

MENTAL HEALTH SERVICES IN VICTORIA



**Presentation to FCDC Inquiry into Supported Accommodation
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Overview

- Major Policy Frameworks
- Service System description
- Innovation and future direction

Major Policy Frameworks

- Charter of Human Rights and Responsibilities Act 2006
- A Fairer Victoria
- Mental Health Act 1986
- Because mental health matters
- National Mental Health Standards

Current Profile of the Mental Health service system

- 21 Adult Area Mental Health services
- 17 Aged Persons Mental Health services
- 13 Child and Adolescent Mental Health services
- 105 Psychiatric Disability Rehabilitation and Support Services (PDRSS)
- 59,337 consumers were seen by clinical services
- 18,890 were new consumers
- 13,639 consumers were supported by PDRSS
- Total expenditure \$837M

Mental health funded services identified in the Inquiry Terms of Reference

Clinical mental health treatment services

- Prevention and Recovery Care Units
- Secure Extended Care Units
- Community Care Units

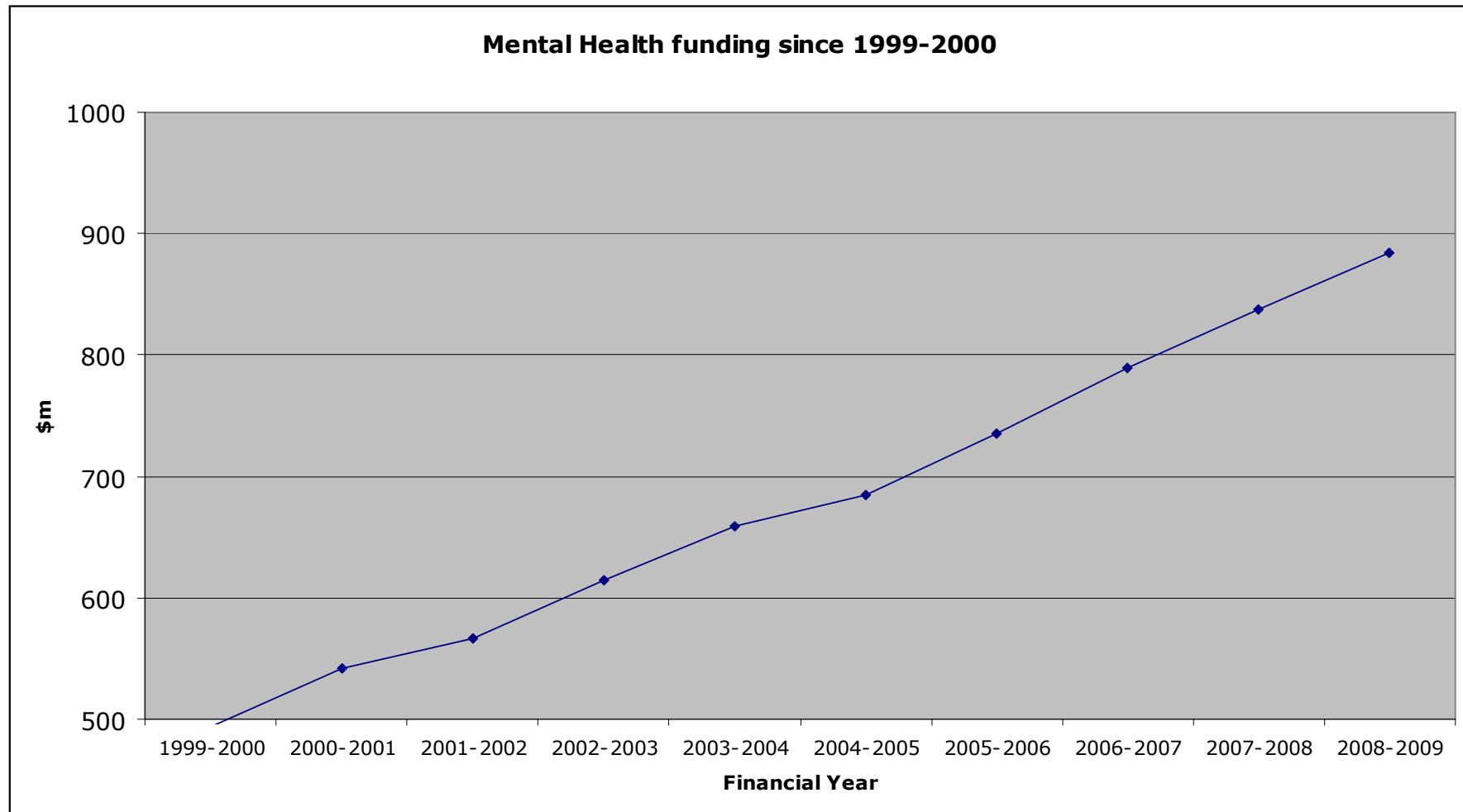
Community based rehabilitation services

- PDRSS Residential Rehabilitation Support Services

Community based accommodation and support

- PDRSS Supported Accommodation Services
- PDRSS Home based Outreach Support
- Integrated Rehabilitation Recovery and Care Program

Mental Health Funding 1999 to present



Mental Health Budget 2007-08

The overall Mental Health budget in 2007-08 was \$ 837 mil.

The split in funding between different service types reflects Victoria's relatively high level of investment in community options.

Funding is allocated to the following:

- inpatient treatment services including Thomas Embling and SECU
- clinical community residential such as Community Care Units and PARCS
- clinical ambulatory services such as community mental health teams
- community based psychosocial rehabilitation and recovery services
- other which includes Mental Health Review Board, service system capacity initiatives such as research

Summary of bed based treatment and accommodation and support

| Service type | Financial Year | | | | |
|--|----------------|---------|---------|---------|---------|
| | 2003-04 | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
| Prevention and Recovery Care Units (a) | 20 | 38 | 38 | 48 | 78 |
| Secure Extended Care Units | 103 | 103 | 103 | 103 | 103 |
| Community Care Units (b) | 312 | 312 | 312 | 326 | 336 |
| Residential Rehabilitation Adult (c) | 105 | 105 | 105 | 105 | 101 |
| Residential Rehabilitation Youth | 159 | 163 | 163 | 161 | 163 |
| Supported Accommodation (d) | 104 | 104 | 104 | 104 | 104 |

Prevention and Recovery Care Units (PARC)

Prevention and Recovery Care Units (PARC) are sub-acute treatment facilities.

PARCs act as step up from the community and step down from acute inpatient treatment and have been designed to divert demand from acute inpatient services by reducing the need for both admission and readmission.

Provide a recovery orientated program delivered in a partnership with clinical services and non govt agency.

- 78 places in 8 units
- 7 PARCs in development or planning phases with Deer Park scheduled to in March 2009
- Average length of stay 14 days
- Funded at \$351 per day

Secure Extended Care Units (SECU)

Secure Extended Care Units (SECU) are long stay in-patient services for patient requiring secure, structure treatment environment.

They provide intensive treatment for those with severe, unremitting symptomatology, with a clinical requirement for a secure, structured environment.

- 103 beds operating in 8 sites across the state
- Stand alone units in metro and larger regional centres and co-location with CCU/in-patient in rural
- Regional catchment
- Funded at \$432-\$435 per day
- Statewide average length of stay 232 days

Community Care Units (CCU)

Community Care Units are part of the clinical bed based service continuum providing 24 hour onsite clinical support.

CCUs target patients who have severe ongoing recurrent symptoms, co-morbid conditions, prone to relapse.

Clinical treatment and support is provide to address the mental illness and to develop skills in independent living to enable the patient to move back into the community.

- 336 CCU places across 20 sites
- Two thirds are in configurations of 20 beds in residential neighbourhoods, sometimes on a hospital campus with street frontage
- In rural AMHS, some CCUs are collocated with SECU facilities
- Funded at \$297- \$300 per day
- State-wide average length of stay 192.7 days

Services that support people recovering from a mental illness to live in the community

Psychiatric Disability Rehabilitation and Support Services are funded to provide community programs including:

- Residential Rehabilitation - a transitional service which enables people with mental illness to acquire /regain skills to move into independent living
- Supported Accommodation - long term accommodation linked to support
- Home Based Outreach Support provides support to the person in their own home (or alternative setting)

PDRS Residential Rehabilitation

- Targets consumers who are relatively stable with psychiatric disability who would benefit from clustered living.
- Provides up to 2-3 years of intensive rehabilitation support to regain or acquire skills that are needed to move into more independent living.
- 264 Beds (163 youth, 101 adult).
- Funded at \$135 per day (24hr), \$108 (non 24hr).
- Considered step up from in Home based Outreach Support or step down from acute inpatient services.
- Residents are likely to receive in-reach support from community based clinical support services.

PDRS Supported Accommodation

Provides long term linked accommodation and support. 104 beds in 7 sights.

Two current accommodation and support models:

24 hour on-site support model

- Provided in a shared (congregate) housing environment for residents with high support needs
- Have very low throughput/turnover levels (most residents remain for several years)
- Have a staff member on-site over night ('sleep-over')
- Often provide on site recreational or rehabilitation activities for residents

Mix of on-site support and after hours on call

- Residents typically have their own unit/bed-sit or share a house with one or two co-residents
- Have staff on-site during business hours (or similar) with occasional weekend support
- Residents are supported to manage activities of daily living and access community recreational and vocational supports

Home based outreach support

- Outreach support to people in their own homes that is accessible 52 weeks a year.
- Homes can be private or public, rooming, boarding, caravan parks, private hotels and so forth.
- PDRSS support worker assist the person to meet their needs including locating accommodation and supporting the individual to maintain their home and make social links.
- 302,153 Hours of home based outreach support is available at any one time to more than 2,700 consumers around the state.

The Integrated Rehabilitation Care and Recovery Program

- Established in 2006 as a pilot targeted to the 3 metro SECU sites (and their associated linked CCUs).
- Designed to support the transition of long stay consumers from clinical residential treatment services (bed based services) to the community.
- Provides dedicated, intensive, sustained and integrated clinical and psychosocial support response. To date over 14 long stay patients have been supported to move back into the community.
- An evaluation is currently underway. This will inform future development of support and accommodation models that could assist adults and young people with mental illness exiting forensic services and youth justice facilities.
- As new funding becomes available the model will be rolled out across the state.

Consumer Preference

The accommodation and support needs of people with a mental illness and those with a disability are different.

- Only a small proportion of people with serious mental illness require supported accommodation models that provide onsite 24 hour support.
- For most people with mental health issues the goal is to maintain tenancy in, appropriate and affordable housing with support that can be scaled up or down as their needs change.
- Most successful models provide individualised support to enable the individual to live in a variety of accommodation options.
- Access to appropriate and affordable accommodation usually results in a reduced need for support over time.

The Mental Health Reform Strategy

Consultation paper released in May 2008 proposed reforms based on prevention, early intervention, recovery and social inclusion in order to:

- help people with mental health problems earlier - in life, illness and episode
- provide easier access to the most effective treatments across a wide range of services
- offer longer term, holistic support to support recovery and community participation
- foster a culture of service delivery and community support based on acceptance and chance to achieve personal goals



2008 Budget Initiatives

The Consultation paper proposes reforms to the way we plan, coordinate and deliver support for Victorians with mental health problems, to extend the outreach capacity of MH services while building the ability of other sectors to respond to mental health issues.

The 2008 State budget seeding the reform:

- Developing a new Supported Housing Model.
- Expanding individualised support models for people exiting Mental Health bed based treatment facilities.
- Establish the Mental Health Line which will improve access to information on available services.

New Models: Supported Housing Model

- Announced in 2008 state budget Victoria.
- Will develop a successfully trialled overseas model.
- A partnership between Mental Health and Drugs and Housing and Community Building.
- Planning is well on the way to establish a modern affordable complex in Elizabeth Street that will provide a home for up to 50 people with mental illness.
- Support will be tailored to individual needs.

New Approaches - The Mental Health Line

- Will operate continuously 24 hours a day, throughout the year for all Victorians via a single identifiable, dedicated telephone number.
- Direct callers and/or provide streamlined referrals to appropriate support services including information on support and housing services.
- Deliver gender, age and culturally appropriate mental health and other related information, advice and referral to callers.
- Provide equitable access to disadvantaged and minority groups.
- The Line is expected to be operational from mid-2009.

Innovation – Multiple and Complex Needs Initiative (MACNI)

- **MACNI** provides targeted high intensity support linked to housing for people with multiple and complex support needs including people with mental illness.
- The MACN initiative was built on a coordination strategy and the legislation and the program has focused on achieving improved multi-agency responses to eligible clients.
- It has been able to deliver some clear examples of what may constitute effective ways of planning services and supporting people with multiple and complex needs by a number of services supported and guided by a care plan coordinator.

Innovation – Building Existing Capacity (SAVVI)

- The Supporting Vulnerable Victorian Initiatives focused on assisting pension only Supported Residential Services.
- Aims to improve both the viability of pension-level Supported Residential Services (SRS) and their capability to meet the accommodation and personal support needs of residents with psychiatric and other disabilities.
- Eight community service organisations have been approved to manage this funding on behalf of 69 pension-level SRS located across Victoria.

Innovation – Queens Road

- Sustainable mix of support to 64 residents in self contained units with 24/7 on site support – provides stable long-term housing.
- Assistance with daily living skills (eg: basic hygiene, food preparation, medication compliance) and facilitating access to local services.
- Results in:
 - Improved mental health outcomes
 - Reduced homelessness in the community
 - Improved access to health, community care and welfare services
 - Enhanced participation in community life and reduced isolation
 - Improved sense of safety and security

Innovation - Pathways Program

- Pathway services are now established in all nine Department of Human Services regions.
- Providing up to 320 episodes of support to people with a mental illness exiting mental health acute in-patient and extended care facilities.
- A worker assist the patient to maintain their current housing and support arrangement by negotiating with the patient's landlord and support provider or assisting them to find accommodation on discharge.

Innovation – High Risk Tenancy Project

- A regionally based coordination initiative.
- Provides integrated service responses to complex clients who are presenting challenges to the regional services system but are not considered eligible for MACNI.
- Commenced operation in May 2007 through one off Divisional contributions.
- Successful ERC bid enabled ongoing funding through H&CB from 2008-09.
- 220 DHS clients assisted per year.
- Positive outcome in maintaining tenancy and improving access to support services.

Ongoing direction – a flexible approach

- Linking support to housing options.
- Support packages assist individuals to live independently in a range of housing settings.
- Support packages can be linked to new or an expansion of existing housing models.

Proposed mental health housing and support models

- Plan to progressively expand the capacity of PDRSS home-based outreach to provide individualised support packages of varying intensity which can be scaled up or down to meet changing needs.
- Packages range from maintenance support to high intensity packages for those requiring a 24 hr type response.
- This models can meet the individual needs of different subgroups including youth, CALD.

Because mental health matters consultation paper, May 2008