acquired or constructed by the Office of Community Housing, provided through housing associations and church-based agencies, and support services provided through a range of other agencies
- group homes:
  - that are located in community and in hospital settings
  - with on-site or outreach mental health and disability-accommodation support from mental health NGOs or mental health services
  - that offer support services ranging from drop-in to 24 hours per day
  - that provide meals through hospital services
  - that provide outreach-clinical support from mental health services
- boarding houses with clinical support from mental health services and mental health and disability/accommodation support from NGOs
- private accommodation with clinical support from mental health services and mental health and disability/accommodation support from mental health NGOs
- transitional respite accommodation in the community or on hospital grounds.

Many of the current housing and accommodation support models provide accommodation in group home settings. The availability of single accommodation is limited, and so, therefore is privacy that extends beyond the bedroom space. Some cluster-style units and bedsits are available.

Information about housing and accommodation support services is collected by both NSW Health and the Commonwealth Government under the community-based residential category. Before the 2000 National Survey of Mental Health Services was undertaken, community-based residential services were defined through Commonwealth reporting as facilities staffed on a 24 hour basis. This approach has changed because it resulted in significant underestimation of the availability of residential-based alternatives to psychiatric hospital care. Information for all residential units – government and non-government managed – with on-site staff support, except units on hospital grounds, is now collected through the community-based residential category<sup>16</sup>. This change in definition has caused some confusion and indicates the overlap and complexity of the housing and accommodation support service system.

Accommodation support levels have yet to be defined comprehensively or used in a standardised manner in NSW. Support level categories have been adapted from the literature (see Appendix B)<sup>17</sup> to identify five service support levels that range from very high to low and the corresponding characteristics of residents.

## 6

## Who receives care?

A UK study identified the majority of residents of housing and supported accommodation programs as having long-term and severe mental health problems. A history and risk of violence were the only variables that distinguished residents of high-support community programs from those of hospital facilities. The residents of community programs were likely to have had impairments in activities of daily living and social interaction. In contrast, residents of long-stay wards were more likely to have had histories of violence, and to have been at risk of behaving violently if they had been discharged to a more independent setting<sup>18</sup>. There have been no comparable studies of housing and supported accommodation programs in NSW but anecdotal reports suggest that the situation is similar to that in the UK. The features of the housing and accommodation support system in NSW are discussed in 'Current strengths and service needs in NSW' on page 15.

## Commonwealth initiatives

### Second National Mental Health Plan<sup>19</sup>

In the Second National Mental Health Plan, the Commonwealth Government undertook to:

- ensure that people with mental health problems are not discriminated against in gaining access to accommodation and other programs which are the responsibility of the Commonwealth Government (eg Supported Accommodation Assistance Program)
- foster linkages with relevant national reform agendas and partnerships with national stakeholders.

### The Supported Accommodation Assistance Program<sup>20</sup>

The Supported Accommodation Assistance Program (SAAP) is a joint Commonwealth/state/territory support program that assists people who are homeless or at risk of homelessness through

transitional supported employment and a range of related support services. It is an important part of Australia's overall response to homelessness and of the broader social safety net designed to prevent disadvantage in the community. The goals of SAAP are to resolve crises, re-establish family links where appropriate, and re-establish the capacity of clients to live independently of SAAP.

### National Standards for Mental Health Services<sup>21</sup>

The National Standards for Mental Health Services have been developed for use as a guide for quality improvement. Standard 11.4.B identifies the need for housing and accommodation support services to be provided in a manner that promotes choice, safety and the highest possible quality of life for the consumer. The standards include key criteria that address: access to accommodation; access to a range of treatment and support services according to individual need; provision of treatment and support regardless of accommodation type; opportunity to maximise individual participation in the local community; maximising opportunities for individuals to exercise control over their personal space; and the meeting of individuals' cultural, language, gender and preferred lifestyle requirements, wherever possible.

### The Disability Services Act 1993<sup>22</sup>

*The Disability Services Act 1993* (Clth) and the related Disability Service Standards provide principles and guidelines for the development of appropriate accommodation support services. Section 8 of the *Act* identifies that services shall be provided in accordance with the *Act* when a service is provided predominantly for persons with a disability that is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments; is permanent or likely to be permanent; and results in a substantially reduced capacity of the person for communication, learning or mobility; and the need for ongoing support services.

## 2 NSW Government initiatives

The NSW Government has developed strategies to address a range of issues that are related to the accommodation, support and wellbeing of people with mental health problems. These strategies include a substantial increase in recurrent funding for mental health services; a comprehensive plan to address the needs of people with mental health problems who live in boarding houses; an interdepartmental committee on challenging behaviours; an interdepartmental Partnership against Homelessness and an interdepartmental agreement between NSW Health and the Department of Housing to address the public housing needs of people with mental illness.

The Boarding House Reform Strategy funds extra support for residents who remain in licensed boarding houses and the relocation of residents with high needs that cannot be met in boarding houses. The Reform Strategy will significantly improve the quality of life and services provided to boarding house residents. The Partnership Against Homelessness is an interdepartmental committee

### The key benefits of the Joint Guarantee of Service are:

- improved outcomes for consumers through coordinated service provisioned tenancies
- improved consumer and staff satisfaction
- establishment of protocols and procedures to guide action
- development of informal networks between health and housing staff
- sharing expertise and knowledge, including that of consumers
- increased opportunity for early detection and intervention
- shared responsibility for problem solving and risk management
- less interdepartmental conflict.

*Regional Workshops, Summary and Outcomes Opening Doors, Implementation Report, pp 11-12.*

that oversees the development of projects that foster collaborative interdepartmental working practices and strategies to reduce homelessness in NSW.

The NSW Health Council's report identified the provision of health care to people with chronic and complex health conditions as a fundamental issue of social justice. The report pinpointed cross-government issues as high priorities for action that would lead to the setting in place of the full range of necessary support for individuals and their families. The Council recommended that Area Health Services plan a service network that includes community- and home-based services.<sup>23</sup> Similarly, the NSW Ministerial Committee on Health Services in Smaller Towns recommended a coordinated approach across government and non-government agencies for delivering and planning services in rural communities. This approach will streamline planning processes, integrate a range of services to best meet community needs, enhance service delivery, reduce duplication and clearly identify the roles and responsibilities of each agency.<sup>24</sup>

*Strategic Directions for Health*<sup>25</sup> identified engaging the community, working partnerships and embracing innovation as three of the six key attributes of NSW Health. The Centre for Mental Health has engaged in consultation with a range of other government departments including the Department of Housing, the Office of Community Housing and the Commonwealth Department of Family and Community Services to promote the development of strategies to evaluate innovative housing and accommodation support models for service delivery.

NSW Health's population health model utilises a 'public health' approach that identifies the problems experienced by the total population and provides interventions to prevent these problems. Recognition and consideration of the social factors that contribute to health and ill health are essential components of the population health model.<sup>26</sup> Four of the six strategic directions identified in *Caring for Mental Health*<sup>27</sup> provide overarching direction for the further development of housing and accommodation support.

The Joint Guarantee of Service for People with a Mental Illness<sup>28</sup> (JGOS) was developed in response to significant concerns about lack of coordination between health and housing services, and it was signed in September 1997 by the Director-Generals of the NSW Department of Housing and NSW Department of Health. The JGOS clearly defines the roles and responsibilities of both departments and outlines the processes and procedures for the departments to follow to enable them to work together cooperatively. In particular, confidentiality protocols were developed to permit the exchange of necessary information and to support cooperative planning around joint programs and practice models. The JGOS has three parts: principles, guidelines that have been signed off at both Area and regional levels to facilitate local implementation, and attachments that include templates to assist local implementation and action. A Steering Committee that included representatives from the Department of Housing, NSW Health, consumer and community groups, ensured the full implementation of the agreement in NSW.

The role of NGOs in NSW has increased since the National Inquiry into the Rights of People with a Mental Illness.<sup>29</sup> NGOs now provide a broader spectrum of services in the mental health sector. These services include housing, accommodation support and other residential services. Two examples of NGO housing and accommodation support service providers are the Richmond Fellowship of NSW and the Aftercare Association. The NSW NGO sector works with government service providers to ensure the best possible outcomes for people with mental health problems and their families in NSW.<sup>30</sup>

## Interstate strategic directions

In Australia, the development of statewide strategies to address the framework for provision of housing and disability support services is at an early stage. Current statewide strategic directions are as follows:

Like New South Wales, Queensland, the Northern Territory, Western Australia, Victoria and the Australian Capital Territory have identified a need to address housing and disability support issues but have not yet developed an overarching policy framework in this area.

### 3 Plans for NSW Health and Area Mental Health Services

NSW Health requires an overarching framework for the systematic planning and partnership roles needed to develop housing and accommodation support services for people with mental health problems and mental disorders. It is not the role of Area Health Services to provide housing, property management, landlord functions or accommodation support services but to ensure that there is access to a full range of support services that provide appropriate interventions for people with mental health problems. The framework will provide a template for a partnership in each Area Health Service to progress these roles. Key stakeholders in these partnerships will include government departments such as Department of Housing and the Department of Ageing, Disability and Home Care; non-government organisations such as Richmond Fellowship, Mission Australia and Aftercare; community agencies, consumers and carers. Partnerships will link with Rehabilitation Development Groups in each Area Mental Health Service. The aims of the partnership are to:

- ensure that the full range of housing and accommodation support services is available and accessible for people with mental health problems in each Area Health Service
- develop an access system with transparent protocols for housing and accommodation support services for people with mental health problems
- ensure that comprehensive Discharge Planning occurs for each inpatient from the point of admission
- define the role of each agency involved in providing clinical treatment, rehabilitation, housing and accommodation support services in the Area Health Service

- ensure that health services are flexible and accessible and provide support to access affordable, safe housing
- review the structure, processes and individual outcomes of the system.

The framework for housing and accommodation support options, which is outlined diagrammatically in Appendix B, proposes models for clinical care, accommodation support service provision, levels of support, hospital–community status of services, the coordination of support packages and access and exit points.

#### **What is the scope of rehabilitation, accommodation and disability support?**

Much confusion exists among health service providers and the general population about the components of rehabilitation, accommodation and disability support. Rehabilitation in the mental health field is an evolving concept that is considered to have two service provision components. Firstly, it refers to specific interventions that assist people to recover from mental illness or an episode of mental illness by improving their role functioning and increasing ability and, or, decreasing disability, and developing skills and resources specific to individual clients' goals and needs. These interventions are referred to as clinical rehabilitation. Secondly, rehabilitation refers to interventions that are aimed at the maintenance of role functioning, skills and independence.<sup>31</sup> These interventions are referred to throughout this paper as accommodation support and, or disability support.

In practice, both components of rehabilitation target the same issues; however, it is the subtle angle by which the issues are addressed and the orientation of goals that indicates whether the intervention is clinical rehabilitation or disability support.

The two components of rehabilitation are not mutually exclusive and, furthermore, it is likely that individuals may access clinical rehabilitation from time to time while they are receiving mental health and disability accommodation support services. Clinical rehabilitation and disability support are delivered in different ways – clinical rehabilitation is provided on a time-specific basis with a focus on increasing role functioning or skills in a specific area of the consumer’s life and disability support provided more generally on a longer term basis for as long as it is required.

‘The NGO sector has a long history of running supported residential services for people with psychiatric disabilities. Aftercare has been providing such services for nearly 100 years and Richmond Fellowship for almost 30 years.’

*Mental Health Coordinating Council Pathways to partnerships. The MAP Project: towards a framework for mental health non-government organisations in NSW. Sydney Standard publishing house 2000, 22.*

It is proposed that clinical care, rehabilitation, accommodation support and other required services be delivered to people in their homes wherever they may be. People who are identified as having high support needs should be assessed comprehensively to determine the most appropriate program. Choice regarding the spectrum of housing and accommodation support options needs to be based on a comprehensive clinical–rehabilitation–ability assessment with input from all relevant members of the multidisciplinary team and family members or carers. This is a particularly important prerequisite for residential rehabilitation, inpatient and community extended care for people with high support needs. When possible, all options should be delivered in the least restrictive manner in a way that can meet the needs of the person as they change over time.

Non-acute inpatient care will be coordinated by NSW Health. These clinical services and support will be provided for people with high levels of disability when a safety risk has been identified for either the person or the community. When possible, services should be provided in the least restrictive setting; therefore, when the risk has been identified as low, services for people who need high disability support should be provided in the community. Accommodation support in the community should be provided by the NGO sector.

Building-based services should only be considered for people who require staff support overnight. In some situations, building-based services will be required for the provision of respite care. For people who do not require support overnight, clinical care, rehabilitation and support services (including respite care) should be coordinated by the necessary agencies and delivered in the home of the person’s choice.

Clinical care, rehabilitation and support services should be coordinated by a ‘care coordinator’ in consultation with the consumer. The ‘care coordinator’ should be based with the agency that provides the majority of the services. This will be different for each person and will be based on the available services in each geographical area.

## What factors determine the setting for service delivery?

The appropriate setting for the delivery of services will be determined by individual need. The following framework outlines four broad parameters that determine service delivery setting.

### 1. Patient characteristics

- behaviour
- mental state
- cognitive–functional ability
- physical health
- alcohol and other drug use
- culture and language
- social circumstance (including support system)
- other (gender, age, developmental stage, forensic history)



## 3

### 2. *Types of service required*

The type of service, and the most appropriate setting for service delivery will be determined by individual need; the services provided in each setting may include:

- assessment
- treatment
- rehabilitation
- containment
- disability support

### 3. *Intensity of service required*

### 4. *Availability of particular setting*

## Service delivery settings

There are four broad settings in which services are delivered:

### 1. *Acute inpatient*

- mental health intensive care
- observation
- general acute

### 2. *Non-acute inpatient*

- intensive rehabilitation
- slow stream rehabilitation

### 3. *Community residential*

- rehabilitation (intensive)
- very high support
- high support
- moderate support
- low support

### 4. *Community ambulatory*

- community mental health centre
- outreach
- consultation liaison in general hospital
- emergency department
- other primary care, eg general practice

## Children and younger people

The comprehensive provision of housing and accommodation support services will require consideration of a range of issues regarding children and young people. Partnership strategies should be employed to ensure that prevention, health promotion and early intervention programs are linked closely with all services for children and young people. Youth-specific housing and accommodation support services require comprehensive linkages with mental health services and mainstream community services and resources. These linkages will promote access to services and greater consideration of the broad range of issues that may affect young people.

It is essential that adult housing and accommodation support services provide a family focus for clients with children. The SAAP data from 1998 and 1999 indicate that almost one-third of the homeless people who used SAAP services were children who accompanied adults. For children, homelessness has long-term implications for their educational performance, health outcomes and their ability to form lasting interpersonal relationships and interact meaningfully in the community<sup>32</sup>. Partnerships between housing and accommodation support services, evidence-based parenting and other mental health programs for children and young people should be developed to counteract the effects of adverse life circumstances and build resilience to help compensate for the stresses of poverty and disadvantage.

## Older people

Housing and accommodation support service providers need to consider the specific issues of older people. Age-related health and mental health problems compound the difficulties of maintaining housing. Issues such as mobility, housework, shopping, transport, social isolation, medications and home maintenance, should be considered in assessments of the need for support.

## Housing

Access to housing for people with mental health problems and disorders is an issue of basic rights – it is essential for the maintenance of health, particularly mental health. With an increasing focus on clients' rights, transparency and concerns about accountability from the health, housing and support sectors have identified potential conflicts of interest that would arise if housing, healthcare and support were to be provided within the same organisation, particularly when rent has not been paid and, or, property has been damaged. It is important that consumers have access to health services that are provided independently from housing services, therefore, housing should not be provided by NSW Health. Moreover, health workers are skilled in the provision of healthcare services not the management of property or assets. The Department of Housing, including the Office of Community Housing and the Aboriginal Housing Office, the non-government sector, and the private real estate industry are all potential partners for the provision of housing and accommodation support for people with mental health problems and, or, disorders.

## Accommodation Support Services

Accommodation support services should be provided by the NGO sector. Strong links should be developed locally between accommodation support services and mental health services. The staff of accommodation services and mental health services should work collaboratively with each person to plan care, rehabilitation and support and to identify the roles of the person, the accommodation support staff and the mental health staff. Accommodation support services should focus on maximising the independence of consumers who are receiving their services. Interventions that are based on individualised assessment may target:

- activities of daily living, including domestic chores such as shopping, cooking and cleaning

- personal care tasks such as showering and taking medication as prescribed
- health care, including identification of general and mental health treatment
- rehabilitation needs as well as seeking assistance when required.

Interventions may also focus on income support issues such as the identification of a source of income, the maintenance of budget, and the payment of rent.

People have different needs and abilities; therefore, the nature of the support and its purpose are likely to be different for each person. Individual service plans should preserve any existing links with families and, or, carers, the community and social networks. Service delivery should be culturally sensitive and include the use of interpreters or other cultural brokers as necessary. They should also focus on assisting consumers to establish and, or, maintain meaningful roles in the community through education and employment. Literacy, ability to communicate and access to relevant service providers such as the Commonwealth Employment Service, Commonwealth Rehabilitation Service, TAFE, Adult Migrant English Service and Supported Employment, should be considered. Also, social and leisure support, including behavioural interventions to assist people to live in close proximity to others and maintain existing relationships, social networks and important community links, is essential.

Outreach support that involves consumers – as volunteers or as participants in funded programs – should be considered as a valid community development initiative. People with mental health problems often identify the support that they have received from other people with similar experiences as being beneficial and alleviating their concerns about isolation and loneliness.

## 3

### **Rural and remote areas**

Resources, access to services, distribution of the population and the availability of specialised mental health programs in rural and remote Area Mental Health Services differ from that in metropolitan Area Mental Health Services. The key partnerships that are already in place between rural and remote Area Mental Health Services and key stakeholders will need to be developed further and formalised, to ensure that as many consumers as possible can access the full range of housing and accommodation support services. With access to a range of housing and accommodation support services in each Area Health Service, consumers will be able to maintain family and community networks and will be less likely to drift.

### **Clinical services**

Clinical services should be provided by Area Health Services (including mental health services), general practitioners, private psychiatrists and other private practitioners, as necessary. In the provision of these services, there should be a focus on prevention, early intervention, treatment and rehabilitation, and linkages should be put in place between accommodation support and other disability support services to ensure maximum participation in the community for people with mental health problems. General practitioners have a vital role in providing continuity of care and all persons with mental health problems who use housing and, or, accommodation support services should have a general practitioner who oversees their physical and mental health care.

### **Supportive infrastructure**

The Centre for Mental Health will coordinate the implementation of the Housing and Accommodation Support Plan and the development of partnerships with key stakeholders at a statewide level. As part of the implementation process the Centre will coordinate the development of an assessment tool to standardise the identification of appropriate support levels and service models for people with mental health problems, to improve access to housing and accommodation support services.

# Change

## The need for change

4

### Best available evidence

Few studies have examined outcomes of housing and disability support services alongside the outcomes of other treatments and interventions among people with mental health problems and mental disorders. An extensive literature review revealed comparatively few articles describing examples of particular models and associated costs. One article discussed the association between residents' characteristics and costs of support;<sup>33</sup> another<sup>34</sup> discussed classification of facilities and residents' characteristics. There is little reference to services that provide outreach-based care, or to assessment tools for community planning.

### Current strengths and service needs in NSW

In May 2000, the Centre for Mental Health completed a survey of current housing and accommodation support services for people with mental health problems in NSW. The aim of the survey was to establish an understanding of the current service models and their locations and provided an opportunity for NSW Health to analyse the current service networks.

In NSW, apart from boarding houses and SAAP-funded services, there were between 1,200 and 1,300 places (beds) that represented housing and accommodation support for people with mental health problems. The availability of places varied from 7.6 per 100,000 to 55 per 100,000 depending on the geographic setting. Few services offer home-based outreach support. People needed to live in program accommodation to receive support services.

Disability support services were available in 61% of programs and were provided mostly by NGOs. About 60% of programs identified formal mechanisms for coordinating the provision of clinical and accommodation support services.

The properties used in these programs were owned by Department of Housing (42%), NSW Health Area Health Service (26%), NGO (12%) and other entities (10%). Property ownership was shared in some programs between Department of Housing and Department of Health (11%). Rent collection and property maintenance was performed by NGOs (33%), Area Health Services (33%), Department of Housing (20%) and other entities (9%).

Almost one-half of the properties reported were share accommodation with at least three residents, one-third was shared accommodation with two residents and the remainder was single-residency property.

82% of Area Health Services have a coordinating committee/group to oversee implementation of the JGOS, there is a local protocol for implementation in 76% of Area Health Services and a local action plan for implementing the protocol in 65% of Area Health Services. About 41% of Area Health Services have developed a local evaluation plan with clear links to strategic planning.

About 20% of programs targeted younger people 17 and 18 years of age and 10% catered to people over 65 years.

The length of stay was not time-limited for approximately three-quarters (78%) of the beds, for the remainder, the length of stay was one to three years. Very few programs offered respite care.

About 60% of programs had a mechanism for evaluation at the time of survey. There was no consistent evaluation methodology for services and in many cases the sole form of evaluation reported was a satisfaction survey that was administered by program staff and completed by residents.

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## 4

The survey did not capture separately information about community-based residential services, which are funded by Area Mental Health Services to provide specialised 24 hour care for people with mental health problems or psychiatric disabilities.

A 'snapshot' of the need for housing and accommodation support, by the Richmond Fellowship, showed that in May 1998, 63 people were seeking Richmond Fellowship housing and accommodation support services. The most frequent demand was for high-level support. The average waiting period for appropriate services was 12 months, and 17 people who required these services remained in hospital until a suitable place became available.<sup>35</sup>

These specific population groups need to be considered:

- homeless people
- boarding house residents
- older people
- younger people
- people living with families
- women
- women with children
- refugees
- people from culturally and linguistically diverse backgrounds
- populations in rural and remote areas
- Aboriginal and Torres Strait Islander people.

Historically, numerous barriers have prevented access and effective use of housing and accommodation support services by some population groups. These groups require special consideration in the planning, development and provision of services. Examples of barriers include building-based programs that provide services to single people, little or no access to interpreters, requirements for potential service recipients to have a long-term address in a specific catchment area,

services focused on the 18-64 year age group and requirements that potential service recipients do not use alcohol or other drugs. Furthermore, programs rarely have been designed to include strategies to address client-related issues such as challenging behaviour, dual disorder and high-level disability. Access strategies that include linkages with mainstream services should be developed to increase access to services for the people in these groups.

Other specialised programs should be developed to meet the needs of people who have:

- a high risk of aggression (without forensic status)
- a chronic illness
- dual disorders, eg. substance use, intellectual disability, physical disability
- challenging behaviours
- a need for high-level disability support and, therefore, no apparent exit point from transitional services
- respite care needs.

These programs must include comprehensive clinical management, comprehensive support services and an identified plan for accessing mental health services and services from general practitioners.

### Issues identified in survey

The issues identified in NSW included the need to build local intersectoral partnerships, integration, collaboration, comprehensive service networks and communication between service providers from NGOs, mental health services, general health services and other community agencies, to improve the coordination of care. Discharge planning that results in the repeated placement of individuals in unsuitable accommodation and, inevitably, readmission, is a major issue.

The issues identified around access to services included the need for transparency, standardised assessments for service entry and exits, definition of support services, flexible services and the need for more services that provide high levels of support.

The systemic issues included the need for standard funding models, standardised quality measures and evaluation strategies and innovative models for service provision that are appropriate for different population groups.

There is also a need to build capacity within the mental health NGO sector – to increase the number of services and increase the training opportunities for the NGO workforce to ensure the provision of quality services.

## Goals for NSW Health

As identified in the *NSW Plan for Rehabilitation and Mental Health*,<sup>36</sup> mental health service providers in NSW are in the midst of a period of change. The NSW Area Health Services, the NSW Department of Housing and the NGO and community sector are considering the key components that contribute to ‘best practice’ in the provision of housing and accommodation support services for people with mental health problems.

## Principles for the provision of housing and accommodation support

- Service providers must consider the circumstances and range of needs of people with mental health problems in the development appropriate interventions.
- People with mental health problems have real choice about where they live.
- People with mental health problems have access to stable housing<sup>1</sup> and flexible supports.
- Support should meet individual needs and not be tied to particular properties.
- Support should be flexible and able to be titrated to meet each person’s changing needs.
- Housing should be provided in the least restrictive setting and in the community whenever possible.
- Housing and accommodation support systems are based on comprehensive service networks; organisations work collaboratively to provide integrated services.

- Housing and accommodation support programs will provide services that are non-discriminatory and sensitive to the social, cultural, linguistic and religious values and practices of people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people from specific population groups living in NSW.
- Housing and accommodation support services provide services that will consider the specific needs of both older and younger people (eg developmental needs, age-related needs).
- Providers of mental health services will be flexible and accessible so that their services can be accessed by specific population groups, including homeless people.

## Goals

The following goals have been identified:

- To increase housing stability for people with mental health problems:
  - to expand home-based outreach support systems
  - to improve access to stable housing and accommodation support for people with mental health problems
  - to improve access to housing and accommodation support for people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people from specific population groups
  - to improve access to housing and accommodation support for younger and older persons
  - to assist people with mental health problems to access the appropriate treatment and support to maintain their housing/tenancy
  - to develop the capacity of the mental health NGO sector to provide more quality services
- to develop the strengths and capacities of individuals to live independently
- to achieve a balance between maximising the participation by individuals in the community and minimising their dependency on clinical and disability support services

## 4

- to promote linkages with community resources, including general practitioners, private psychiatrists, youth services and other health services
- for goals to meet local area need
- to define the roles and responsibilities of funding organisations, provider organisations and service providers for comprehensive coordinated service provision:
  - to standardise entry and exit processes
  - to develop outcome indicators and local processes for coordinated service delivery
  - to establish guidelines at a local level to facilitate collaborative service delivery.

### Quality framework

The *Framework for Managing the Quality of Health Services in NSW*<sup>97</sup> articulates six performance dimensions of quality as a basis for measurement, reporting and improvement efforts: safety, effectiveness, appropriateness, consumer participation, access and efficiency. The implementation of the framework for housing and accommodation support for people with mental health problems and mental disorders should consider each of these six dimensions to ensure practice improvement and sustainability at the Area level.

#### 1. Safety

The framework facilitates safe practice based on best available evidence. More effective identification of people at risk will be facilitated by improved access systems and more links between housing and accommodation support services and clinical and rehabilitation mental health services.

#### 2. Effectiveness

The effectiveness of housing and accommodation support interventions will be measured through the use of process evaluation and outcome indicators.

#### 3. Appropriateness

The framework recommends that interventions be based on best available evidence, tailored to meet individual needs, and delivered in a timely manner.

#### 4. Consumer Participation

Consumer and carer participation at both the Area planning and individual service level is essential for the successful implementation of this framework. The active engagement of the wider community through community development initiatives will facilitate better and more linkages with the community that are essential for successful implementation of this framework.

#### 5. Access

A key goal of the framework is to ensure access to housing and accommodation for people with mental health problems, including people from culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander people, specific population groups, homeless people, younger and older people, people with special needs and people living in rural and remote services.

#### 6. Efficiency

The framework describes the infrastructure needed at an Area level to promote efficiency. More complete identification of the full range of housing and accommodation support services available, more effective collaboration between service providers, less duplication of services provided, better linkages between services and better identification of pathways to access services.

# Expected benefits

The implementation of this framework is expected to lead to the following benefits for the community:

- a range of housing and accommodation support services would be accessible for people with mental health problems in all geographic areas in NSW
- access paths to these programs will be clearly defined
- people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people from specific population groups will have greater access to the range of housing and accommodation support services
- information about the spectrum of housing and accommodation support services available in each Area Health Service including identification of providers will be easily accessible
- access to and effective use of housing and accommodation support services will be available for all population groups
- there will be necessary supports to assist people to maintain housing successfully where required
- individuals will have the supports available to assist them to develop the strengths and capacities to live independently and maximise their participation in the community
- links and protocols will be developed between local service providers to facilitate collaborative service delivery to meet the needs of the local community
- an evaluation system will be developed to measure progress and guide the quality of both interagency partnerships and services.

## Strategic Action Checklist

### Action 1

Each Area Health Service will develop a Housing and Accommodation Support plan for people with mental health problems and disorders.

### Action 2

An identified person in each Area Health Service will monitor and ensure access to housing and accommodation support service.

### Action 3

A 'housing and accommodation support' database for each Area Health Service will identify and coordinate the resource spectrum of both clinical and support providers.

### Action 4

Area Health Services will link 'housing and accommodation support' databases with the statewide database coordinated by the Mental Health Association NSW.

### Action 5

The JGOS will be developed further at local levels with other key partners and will inform Area Mental Health Services' partnerships with the housing and NGO sector.

### Action 6

Service agreements and partnership protocols will identify roles and responsibilities of Area Health Services and NGOs.

### Action 7

Local partnership mechanisms will be developed to facilitate access to the private rental market and to streamline access to public and community housing and disability rental subsidy.

# 5

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## 5 Strategies

The following strategies provide a framework for achieving the goals outlined in this plan. The plan identifies a partnership approach to the provision of housing and accommodation support services for people with mental health problems. The key partners are both the government departments and the providers of mental health and housing services, including NGOs at the systems, service provision and individual intervention levels. To be successful, the plan will require the multi-layered implementation of these strategies by the mental health system and participation of the Housing and NGO sectors through identified partnership mechanisms.

- Area Health Services will develop a Housing and Accommodation Support plan that identifies key partners, resources and strategies for the development of housing and accommodation support options for people with mental health problems and disorders. The key partners will be the Department of Housing, the Office of Community Housing, Community Housing Associations, non-government service providers of both disability services and services for homeless people, the Department of Ageing, Disability and Homecare and other community organisations. Area Health Services will identify clearly their role as the providers of clinical support (*Action 1*).
- An identified person in each Area Health Service will monitor and ensure access to housing and accommodation support services, ensure throughput to least restrictive housing, identify need, ensure collaboration, monitor data and identify issues to the Area Rehabilitation Development Group (*Action 2*). The use of a 'Housing and Accommodation Support' database for each Area Health Service will help with the identification and coordination of the resources of both clinical and support providers (*Action 3*). Area Health Services will link 'housing and accommodation support' databases with the statewide database coordinated by the NSW Association of Mental Health (*Action 4*).
- The JGOS will be developed further at local levels with other key partners and will inform Area Mental Health Services' partnerships with the housing and NGO sector (*Action 5*). Local partnerships will facilitate the availability of a range of housing and accommodation support options to meet the need of the local population. The roles and responsibilities of Area Health Services and NGOs will be identified in service agreements and partnership protocols (*Action 6*). Housing and accommodation support options will range from JGOS initiatives through NGO programs and boarding house models and must include programs for people from culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander people, special population groups and people with special needs.
- The development of innovative models for housing and accommodation support will be encouraged. Appropriate local partnership mechanisms will be developed to facilitate access to the private rental market and to streamline access to public and community housing and disability rental subsidy (*Action 7*). Local systems will facilitate access to appropriate treatment and support for people using housing and accommodation support services. Discharge planning protocols will inform transition from acute hospital settings to home, housing and accommodation support programs (*Action 8*). Output, process and outcome indicators will be developed locally.
- Area Health Services will work collaboratively with NGO and community agencies to ensure that disability support services for people with mental health problems are accessible in their geographic area (*Action 9*). The NGO sector and other agencies will be encouraged to consider the development of services in areas where few or no accommodation support services exist.

- Comprehensive policies and procedures for each housing program in line with the *Disability Services Act 1993* (NSW) will be essential for all housing and accommodation support services for people with mental health problems (*Action 10*). The development of access policies will be prioritised in all new services. Housing and accommodation support programs will identify their target populations and the service support levels that they provide.
- The Centre for Mental Health, in conjunction with Area Health Services, will develop an Accommodation Support Access Planning Tool to identify appropriate levels of accommodation support to meet individuals' needs (*Action 11*). This will be done in consultation with other stakeholders under existing partnership processes.
- Practice guidelines for clinical support, accommodation support, other clinical mental health services (eg general practitioners and private psychiatrists, drug and alcohol services) will be developed (*Action 12*). Coordinated, individualised goal-focused care plans that adopt a 'strengths perspective' with consumers, carers and other relevant people, will assist consumers to develop skills that will maximise their participation in the community; facilitate the maintenance and development of pre-existing and new social networks with community members; and develop links with local community resources.
- Appropriate models of education and training for staff who provide accommodation support services for people with mental health problems will be developed (*Action 13*). Models will include skills based training, supervision, performance review mechanisms and appropriate linkages with Area Health Service education and training programs. Education and training for Area Health Service staff regarding the development of appropriate service agreements and performance indicators in the context of maintaining effective partnerships will be developed.
- Indicators for measuring the success of outcomes will be developed and included in Area Health Service performance agreements (*Action 14*).

## Strategic Action Checklist

(continued)

### Action 8

Discharge planning protocols will inform the transition from acute hospital settings to home, housing and accommodation support programs.

### Action 9

Area Health Services will work collaboratively with NGO and community agencies to ensure that disability support services for people with mental health problems are accessible in their geographic area.

### Action 10

All housing and accommodation support services for people with mental health problems will have policy and procedures in line with the *Disability Services Act 1993* (NSW).

### Action 11

The Centre for Mental Health in conjunction with Area Health Services will develop an Accommodation Support Access Planning Tool.

### Action 12

Practice Guidelines for clinical support, accommodation support, other clinical mental health services will be developed.

### Action 13

Appropriate models of training for staff who provide accommodation support services for people with mental health problems will be developed.

### Action 14

Indicators for measuring the success of outcomes will be developed and included in Area Health Service performance agreements.

# How will we know it worked?

## 6

### Outcomes

The following outcomes from the implementation of the Housing and Accommodation Support Plan are expected:

- local partnerships between housing, clinical and accommodation support services that improve systems, services and individual outcomes
- greater housing stability for people with mental health problems
- greater access to housing and accommodation support for people with mental health problems
- greater access to housing and accommodation support for people from culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander people and people from special population groups
- greater access to housing and accommodation support for younger and older persons
- greater participation in the community for people with mental health problems and mental disorders
- greater use of community resources, including general practitioners and psychiatrists in private practice
- greater focus on the strength and capacities of people with mental health problems and disorders
- availability of quality housing and accommodation support services in all geographical areas of NSW
- indicators to monitor and manage performance of housing and accommodation support providers
- the provision of housing and accommodation support services by appropriately skilled staff
- access to home-based outreach support in all geographic areas in NSW
- better access to public housing for people with mental health problems.

The *Draft Implementation Strategy* (Appendix D) identifies responsibilities and appropriate timeframes for the achievement of these outcomes.

### Indicators

Service standards and quality improvement programs are salient features of all quality health care and disability support services. Quality in the provision of an integrated service system, including the full range of housing and accommodation support services, will be examined using indicators that identify the structure, process and individual outcomes achieved by the Partnership in each Area Health Service.

Good outcomes will be defined through indicators in each layer of the housing and accommodation support system. Suggested indicators include:

- appropriate local interagency partnerships
- maintained tenancies
- maintained tenancies by people from culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander people and people from specific population groups
- frequency of homelessness
- frequency of need for emergency or crisis housing
- hospital bed days waiting for appropriate accommodation
- consumer satisfaction.

Individual clinical outcomes, quality of life, well-being and participation in the community should also be evaluated. Indicators of success will be included in Area Health Services' performance agreements.

# Next steps

7

An important aim of this framework is to promote discussion among Government, non-government and community mental health service providers, and consumers and their carers who require access to services in NSW.

This plan provides a conceptual framework for considering good practices in the development of innovative and flexible partnership models for the provision of housing and accommodation support for people with mental health problems. The major outcome will be the identification of strategies for service planning and the development of policies and protocols at the Area level. An implementation plan (Appendix D) is intended to guide the development by local mental health services of more effective partnerships with other government, non-government and community sectors and to ensure better mental health outcomes for individuals.

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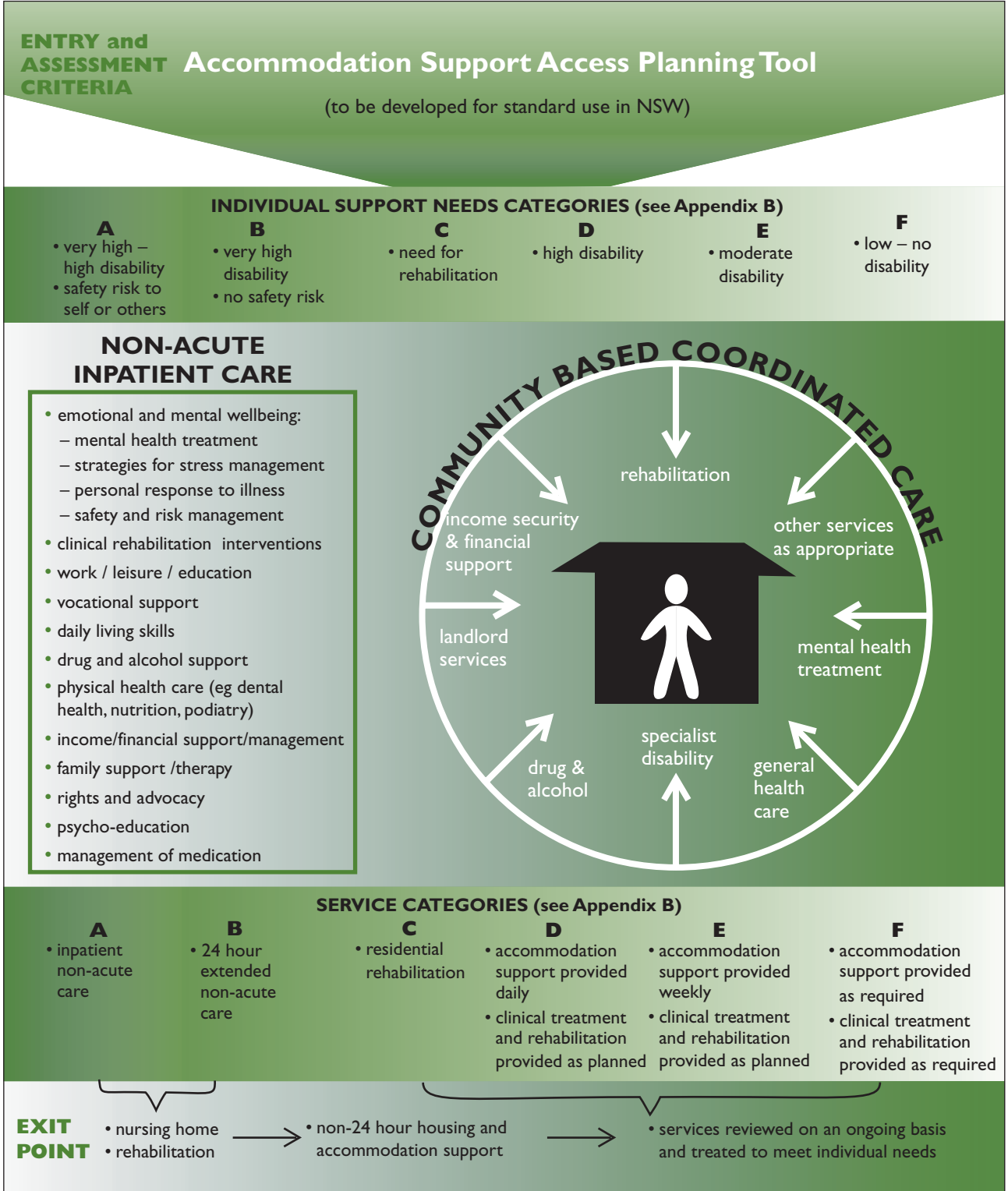
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# Housing and accommodation support framework for people with mental health problems

**A**



# Support levels and characteristics of residents

## B

### A. Non-acute inpatient services

#### B. Very high support

- medium to long-term duration
- 24 hours per day, 7 days per week
- clinical and other support provided on site by specialist mental health staff
- outreach clinical support provided by general practitioners
- provides stabilisation of symptoms and behaviour, and disability support

#### **Resident's characteristics**

History of mental health problems; long-term active psychiatric symptomatology; non-compliance with medication; recent attempts at self-harm or suicide; low level of functioning; behaviour problems; no involvement with family or community.

#### C. Residential rehabilitation

- short to medium-term duration
- 24 hours per day, 7 days per week
- clinical and other support provided on site by specialist mental health staff
- outreach clinical support provided by general practitioners
- provides stabilisation of symptoms, focus is intensive rehabilitation and facilitating community participation

#### **Resident's characteristics**

Recent mental health problems; requires assistance with medication; risk of self-harm or suicide; low level of functioning; minimal involvement with family or community.

An individual's support needs may change over time and, therefore, the level of service may change.

### D. High support

- medium to long-term duration
- 8-16 hours per day, 5-7 days week with 24 hour on-call availability
- outreach clinical care and rehabilitation provided by specialist mental health staff
- other support provided by disability support workers
- outreach clinical support provided by general practitioners
- provides stabilisation of symptoms, maintenance of functioning and facilitates community participation

#### **Resident's characteristics**

History of mental health problems; active psychiatric symptomatology; requires assistance with medication; risk of self-harm or suicide; low level of functioning; minimal involvement with family or community.

### E. Medium support

- short, medium or long-term duration
- 2-5 visits per week
- outreach clinical care and rehabilitation provided by specialist mental health staff
- outreach clinical support provided by general practitioners
- outreach disability support
- provides early intervention, stabilisation of symptoms, maintenance of functioning and facilitates community participation

#### **Resident's characteristics**

History of mental health problems; requires assistance with medication; moderate level of functioning; some supported involvement with family or community.

## B

### F. Low support

- short, medium or long-term duration
- 1 visit per week, 1-2 visits per month
- outreach clinical care and rehabilitation provided by specialist mental health staff
- outreach clinical support provided by general practitioners
- outreach disability support
- provides early intervention, prevention, maintenance

### Resident's characteristics

Current mental health problems; medication compliant; high level of functioning most of the time; independent involvement with family and community.

Rehabilitation and other specialist mental health services will be available across the spectrum of service categories.

Appendix C is adapted from Weir, W. 1997. *Housing and Supported Accommodation Strategies for People Seriously Affected by Mental Illness*. Report on project commissioned by the Centre for Mental Health, NSW Health.

# Glossary

Given the dearth of literature available on evolving models of housing and disability support, the following definitions have been developed to facilitate clear understanding of the housing and disability support systems discussed.



Housing	Safe, secure, affordable, 'normal' and primarily dispersed throughout the community; should be close to transport and enable access to social and recreational activities as well as community and social supports.
Stable housing	Housing that does not belong to a mental health or disability support program, that does not have supports attached to the property and that is in no way time limited. Stable housing may include privately owned or rental property. Stable housing reflects the style of housing that would be accessed by any member of the population of a similar life or developmental stage.
Disability	The International Classification of Functioning and Disability (ICIDH-2) <sup>38</sup> is a multipurpose classification designed for multidisciplinary use in providing a scientific basis for understanding the functional states associated with health conditions. The term disablement covers three dimensions: <ul style="list-style-type: none"> <li>● body structures or functions</li> <li>● personal activities (previously disability)</li> <li>● participation in society (previously handicap).</li> </ul>
Disability support	Individual or group interventions to maintain participation in society. These interventions must be flexible, cater to individual needs and should be provided to individuals living independently in the community regardless of their source of housing. Disability support should be provided by non-government organisations (NGOs) with a less clinically oriented approach, as is often preferred by consumers. Additionally, the separation of disability support from clinical service providers will facilitate the ability to prioritise support and remove the pressure and distraction of acute care from the support providers.
Accommodation support	The component of disability support that specifically assists an individual to maintain their role functioning, skills and independence in relation to their accommodation.
Outreach support	Support that is provided to individuals in their own homes.
Mental health treatment	Interventions to reduce symptoms and impairments associated with a disorder. May be provided by Area Health and, or, Mental Health Service staff, private mental health practitioners or general practitioners.
Landlord role	Collection of rent and maintenance of property. This role should ideally not be filled by the providers (agencies or staff) of support because of the potential for conflict between the roles of support provider and landlord.
Clinical rehabilitation	Interventions to reduce disability associated with a disorder. May be provided by Area Health and, or, Mental Health Service staff, private mental health practitioners or general.

# Framework for housing and accommodation support

## D Implementation strategy

**Broad template for implementation plan – to be adapted to meet local Area needs and population health**

Goal	Strategies	Outcomes	Responsibility	Time
To increase housing stability for people with mental health problems	<ul style="list-style-type: none"> <li>Extend the principles of the JGOS to include other key partners (<i>Action 5</i>)</li> <li>Develop Good Practice Guidelines for clinical support, accommodation support, other clinical mental health services (eg general practice, Drug &amp; Alcohol Service) and network (<i>Action 12</i>)</li> </ul>	<p>Local partnerships between housing, clinical and accommodation support services that improve systems, services and individual outcomes.</p> <p>Greater housing stability for people with mental health problems</p>	<p>Centre for Mental Health, Dept of Housing</p> <p>Centre for Mental Health with Area Health Services</p>	Dec 2003
To assist people with mental health problems to access stable housing and the appropriate treatment and support to maintain their housing/tenancy	<ul style="list-style-type: none"> <li>Area Health Services will develop a Housing and Accommodation Support plan that identifies key partners, resources and strategies for the development of housing and accommodation support options for people with mental health problems and disorders</li> <li>Ensure that local systems facilitate access to appropriate treatment and support</li> <li>Develop local mechanisms to streamline access to public and community housing and disability rental subsidy and private rental market (<i>Action 7</i>)</li> <li>Work in partnership with the Housing and NGO sector to facilitate the availability of the range of housing and accommodation support options to meet the need of the local population</li> <li>Identify housing coordinator or identified responsibility in each Area Health Service (<i>Action 2</i>)</li> <li>Develop 'housing and accommodation support' database for each Area Health Service (<i>Action 3</i>)</li> <li>Link Area 'housing and accommodation support' database to the statewide database (<i>Action 4</i>)</li> </ul>	<p>Greater access to housing and accommodation support for people with mental health problems</p>	<p>Local JGOS Coordination Committee</p> <p>Area Mental Health Director</p> <p>Area Mental Health Director through Rehabilitation Development Group and JGOS Coordinating Committee</p> <p>Area Housing Coordinator (or identified person) with JGOS Coordination Committee</p>	Dec 2002

Goal	Strategies	Outcomes	Responsibility	Time
To achieve a balance between maximising individuals participation in the community and minimising dependency on clinical and disability support services	<ul style="list-style-type: none"> <li>Develop appropriate pathways to local organisations and facilities</li> <li>Develop coordinated, individualised, goal-focused care plan with consumers, carers and other relevant people that assist consumers to develop skills that will maximise their participation in the community and facilitate the maintenance and development of pre-existing and new social networks with community members</li> </ul>	Greater participation in the community for people with health problems and mental disorders	Area Mental Health Director	June 2003
			Area Health Service in partnership with NGOs	Ongoing
To promote use of community resources including general practitioners and private psychiatrists and other health services	<ul style="list-style-type: none"> <li>Develop links with local community resources through the care plan</li> </ul>	Greater use of community resources including general practitioners and private psychiatrists	Area Mental Health Director	Dec 2002
To develop strengths and capacities of individuals to live independently	<ul style="list-style-type: none"> <li>Develop coordinated, goal focused care plan from a strengths perspective with consumer, carers and other relevant people</li> </ul>	Greater focus on the strength and capacities of people with mental health problems and disorders	Area Mental Health Director Area and Health Service staff	Dec 2002
To collaborate to develop the capacity of the mental health NGO sector to provide more quality services	<ul style="list-style-type: none"> <li>Encourage NGO sector and other agencies to consider the development of services in areas where few or no accommodation support services exist</li> <li>Develop appropriate models of education and training for staff who provide accommodation support services for people with mental health problems (<i>Action 13</i>)</li> <li>Develop appropriate education and training for AHS staff</li> </ul>	Availability of quality housing and accommodation support services in all geographical areas of NSW	Area Mental Health Director Rehabilitation Development Groups	June 2003
		Indicators to monitor and manage performance of housing and accommodation support providers  Provision of housing and accommodation support services by appropriately skilled staff	Consumer and Carer Groups Mental Health NGO Sector	
To expand home-based outreach support systems	<ul style="list-style-type: none"> <li>Encourage the development of innovative models of outreach support in the NGO sector</li> <li>AHS to work collaboratively with NGO and community agencies to ensure that disability support services for people with mental health problems and mental disorders are accessible in their geographic area (<i>Action 9</i>)</li> </ul>	Access to home-based outreach support in all geographic areas in NSW	Area Mental Health Director through Rehabilitation Development Groups, JGOS Coordinating Committee Consumer and Carer Groups	Dec 2003

# Appendix D

## D

Goal	Strategies	Outcomes	Responsibility	Time
To improve access to public housing	<ul style="list-style-type: none"> <li>To be addressed through Department of Housing Supported Housing Strategy</li> </ul>	Greater access to public housing for people with mental health problems	Department of Housing	
To standardise entry and exit processes	<ul style="list-style-type: none"> <li>Develop comprehensive policy and procedures for each Housing Program in line with the <i>Disability Services Act 1993</i> (NSW)</li> <li>Prioritise the development of Access policy (Action 10)</li> <li>Develop assessment tool utilising a strengths perspective to identify appropriate level of accommodation support (Action 11)</li> <li>Develop discharge planning protocols for transition from acute hospital settings to home, housing and accommodation support programs (Action 8)</li> <li>Ensure that housing and accommodation support programs have transparent guidelines regarding their target population and the service support level they provide</li> </ul>	<p>Greater access to housing and accommodation support services</p> <p>Greater transition from acute settings for people with mental health problems</p>	<p>Housing and Support program providers</p> <p>Centre for Mental Health Statewide Reference group</p> <p>JGOS Coordination Committees Rehabilitation Development Groups</p> <p>Housing and Support program providers through performance agreements</p>	Dec 2002
To define outcome indicators and local processes for coordinated service delivery	<ul style="list-style-type: none"> <li>Develop appropriate output, process and outcome indicators at the local level</li> </ul>	Improved identification of partnership strengths and issues that required further development	<p>JGOS Coordination Committees</p> <p>Rehabilitation Development Groups</p> <p>Centre for Mental Health</p>	June 2003
To define the roles and responsibilities of funding organisations, provider organisations and individual service providers for comprehensive coordinated service provision	<ul style="list-style-type: none"> <li>Identify roles and responsibilities in Service Agreements and partnership protocols (Action 6)</li> </ul>	Clear understanding of the roles and responsibilities of organisations and individuals at the systems, service and individual level	<p>JGOS Coordination Committees</p> <p>Rehabilitation Development Groups</p>	Dec 2002

