Thursday, 27 November 2008

The Executive Officer
Family and Community Development Committee
Parliament House
Spring Street
East Melbourne
VIC 3002

To The Executive Officer,

Please find enclosed the Mallee Family Care, Murray Mallee Community Mental Health Support Services submission for the Inquiry into Supported Accommodation for those with Disability and Mental Illness, No room to PARC!

This submission was presented at the public forum held in Mildura on the 6th of November, 2008. Copies of this submission were presented to the Shadow Minister for Mental Health, Ms Mary Wooldridge, and the other seated members.

This inquiry has highlighted the drastic needs, and adversities, facing the mental health system in the electorates of Mildura and Swan Hill. It is the hope of Mallee Family Care that these needs can be addressed as soon as possible, and that supported accommodation facilities will exist in Mildura and Swan Hill in the near future.

Our citizens often feel as if their voice is not heard, and we thank the Family and Community Development Committee for allowing a sample of our people to speak out.

Yours truly,

[Signature]

Barrie Janson
Community Support Worker
Murray Mallee Community Mental Health Service
Mallee Family Care.
NO ROOM TO PARC!

"The lack of supported accommodation in the Northern and Southern Mallee, as it presently stands, only serves to sabotage the rehabilitation and recovery experience of a consumer; and this is no longer tolerable."

A parliamentary submission into the present condition and future hopes of supported accommodation for those with psychiatric disabilities in the electorates of Mildura and Swan Hill.
NO ROOM TO PARC! is a submission in response to the
Inquiries into Supported Accommodation for those with Disability
and Mental Illness by the Family and Community Development
Committee of the Victorian parliament.

The Executive Officer
Family and Community Development Committee
Parliament House
Spring Street
East Melbourne
VIC 3002
Ph: (03) 8682 2843

This submission has been compiled by:
Murray Mallee Community Mental Health Services (MMCMHS)
A Psychiatric Disability Rehabilitation Support Service (PDRSS)

MMCMHS is under the parent organisation of:
Mallee Family Care (MFC)

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26th November, 2008

To Whom It Concern,

As manager of the Murray Mallee Community Mental Health Service, I provide you with our written submission for the Inquiries into Supported Accommodation for those persons with a Mental Illness or Disability.

The submission is a timely reminder of the adversity the communities of Mildura and Swan Hill face on a day to day basis in regards to supported accommodation for persons with a mental illness.

In the report you will find representations from our service, clinical services and consumer and carer representation which highlights the inadequacy of the present system.

You will note with interest that the demographics in the report profiles the urgent needs within these communities to ensure hospital re-admission rates are decreased.

It is our hope through this submission that alternate options of care for persons with a mental illness are seriously addressed through this process.

I trust that your panel will act as an advocate for our communities to ensure more equitable service delivery occurs across the state of Victoria and specifically with in rural and remote areas of our state.

Yours sincerely

[Signature]

Cath Murphy
Manager,
Murray Mallee Community Mental Health Service
Mallee Family Care.
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Forward

It is with extreme importance that I endorse this inquiry into supported accommodation for people with a mental health disability in Mildura and Swan Hill. These North Western regions of Victoria struggle with many issues right now; we have the longest drought on record, rural isolation, high unemployment, low income as well as the current economic crisis. All of these things put pressure on the mental health of residents in Mildura and Swan Hill.

The electorate of Mildura services 55,000. Over 5,500 of these people have a mental health diagnosis and 13,000 people will have a mental health problem at least once in their lives. Being a rural community this statistic has an impact on each and every one of us. The fact that there are only 12 beds available to provide help for sufferers, and take the pressure from families and loved ones is horrendous and needs addressing now.

Why Mildura does not have a supported accommodation facility is beyond comprehension. There are proven models in operation around Victoria that could work in this electorate. The economic burden of hospitalisation far outweighs the cost of running a facility. It would reduce the burden on our hospital system, our employers, our carers and the general citizens. Our services are emotionally exhausted from working the wonderful relationships between the hospital and Mallee Family Care in order to maintain the health of the citizens.

I urge you to think deeply about the psychiatric crisis facing Mildura’s demographic and listen to the words from those that work in this industry, or are mental health consumers. All too often mental illness can be a silent epidemic where thousands suffer and no one is heard. As the voice of Mildura I make the statement that something has to change. Our people need to move forward to heal and a supported accommodation facility could be the starting point.

Peter Crisp MP
Member for Mildura
Part One:

Demographic
NO ROOM TO PARC!

Introduction:

From the outset it is important to highlight that there is no supported accommodation facility to speak of, in the electorates of Mildura and Swan Hill, for people with a mental illness.

Demographic:

Mildura’s mental health services cover a large geographical area with a population of 55,000. The electorate of Swan Hill is also of a large geographical area and has a population of 45,000. Mildura has a below average income, above average unemployment and its primary industry is reliant on irrigation. Psychiatric hospital admissions for Mildura are 13.2 people/thousand, as apposed to 6.4/thousand for regional Australia.

Murray Mallee Community Mental Health Services (MMCMHS) is the key community and Home Based Outreach Support organisation for these two electorates. MMCMHS will assist in helping find accommodation (primarily through referral) and supporting the person in that accommodation through such things as its Home Based Outreach Program and Pathways. Both these programs rely on accommodation to be sourced and a rental agreement to be entered into outside of the designated program. Pathways has access to a house, known as “Trevatt Court”.
**Supported Accommodation:**

The only model available to this demographic of 100,000 people involves independent accommodation with home based supports in place. Only when a person has found accommodation, and if referred to the local PDRSS service, will a mental health services recipient receive assistance. This assistance provides a model of in-home support to help in the maintenance of independent living within the community. These supports can often be considered inadequate; depending on the acuity and severity of the person’s illness. Acute response services from clinical mental health may also, at times, visit people in their own environments. Again, only minimal time is spent with the individual due to high work demands, low staffing levels and funding models which lack the ability to address the recurrent high needs of those people concerned.

The current lack of supported accommodation arrangements in the Northern and Southern Mallee suggests that there is a fundamental public health flaw that has neglected to consider the needs of people who are discharged from the inpatient unit, in terms of their need for supported accommodation; as deemed by the definition within the terms of reference for this submission.
Individual Submissions:

When referencing to supported accommodation most participants in this submission were forced to think in regards to the aforementioned model when talking about their present circumstances. The constant message received is, “We need supported accommodation (for people with mental illness).” It appears that the specifics of the required model is superfluous to the fact that Northern and Southern Mallee mental health consumers, and their carers, crave a facility of any type to ease the pressure on themselves, their loved ones, and to ensure appropriate arrangements are available to assist the success of their rehabilitation and recovery. This theoretical supported accommodation would avert expensive and often unnecessary hospital admissions.

Further examination of individual submissions reveals the desperate pleas for emergency supported accommodation and a step up/step down program that would provide an alternative to hospitalisation. When these basic needs are addressed, then further examination of the desire for a long term supported accommodation model can be examined.
**Demographic:**

Mildura electorate:
In the 2006 Census (held on 8th August 2006), there were 55,761 persons usually residing in Mildura (Northern Victoria) (State Electoral Division): 49.2% were males and 50.8% were females. Of the total population in Mildura (Northern Victoria) (State Electoral Division) 3.2% were Indigenous persons, compared with 2.3% Indigenous persons in Australia.

Swan Hill electorate:
In the 2006 Census (held on 8th August 2006), there were 46,367 persons usually residing in Swan Hill (Northern Victoria) (State Electoral Division): 50.0% were males and 50.0% were females. Of the total population in Swan Hill (Northern Victoria) (State Electoral Division) 1.6% were Indigenous persons, compared with 2.3% Indigenous persons in Australia.

Further Census Statistics (2006) for the electorate of Mildura:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Percentage</th>
<th>National Total</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>1,404</td>
<td>5.5%</td>
<td>503,804</td>
<td>5.2%</td>
</tr>
<tr>
<td>Fruit and Tree Nut Growing</td>
<td>2,229</td>
<td>9.3%</td>
<td>30,390</td>
<td>0.3%</td>
</tr>
<tr>
<td>Median individual income ($/weekly)</td>
<td>394</td>
<td>-</td>
<td>466</td>
<td>-</td>
</tr>
<tr>
<td>Median household income ($/weekly)</td>
<td>785</td>
<td>-</td>
<td>1,027</td>
<td></td>
</tr>
</tbody>
</table>

The electorate of Mildura has an above average unemployment rate compared to the rest of the nation. The major industry for the region is Fruit and Tree Nut Growing, an industry that is reliant on irrigation from the Murray/Darling river system. Mildura has a below average individual income compared to the rest of the nation, and a significantly below average household income.
Further Census Statistics (2006) for the electorate of Swan Hill:

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>Percentage</th>
<th>National Total</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>975</td>
<td>4.7%</td>
<td>503,804</td>
<td>5.2%</td>
</tr>
<tr>
<td>Sheep, Beef Cattle and Grain Farming</td>
<td>3,308</td>
<td>16.6%</td>
<td>133,275</td>
<td>1.5%</td>
</tr>
<tr>
<td>Fruit and Tree Nut Growing</td>
<td>648</td>
<td>3.3%</td>
<td>30,390</td>
<td>0.3%</td>
</tr>
<tr>
<td>Median individual income</td>
<td>361</td>
<td></td>
<td>466</td>
<td></td>
</tr>
<tr>
<td>(S/weekly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>647</td>
<td></td>
<td>1,027</td>
<td></td>
</tr>
<tr>
<td>(S/weekly)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

The electorate of Swan Hill has a slightly higher than average employment rate. Approximately 20% of employment is reliant upon farming, with 16.6% reliant on rain fall and 3.3% reliant on irrigation from the Murray River system. All areas of income are significantly below the national average.

Rate of Long Term Conditions in the Australian population:


<table>
<thead>
<tr>
<th></th>
<th>1995 (a)</th>
<th>2001 (a)</th>
<th>2004-05 (a)</th>
<th>Rate ratio 1995 to 2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental and behavioural problems</td>
<td>4.1</td>
<td>9.6</td>
<td>10.7</td>
<td>2.69</td>
</tr>
</tbody>
</table>

Table 1:


(a) Age standardised. (b) Results for age-standardised prevalence of long-term conditions from the 1995 NHS presented in this article have been revised and are slightly different from those published previously in National Health Survey: Summary of Results, 2004-05 (cat. no. 4364.0). (c) Data are considered broadly comparable with data from later surveys, but there have been some changes to survey methodology. (d) Although data are available from the 1995 and/or 2001 surveys they are not considered directly comparable with 2004-05 data. (e) Difference between 2004-05 and 1995 is not statistically significant.

Mildura social Indicators Report 2008: Brief

Mildura Rural City Council & La Trobe University

Section 2: SOCIAL DISTRESS

Family Income

"Low income is interwoven with the influence of other forms of disadvantage. It can be the consequence of factors like mental illness, crime and child maltreatment."

The region's localities have a higher proportion of families on a low family income compared with Melbourne.

69% of local residents had incomes below $600.

Previous social indicators measure $600 as a low family income.

**FIGURE 1: RATE PER 1,000 PSYCHIATRIC ADMISSIONS ACROSS MILDURA'S SUB-REGIONS (2006-2007)**

<table>
<thead>
<tr>
<th>Sub-Region</th>
<th>Rate per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Red Cliffs</td>
<td>17.5</td>
</tr>
<tr>
<td>Mildura Central</td>
<td>13.6</td>
</tr>
<tr>
<td>Merbein</td>
<td>9.1</td>
</tr>
<tr>
<td>Num Bei</td>
<td>5.0</td>
</tr>
<tr>
<td>Ouyen</td>
<td>9.8</td>
</tr>
<tr>
<td>Mildura RCA</td>
<td>13.2</td>
</tr>
<tr>
<td>Westworth</td>
<td>11.6</td>
</tr>
<tr>
<td>Regional Victoria</td>
<td>6.4</td>
</tr>
<tr>
<td>Melbourne</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Source: Department of Human Services 2006-2007

**Highlight:**

**Psychiatric Hospital Admissions**

Psychiatric Admission rates per 1000 people:

13.2 Mildura Rural City Council

6.4 Regional Victoria

5.4 Melbourne
NO ROOM TO PARC!

Organisation profile:

Murray Mallee Community Health Services (MMCMHS)
Psychiatric Disability Rehabilitation Support Service
*Outreach and support service for people with a primary mental health diagnosis.*

MMCMHS is a core component of specialist mental health services in Mildura and Swan Hill. The services delivered compliment clinical mental health services. This PDRSS is managed by the non-government organisation, Mallee Family Care. MMCMHS has a focus on addressing the impact of mental illness on a person’s daily activities and the social disadvantage resulting from the illness.

As a PDRSS it works within a recovery and empowerment model to maximise people’s opportunities to live successfully at an optimal level of independent functioning in the community.

Target Group:
MMCMHS is aimed at people with a serious mental illness and associated significant psychiatric disability. Its services are catered primarily for people aged between 16 and 64 years of age. The precise eligibility criteria will depend on the type of service or program being offered.

People who are case managed under the public mental health services, and who are referred by this service, are eligible for support.
Psychiatric Disability Rehabilitation Support Services (PDRSS)
Organisation Flowchart:

Home Based Outreach Support (HBOS):

The HBOS program aims to empower participants by enhancing the person’s quality of life and ability to live independently. This enables people to participate more fully in the community.

Each member has the opportunity to develop a positive, trusting relationship with a key worker, choosing whom and how this occurs depends on availability. Support is offered on an individual outreach basis in the participants home environment, or through a range of programs and activities based in the community, or Vidovic House.
Provision of support:

Outreach support is provided across a wide range of life areas. This includes goal setting and developing problem solving skills, development of daily living skills and accessing the community.

The development of daily living skills includes such things as cooking, shopping, budgeting, cleaning, personal hygiene, and using public transport. The key workers' role is to support the person to do these things for themselves. Accessing community services and resources includes engaging home help, meals on wheels, using the local library, accessing a financial counsellor or legal services.

MMCMLHS has many great community partnerships with such organisations as Lodden Mallee Housing, Access Employment, Sunraysia Community Health Services, etc.

Support is developed by working on participants social and networking skills. This can be done by accessing recreational activities, both at the psychosocial rehabilitation program and other services within the community. Accessing education, training and job-seeking options is an important part of the program.

Family relationship counselling can be provided as well as carer support.

As a PDRSS, MMCMLHS will work with issues related to the person's tenancy and accommodation. Support can be provided to liaison with existing services.

Intensive Outreach Support uses the Case Management Model.
Pathways

A pilot program was launched in 2002 to address the prevention of discharges from hospital into homelessness. The initiative was set up by the mental health alliance in response to the Victorian Homelessness Strategy.

In 2007 the Alliance was contracted to run a Pathways program in Mildura. Pathways is a joint initiative between DHS Mental Health Branch, Office of House, Ramsay Health and MMCMHS. MMCMHS acts as the lead agency in this initiative.

Pathways engages with people with a mental illness prior to discharge from a clinical mental health facility. It assists in the maintenance of tenancies that are jeopardised due to a stay in a clinical mental health facility. It may also link people who are about to be discharged from clinical mental health facilities and do not have accommodation options into appropriate housing and support as required.

The aim of Pathways is prevent people with a mental illness from being discharged into homelessness. It provides a pathway for people experiencing primary and secondary homelessness into more stable and appropriate accommodation.

The pathways program has a house in Trevatt Court, Mildura which is used to house mental health clients who are at serious risk of homelessness.
NO ROOM TO PARC!

Part Two:

Individual Submissions
NO ROOM TO PARC!

Summary:

Included Submissions:

Cath Murphy
Manager
Murray Mallee Community Mental Health

David Kirby
Director of Mental Health
Mental Health Services
Mildura Base Hospital

Liz Carr
Consumer Advocate
Victorian Mental Illness Awareness Council

Deb McManus
Team Leader: Home Based Outreach Support Program
Murray Mallee Mental Health Services

Paul Hogarth
Team Leader: Psychosocial Day Programs

Laura Parente
Community Support Worker
Murray Mallee Mental Health Services

Barrie Janson
Community Support Worker
Murray Mallee Mental Health Services

MK
Consumer

BC
Consumer

MC
Consumer
Individual Submission Guidelines

In order to streamline the collection of data for this report the writer devised the following questionnaire to be used. This questionnaire is designed with the consumers of mental health services in mind. The questions are an adaptation of the questions provided in the Discussion paper. The writer is mindful of the fact that the Terms of Reference are not fully applicable to the demographic surveyed. The Terms of Reference make the assumption that supported accommodation exists for this demographic, and that the demographic would understand the term. This fact is unfortunate considering that everyone interviewed would have benefited from supported accommodation.

The questionnaire is broken down into sections.

Section 1 is concerned with objective demographic data. For consumers it comes in the form of a basic mental health biographical data tick-sheet. For workers in the industry this section is used to profile the job title so that the reader can have an indication of the levels of experience of the writer.

Section 2 contains a breakdown of more subjective data. This subjective data is broken down into three parts. The first part is concerned with the past experiences that the individual may have had with supported accommodation. The second part looks at the individual’s present experiences with supported accommodation. The third concluding part of the individual survey pertain to the future hopes the person may have in regards to supported accommodation in Mildura.

Not all questions were required to be answered and the deliveries of the questions were adapted to the needs of the interviewed person. The questionnaire was generally delivered in the format of an interview.

The subjective data is available to interpretation, just as the nature of the questions was interpreted by the individual based on their own levels of experience.

Further individual submissions are available. The ones in this Group Submission are a selection of those collected, used to highlight the present state of supported psychiatric accommodation.

One of the complexities of issues was the need to limit the number of Individual Submissions included in this document. The response was overwhelming and many more submissions are available on request. The following submissions are representative of different sections of community relevant to this inquiry. Careful consideration has been taken to include an example of consumers of Mildura’s mental health services, as well as the industry leaders.
Murray Mallee Community Mental Health Services
Personal Submission

Cath Murphy, Manager
Murray Mallee Community Mental Health Services,
Psychiatric Disability Rehabilitation and Support Service
Mallee Family Care

3) Have you heard of any (other) Supported Accommodation? Yes/No
Yes

4) If Yes, please specify:
All models available in Victoria.

5) What has your experience with supported accommodation in Mildura been?
(In regards to availability, suitability, and adequacy of care.)

Availability:

Supported Accommodation does not exist in Mildura/Swan Hill except in the context of a person receiving home based outreach support services whilst living in their own housing arrangement, ie private/public/transitional housing or the pathways program. This means that the availability in terms of the definitions supplied in the submission are nil within the geographic area referred to in this submission.

Suitability:

Suitability of supported accommodation for people with severe/chronic mental illness in Mildura/Swan Hill falls considerably short of what other regional/metro centres have at their disposal. The current model suits only a particular niche of the needs of the mental health consumers here.

Adequacy:

There is a heavy emphasis on self reliance in the current approach. Consumers need to have a certain level of autonomy to function well within the current arrangements. The reason the current approach is surviving is due to the reliance on carers/family to provide the supports. (This approach is inadequate). Consumers tend to gravitate towards isolation, and relapse is high due to the lack of appropriate supports.

6) What is your experience of trying to access supported accommodation?

Question is not relevant in regards to Mildura residents. Supported Accommodation is not an option. However;

For a person in Mildura to access supported accommodation they must be dislocated from their community. This means that they will have to move away from the district to seek such supports. Mildura is 400kms from its nearest regional business centre. Mildura is 550kms from its nearest capital city. Removal of persons with a serious mental illness from their support base has a direct psychosocial impact on a person’s
ability to rehabilitate and recover. Anecdotal research shows that a person in need of supported accommodation who presently reside in Mildura will not access services located in such far away locations. They will usually refuse to move unless done so by force under a CTO and/or guardianship order. Such intrusiveness in a person’s life is not an acceptable situation and flies in the face of services being designed for the person, rather than the current state of play where persons are needing to fit into the service system due to geographic disadvantage.

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service?

Yes

7) If yes please specify how this would have helped you.

The Murray Mallee Community Mental Health service constantly work to provide creative solutions for the relief of exhausted carers who suffer from high levels of anxiety and depression as a result of the current flawed service system in this geographical area when it comes to supported accommodation. Any form of supported accommodation will take the burden from the carers faced with looking after their loved ones after a hospitalisation.

At times consumers need to be afforded the opportunity to adapt to their medication regime under close supervision where they are supported to do so. This is not always possible within the hospital environment due to high demand for service, yet the need remains the same and the facility in which to do this is not available. Thus relapse is likely to occur at a higher rate than normal. As a consequence the cost to public mental health also remains high.

If supported accommodation was available in its truest sense social reconnection would have a better chance of occurring, and encouragement of the compliance of the medication regime would avert relapse. We know that relapse has a high social, economic, emotional and psychological cost for not only the consumer, but also the carer, and the public mental health system.

The lack of supported accommodation in the Northen and Southern Mallee as it presently stands only serves to sabotage the rehabilitation and recovery experience of a consumer, and this is no longer tolerable.

8) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?

The business model would be set up as a PARC, and the actual building would be designed and operation would be set up like a MIND.

Mildura needs a place that is set up as individual units. Each unit is self contained with a kitchen/lounge room/TV/office. It is important to have a quite area where the individual can be on their own, or to partake in pre vocational or psychosocial activities where appropriate. The units would face into a common area. One of the units would be set up as a front office and staff accommodation, and a recreational
room. Staff would be onsite 24/7. There would also be room for vocational training, interviews, and hospital staff would be able to visit with discretion.

The facility would work with people who have medium to high needs mental health needs.

It is important that this model has a homely feel, and not be clinically aesthetic. Four residential units plus one administration unit would be ideal for Mildura.

A place like the Mildura community would function best with more, smaller facilities rather than a single larger facility. The facilities should be specific to needs of those who require the service. Some of the needs recognised within Mildura are: Adolescent, Younger Adults, Older Adults and Aged. Among these groups there is a known need for people with multiple and complex mental health needs to access such a service.

Respite and Emergency supported accommodation also needs to be available. Accommodation also needs to be made available for those people who have a primary mental health diagnosis and are in a marriage/partnership with or without children. Nothing is presently available. Above all, the ideal approach in Mildura would be flexible to the needs of the individual.

10) If you have not been able to access supported accommodation, what have the implications been for you?

The constant scenario involves consumer relapse and a large amount of carer stress.

11) What are the implications for other people who need, but can not get supported accommodation?

Dislocation from the community that they live in. There is a direct psychosocial impact on this that need, but can not get supported accommodation. They may gravitate away from services who are trying to help them. If a consumer is facing moving away from Mildura then they would rather not receive care. These people are set up to fail, will suffer re-traumatisation and rehospitalisation.

Part 2: Present accommodation

12) What accommodation has been/is available to you? (E.g. own home, private rental, Department of housing home)

Transitional housing – Loddon Mallee Housing.
Private/Public Rental. Or owning your own home.

12) Has this been adequate?

Only when service delivery works and is coordinated across the service sector and the consumers needs fit the funding model that is being delivered.
14) Has care in regards to mental health been appropriate in supporting your accommodation?

Limited to low staffing numbers and the level of needs required.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?

The current status of Supported Accommodation within the Northern and Southern Mallee communities is appalling. The only reason the system has not collapsed is due to the overburden on our carers. This situation would not be tolerated in a more highly populated regional centre or capital city, so why should it be tolerated in the isolated rural and remote towns. The present system is inadequate and not comprehensive but there is no alternative provided. The lack of the availability of supported accommodation makes it very hard for a PDRSS to provide an optimum service in rehabilitation and recovery.

16) What are the positives of the current approach?

The communities of the Northern and Southern Mallee are constantly seeking creative approaches to ensure the consumer and carers are not disadvantaged due to the extreme lack of supported accommodation within the local areas.

Therefore we have healthy working relationships across the various sectors that are able to negotiate resolutions to the issues that arise. However as mentioned this puts everyone under stress in many ways.

17) What are the negatives of the current approach?

No current flood light on the service gaps in the Northern and Southern Mallee when it comes to supported accommodation. It seems that these communities are taken for granted and is left to its own devises given their geographical locations. The lack of Government intervention to address the mental health needs of these communities has left the communities exhausted.

Such communities are being forced to plug service gaps on its own, which does not highlight the needs outside of the electorate. The service providers of Mildura/ Swan Hill will not let its citizens suffer and therefore services are delivered outside of the designs of the organisations delivering them. This may create an illusion of survival but the repercussions are an unnecessarily high hospitalisation rate, quick relapse rates and lowered mental health outcomes, carer stress, high burnout rate for workers, and poor recruitment and retention opportunities within the mental health workforce.
Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?

The currently clinical and non clinical services Alliance needs to continue in order to support each others service systems for the aim of addressing service gaps and lobbying Government to address such needs.

21) How do you think supported accommodation would be introduced to Mildura successfully?

Education is the key. There must be education of all staff involved, both in the clinical and nonclinical sectors. Education must also take place in the tertiary sectors. The role and importance of Supported Accommodation should be taught in all courses that may provide workers in the psychiatric industry. All systems that deal with mental health clients should receive training, including Centrelink, Service agencies etc. The supported accommodation needs to be supported from all sectors of the community. I believe we would have such supports through the Community Engagement Framework operational groups.

A facility needs to built, and it needs to just happen.

The building should function as alliance but the running of the facility needs a lead agency.
Existing Mildura networks should be utilised.
It would be important to implement an existing business model such as a PARC or MIND to work in partnership with the lead agency, this can be done as subcontract arrangement if need be. The important thing is that it happens.

The ideal situation would be to buy an existing set of units on a bus route, set one up as administration and put in an existing business structure. This could be done quickly and easily and would begin to take some of the pressure off our overburdened system.

22) Would you be interested in participating in a forum looking at this inquiry?
Yes.
NO ROOM TO PARC!

David Kirby
Director of Mental Health
Mental Health Services
Mildura Base Hospital
Ramsay Health

Mildura Base Hospital
The Mental Health Service forms part of the Mildura Base Hospital, which is located in Mildura, 550 kms north of Melbourne.

Service elements include:

- Aged Persons Mental Health Service (APMHS)
- Adult Mental Health Service (AMHS)
- Primary Mental Health Service (PMHS)
- Child and Adolescent Mental Health Service (CAMHS)
- Acute Response Service (ARS)
- 12 bed Inpatient Unit (IPU)

The community service provides outreach support to people living up to 230kms away from Mildura.

3) Have you heard of any (other) Supported Accommodation? Yes/No
Yes. I have heard of all available models in Victoria.

5) What has your experience with supported accommodation in Mildura been?
   (In regards to availability, suitability, and adequacy of care.)
Nothing around Mildura specifically for those with a mental health diagnosis. Sunraysia Residential Services for patients that have a dual disability. PDRSS supports are available for those with accommodation. Pathways program is in play to ensure that no patient is discharged into homelessness. There is a serious lapse for people in emergency situations. I have heard of all available services in Victoria.

6) What is your experience of trying to access supported accommodation?
In Mildura the experience is very ordinary. Inpatients have problems accessing supported accommodation quickly and in an appropriate time frame. Ramsay funds just two beds in a CCU in Bendigo. There is a lapse in emergency response with needs often unmet in regards to emergency response. The long term clients of supported accommodation are much better off in, and around, the Mildura area. Outside of Mildura, Ramsay Health has only managed to place one person into a CCU in the last 6 years. This is despite many attempts to do so and a large frequency of inquiry into such a service.

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
Yes. Definitely. I am currently in the process of trying to get a PARC.
8) If yes please specify how this would have helped you.
This service would prevent intake numbers into our acute ward. It would give the clients of Mental Health Services somewhere else to go that is not the hospital. This would lead to reduced hospitalisation for our patients and bring down the high statistics of readmission that are present in Mildura. (Note: See Mental Health Matters Report.)
There would be a reduced trauma to families and carers, especially in regards to the present situation of having to send patients to Bendigo. It would allow Mildura to keep people in the community and help maintain the family unit. This would also provide options for a psychosocial rehabilitation and allow for a step-down option for inpatients. For example, it would allow for patients to be discharged into a PARC and therefore reduce hospital stays.

9) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?
PARC.
This would have 24/7 staffing, 10 beds set up as bedrooms. The facility would have structured programs and an in-reach clinical service. There would need to be office/administration spaces, interview spaces (for hospital staff and other services). There would also need to be a family friendly meeting room for extended family. A common room and a common kitchen are important for the development of Activities of Daily Living.

10) If you have not been able to access supported accommodation, what have the implications been for you?
Patients remain in hospital.
Patients are discharged into inappropriate accommodation
- Caravan parks
- Riverside Lodge
- Non Mental Health specific accommodation
- Unsupported accommodation
- Out of Area
- Lost contact with patient
- Patient couch surfing

11) What are the implications for other people who need, but can not get supported accommodation?
Appalling.
Part 2: Present accommodation

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?
   Appalling

16) What are the positives of the current approach?
   Fosters independence and encourages autonomy, both in the consumers and the services. A strong alliance is needed between services which encourages interagency communication.
   A flexible of service delivery is needed, with agencies forced to think way outside their designated scope of service delivery.

17) What are the negatives of the current approach?
   Inability to provide extended care for the medium to chronically unwell.
   E.g. A schizophrenic will experience exacerbated periods of poor health.

Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?
   We need to provide care to a large area of 25,000 km square. This large catchment currently makes it extremely hard for the delivery of services to an isolate person 200km from Mildura. We have 2 major cities within this catchment area and travel is a burden on our CAT team staff, and other clinical services.
   We need to have a step down option for the geographically isolated.
   E.g. in Robinvale there are 2 options: be unwell or be in a hospital away from your community.

21) How do you think supported accommodation would be introduced to Mildura successfully?
   Use the existing PARC model.
   Use the local knowledge base.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Mildura?
   Supported Accommodation would be a huge benefit to the Mildura community if it existed. It would keep the locals in the area.
   Supported accommodation doesn’t exist here.

22) Would you be interested in participating in a forum looking at this inquiry?
   Yes.
Additional statistical information as provided by David Kirby, Director Mental Health, Mildura Base Hospital, Ramsay Health.

Statistics from the Mental Health Matter Report and Ramsay Health:
Length of stay for an inpatient:
7.8 days in Mildura Base Hospital
10.3 day state wide.

Readmission:
16% readmission for Mildura Base Hospital
14% readmission state wide

Percentage of voluntary patients:
50% for Mildura Base Hospital
30% state wide.

These statistics are a reflection of the impact the lack of supported accommodation has on our local hospital system.
Murray Mallee Community Mental Health Services
Submission into the Inquiries into Supported Accommodation for those with Disability and Mental Illness

Prepared by: Liz Carr
Consumer Advocate
Victorian Mental Illness Awareness Council

Section 2
Part one: Supported Accommodation

5. What has your experience with supported accommodation in Mildura been (in regards to availability, suitability, and adequacy of care)

Mildura appears to be in a unique position in Victoria, in that the only form of supported accommodation for people living with a mental illness is a 12-bed acute unit. Compared to other acute units that I visit, it appears that around 80% of inpatients are voluntary; in most other acute units across the state I more commonly encounter around 80% involuntary admissions. This suggests to me that many inpatients in Mildura may not need to be treated in an acute inpatient facility.

It is a requirement of the Mental Health Act that people receive treatment in the least restrictive way possible. However, in the context of a very isolated community, it can be difficult to determine if it is less restrictive on a person’s freedom to receive care in an acute ward in their own community, or in a less restrictive setting (eg. CCU) 5 hours’ drive away from their community (in Bendigo). It concerns me that consumers living in Mildura do not have the same range of options as people living in other areas across the state. I believe that the current lack of accommodation options in Mildura means that people are having their freedoms unnecessarily restricted by being inpatients, because there are no other locally available supported accommodation options.

6. What is your experience of trying to access supported accommodation?

Staff in Mildura report that it can be difficult to gain an admission for an acutely unwell person, and it is my experience that the acute ward is very frequently full. Consumers are occasionally transported to either the inpatient unit, the SECU or the CCU in Bendigo, and as a consumer advocate I have had reports from consumers in this situation that they feel displaced from their community, that they find the trip to Bendigo distressing, and that they would prefer to receive treatment in Mildura.
9. Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?

Consumers of mental health services need a range of supported accommodation to suit their differing needs at different stages/ phases of their condition. People need to receive appropriate care, in the manner least restrictive of their personal freedom, throughout the periods of wellness/unwellness that they may experience.

The PARC facilities that are now being developed across Victoria provide support for people who may be becoming unwell, or who are recovering from an acute episode of their illness. This form of supported accommodation has been demonstrated as effective in reducing the overall need for inpatient admissions as well as the length of admissions, and helping to prevent the “revolving door” syndrome so common in mental health as people are sent home (often because of the pressure on inpatient beds) before they are well enough to effectively manage. Compared to an inpatient admission, PARC is a very cost-effective means of providing both clinical and non-clinical support to consumers.

While any form of non-acute supported accommodation for people living with a mental illness in Mildura would be extremely well used, a PARC facility would be my first choice of the most critically needed form of care. I would envision this would be developed as a partnership between Ramsay Health (clinical provider) and Mallee Family Care (non-clinical), as a natural extension to their current Alliance work.

11. What are the implications for people who need, but can not get supported accommodation?

People may be admitted into the acute ward when a less restrictive form of support is more appropriate, meaning that their legal right to be treated in the least restrictive way possible is not upheld. The time of an admission may be longer than would otherwise be necessary, due to the lack of locally accessible alternative forms of support.

People who are transported to Bendigo for care and treatment may lose important community connections, miss out on visits from friends and family and experience a loss of continuity in their treatment.

The burdens on families/carers are also likely to be exacerbated, because their loved one can’t gain an admission when needed, because they lack support in undertaking their caring role, or because they need to travel large distances to keep in touch with people accessing services 5 hours away in Bendigo.
Murray Mallee Community Mental Health Services
Personal Submission

Deb McManus
Team Leader:
Home Based Outreach Support Program
Murray Mallee Mental Health Services

Part one: Supported Accommodation.

3) Have you heard of any (other) Supported Accommodation? Yes/No
Yes

4) If Yes, please specify:
I, and my team, am it.
We provide the accommodation support for people with a mental health diagnosis in Mildura. We work with Lodden Mallee Housing, Mallee Accommodation Support Program, Aboriginal Co-op, Office of Housing, and wherever we can find accommodation. We have to use all the resources at our disposal.

5) What has your experience with supported accommodation in Mildura been?
   (In regards to availability, suitability, and adequacy of care.)
Availability: This is limited to the model that we are forced to operate by.
Suitability: Not suitable at all
Adequacy: the current approach is not adequate. Our pathways program has Trevatt Court (a house), which has no one there. The inappropriate nature of the limited housing possibilities that we have means that what limited resources we have is often not utilised.

6) What is your experience of trying to access supported accommodation?
The biggest hurdle I am facing is a slow referral process, or the lack of an appropriate referral. This can set a persons support back by weeks, or even months. It may even mean that we have to wait for subsequent hospitalisations to provide supports.

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
Yes.

8) If yes please specify how this would have helped you.
These (above mentioned) approaches suit the current operating model of our PDRSS. There are many people that go through our system that would have been placed into one of these models if it had of been available in Mildura. If a PARC had have been available, then this would have been used continuously as a valuable support tool.
A facility with clinical mental health supports would have eased up the pressure on our own staff and work hours in this PDRSS.
9) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?
A PARC.
Use the PARC model as a business approach. A court of 2 bedroom units with independent living room, kitchen, bathroom and the option of 24/7 supervision on sight.
We need a couple of units that specialise in high needs people. This would allow for step up and step down from hospital.

10) If you have not been able to access supported accommodation, what have the implications been for you?
Return to hospital.
People become unwell.
People remain vulnerable in the community.
The skill levels of the person go down.

11) What are the implications for other people who need, but can not get supported accommodation?
Can’t rehabilitate/recover.

Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
Rooming House
Caravan Park
Hotel
Couch Surfing

13) Has this been adequate?
No

14) Has your care in regards to mental health been appropriate in supporting your accommodation?
No, we can’t provide good solid mental health care when needed. We are too busy reacting to the environment to provide mental health care. This is one of the most frustrating things about the current approach, as a PDRSS we are operating way out of our business model.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?
There is none.
16) What are the positives of the current approach?
We are adaptable, resourceful and make the most of what we have got.
We know our people.

17) What are the negatives of the current approach?
There is no current approach.

Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?
Due to the nature of our small community it is important that mental health services operate unobtrusively.
Any model has to fit in with the local community.
We need to be mindful of the community, we are a small one and don’t have anywhere else to go.

19) What other issues need to be considered which has not been addressed?
Clinical Mental Health services must be on board, the alliance must be involved.

20) What do you think should change in regards to supported accommodation that has not been addressed?

21) How do you think supported accommodation would be introduced to Mildura successfully?
Get a working group up and running.
Find a business model (PARC).
Find the bricks and mortar.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Mildura?
Can we have one please?

22) Would you be interested in participating in a forum looking at this inquiry?
Yes
Murray Mallee Community Mental Health Services

Personal Submission

Paul Hogarth

Team Leader: Psychosocial day programs
Murray Mallee Community Mental Health Services

Paul is newly appointed to MMCMHS, his prior role was working for Mallee Accommodation Support Program (MASP)

Part one: Supported Accommodation.

3) Have you heard of any (other) Supported Accommodation? Yes/No
   Yes

4) If Yes, please specify:
   PARC, MIND; Lakeside

5) What has your experience with supported accommodation in Mildura been?
   (In regards to availability, suitability, and adequacy of care.)
   No experience. I've had homeless clients that may have been accessing this service if it had of been available to me.

6) What is your experience of trying to access supported accommodation?
   Step one: Find accommodation (e.g. a unit)
             (takes approximately 2-4 weeks in high needs cases.)
   Step two: Find supports

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
   Of course.

8) If yes please specify how this would have helped you.
   It may have provided an alternative to homelessness, or helped someone who was homeless earlier than the above interventions.

9) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?
   A set of units would be ideal. These would be set up as independent units with their own kitchen, lounge, etc. A common area would be needed, with a kitchen, lounge area. Carer's quarters would have to be available when needed, and staffing would have to be needs depending. Clinical services must be able to discretely visit.
   It must feel like a home environment, and have such things as a veggie garden and encouraging recycling and other community environmentally
11) What are the implications for other people who need, but can not get supported accommodation?
People tend to step into accommodation that is worse, or as bad, as where they have come from. This is unsuitable and does not help a person in any way. This hinders recovery of the person, and the other people around them.
There is a direct effect upon the family. They may be removed from them, family communications can break down, or the family can be overburdened.
People also tend to burn bridges with the present organisations. They burn the bridges when they are unwell, and when they are well they can’t use these services. The person become black marked and is set up to fail.

Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
Pathways if in hospital.
Nothing.

13) Has this been adequate?
No

14) Has your care in regards to mental health been appropriate in supporting your accommodation?
No. There is a lack of funding for hours, resources, and community education.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?
Mildura is 10 years behind. We have to send people to Bendigo as we don’t have the facilities. This does not encourage stability. People will not move away to Bendigo unless physically made to do so, they will ‘couch surf’ which means that can’t keep a job or healthy lifestyle.

16) What are the positives of the current approach?
It is better than nothing.
Agencies strive to work together; interagency discussions happen.

17) What are the negatives of the current approach?
Takes too long, there is no emergency accommodation available.
Needs co-ordination upgrade.
Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill? Need to consider the seasonal changes that happen in this farming community. We have farming itinerates and drifters that come through looking for work. Mildura is off the radar for service support.

19) What other issues need to be considered which has not been addressed? We need bricks and mortar. You can’t provide a service out of a caravan park and yet this is what we are trying to do. Any building would do for starters. Supports need to be flexible to suit a persons changing needs. This needs to be a government initiative, not private.

20) What do you think should change in regards to supported accommodation that has not been addressed? More workers need to be on the field.

21) How do you think supported accommodation would be introduced to Mildura successfully? Get the key players involved. This initiative needs to be part of an existing organisation.

22) Would you be interested in participating in a forum looking at this inquiry? Yes.
NO ROOM TO PARC!

Murray Mallee Community Mental Health Services

Personal Submission

Laura Parente
Community Support Worker
MMCMHS

Laura’s previous employment includes
2006-2008  Mental Illness Fellowship (Melbourne Based, Inner South Metro)
Opening Doors: Residential Rehab, Transitional Housing

Program Manager
(Collaborative partnership between Alfred Area Mental Health
Services and Inner South Community Health Services)

1999-2006  Eastern Regions Mental Health Association
Home Based Team Leader
Home Based Outreach Worker

1996-1999  MMCMHS
Community Support Worker

Part one: Supported Accommodation.
3) Have you heard of any (other) Supported Accommodation? Yes/No
I have heard of most (all) supported accommodation services & agencies in metro
Melbourne and Country Victoria.

4) If Yes, please specify:
I have worked closely with at least 10, including all PARC models, transitional
housing and other models in Melbourne’s surrounding suburbs.

5) What has your experience with supported accommodation in Mildura been?
(In regards to availability, suitability, and adequacy of care.)
Pre 1999, when I was working here as a support worker, MMCHS services was pretty
much it for providing care. We had units that were funded by the government and
these facilities came with support from us i.e. properties in Mildura including a set of
4 units and a house.

6) What is your experience of trying to access supported accommodation?
Metro: It was a lot easier as you had numerous services to choose from however the
criteria and models of care were quite specific at times. They were usually based on
the local government areas specifically. You would need to know what services were
available in other localities outside of your own if someone was moving into one of
them. Having a partnership between clinical and community mental health services
made it a lot easier. Our core business came first but we had to make sure that we
kept channels open (eg Alfred). Having a PARC service operating in the same
organisation (previous role) opened up the options and pathways for those requiring
transitional housing and also those requiring step up / step down.

Mildura: I have only been back in Mildura for the last 4 months and my experience is
limited but am aware and can see that it is quite hard to find appropriate and
sustainable accommodation in most country areas.
7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
Yes. Big time!

8) If yes please specify how this would have helped you.
We would not need to send people to Bendigo for beds and we would have the options to sustain and care for community members in our own community. Depending on the model available, it would greatly assist MMCMHS and MHS to link people into choices.

9) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?
It is totally dependant on all organisations coming together and working on what we all want. This includes in particular community members who live with a mental illness who may or will require these types of services. Looking at the difficulties that other PARCS have been through, i.e. community uproar, negative publicity, this should be addressed prior to starting.
A forum would be a good start to table ideas and go from there.
We need to work on destigmatising and educating overall community first.
The collaborative partners who work on this model have to be on board at all times and following the same goals of participant health and well being (step up, step down is perfect for this). Need to have the supports in place to move people on to permanent accommodation and rehabilitate and recover.
It needs to be a holistic process for the organisation and the consumer and lets not forget the burden on Carers and family members who do not have options of care normally other than hospital settings.
We need to pull in all the specific services that work with a participant such as cooking groups, social groups, training groups, prevocational training and educational etc.
A facility needs to be addressing intervention and prevention as best as possible. This would allow discharges from inpatient wards to be better planned. It also needs to be accessible to the long term consumers and provide for their existing accommodation in times of unwellness and a PARC would also do this.
The funding plan would have to be long term (20+ years) to ensure longevity including extensive reviews of how it runs annually.
Funding also needs to be available for transitioning people so that a consumer does not just revolve around the services. Long term housing needs to be available through the supported accommodation to ensure a smooth transition and recovery.
Logistics need to be done.

10) If you have not been able to access supported accommodation, what have the implications been for you?
Recurring homelessness; relapse of illness; disconnection from most supports if not all including family, social networks and supports, community. Also, agencies and/or workers are forced to work with someone that they can't actually do much for. The person is up to the stage of supported accommodation but this can't be achieved so the service continues despite this.
NO ROOM TO PARC!

11) What are the implications for other people who need, but can not get supported accommodation?
Increase in individuals requiring charity and other not for profit organisations around some form of supported accommodation support. This puts pressure on all those involved and they can’t support this number of people requiring housing.

Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
It’s a big list. (In Melbourne)
Mildura: Loddon Mallee Housing, SRS, Hostels, Office of Housing

13) Has this been adequate?
For the time and place (in Melbourne)
Not really (Mildura)

14) Has your care in regards to mental health been appropriate in supporting your accommodation?
Metro: it is hard to say, you used to have to provide supports but then individuals would discharge themselves from the program. It was inadequate; we were made to bandaid a lot of solutions and not put into place useful intervention and prevention.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?
There is not a lot of it, if any, that is accessible to a wide range of mental health consumers. You have to know the right people at the right time to get any. You have to be informed. Therefore people are forced to sustain expensive and inappropriate private rental.

16) What are the positives of the current approach?
That we are and have always been aware that it needs to get much better and that there is a long way to go to.

17) What are the negatives of the current approach?
There is only a limited approached. A person doesn’t have a variety of choices and if they don’t fit into this then that is it.

Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?
As stated, the community participation forum needs to be taken into account; they need to be asked their thoughts. People who this will affect need to be taken into account PRIOR to the instigation.
Talk to the other services (e.g. MIND, MI Fellowship, and ERMHA) about their experience and their models for residential rehabs. We need to learn from their collaborative partnership links and the limitations that these models bring.
19) What other issues need to be considered which has not been addressed?
People that live with a mental illness and have other disabilities, such as ID, drug and alcohol, dual disability, and what supports need to be put in place to address those complex needs not only mental health.

20) What do you think should change in regards to supported accommodation that has not been addressed?
Across the board training to agency staff to promote collaborative partnerships; this is also applicable for anyone that deals with a participant in the community generally and a network needs to be developed. This would include vocational/educational trainers, real estate agents, housing, politicians, local government (City Council). Intervention/prevention needs to be considered also not just post diagnosis or unwellness.

21) How do you think supported accommodation would be introduced to Mildura successfully?
See above. Re community forums and working with local service and public.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Mildura?
Bring it on.

22) Would you be interested in participating in a forum looking at this inquiry?
Yes.
Murray Mallee Community Mental Health Services

Personal Submission
Barrie Janson
Community Support Worker
Murray Mallee Community Mental Health

As a community support worker M.M.C.M.S receives a funding allocation that totals four hours support. This form of residential support can be used to assist a person with their activities of daily living, financial support, psychosocial support, etc. As a P.D.R.S.S. the expectation is that this support be applied with the intentions of rehabilitation and recovery.

The four hours of funding includes advocacy work and carer support for the person with a mental health diagnosis.

Contact with the individual is usually done on a weekly basis and may take place in the person's home, in the community or at Vidovic House. Assistance may be provided through liaising with the hospital Case Manager, G.P., Triage and the Crisis Assessment Team.

3) Have you heard of any (other) Supported Accommodation? Yes

4) If Yes, please specify:
I am aware of the PARC model, the MIND model and the CCU models used in Victoria. I am also aware of the Department of Housing model (Community Supports in place), and other community based support being provided.

5) What has your experience with supported accommodation in Mildura been?
(In regards to availability, suitability, and adequacy of care.)
Worst case scenarios include unnecessary hospitalisations as a direct result of the lack of supported accommodation available. For those that are moderately to extremely psychically unwell the present system of community based support is not adequate to prevent periods of psychosis leading to hospitalisation.
Other experiences include people getting discharged into unsuitable accommodation such as hotel rooms, caravan parks and their existing detrimental accommodation (e.g. abusive house holds)
In regards to availability I have experienced people who have had elongated hospital admissions due to the lack of accommodation, and also people who have been admitted for the same reason.
In regards to suitability I have experienced people being put into inappropriate accommodation that has directly led to readmission.
6) What is your experience of trying to access supported accommodation?
Attempts of accessing supported accommodation for people that have serious and debilitating psychiatric disabilities has led to the frustration of looking at facilities that do not exist in the electorate of Mildura. This has meant the a person will leave their home environment, their family, their community and their familiar surrounds to access supported accommodation. The nearest supported accommodation facilities have been extremely difficult for family and friends to then visit.

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
Yes, extremely. It would have made some difficult situations a lot easier in regards to the care of participants.

8) If yes please specify how this would have helped you.
This would have eased consumer crises’ considerably. It would have been an extremely viable alternative to hospitalisation. Supported accommodation would have allowed participants to stay in the community and prevented looking at alternatives. Alternatives sought in the past have been Aged Care Facilities and using other disability support workers who are not trained in Mental Health. People have had much longer hospital stays than necessary due to the lack of supported accommodation. Accommodation sought has been inappropriate.

9) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?
Smaller facilities with independent living areas but a common area. The building should be set up as a house but the bedrooms are independent units with own bathroom and kitchens. The front door would be to a friendly corridor with a common lounge area, meeting rooms, common kitchen. The facility should be designed with discrete meeting rooms for health care, and for other services such as the police to use with discretion rather than confrontation.

10) If you have not been able to access supported accommodation, what have the implications been for you?
Unnecessary hospitalisation, people removed from the community, inadequate services put in place. Further instability, increased medication, disassociation from family and friends. The lack of supported accommodation gives people no choice but to be hospitalised. There is no crises care available which places an extreme burden on carers and family friends who are forced to pick up the load.

11) What are the implications for other people who need, but can not get supported accommodation?
Lack of a recovery/rehabilitation model put in place or succeeded.
Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
Agencies that do not specialise in mental health. Department of Housing home, Aged Care facilities, private rental, hotel room, caravan park.

13) Has this been adequate?
No

14) Has your care in regards to mental health been appropriate in supporting your accommodation?
There are not enough funded hours for a person in a crisis. MMCMHS provides four hours, the hospital provides four hours (a week). This may be the only hours provided. This can equate to only a few contact hours a week. There is a serious understaffing in regards to supports.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?
Pathetic. There is no accommodation specifically for people with a mental health problem. These means that a person with schizophrenia will be housed with rehab patients, etc.

16) What are the positives of the current approach?
Good interagency communication. This may be by necessity but the agencies in Mildura tend to communicate very well together.

17) What are the negatives of the current approach?
There is no formal current approach. We are reacting to people needs, not providing primary prevention care.

Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?
The fact that we are a small community, where people tend to know each other. We need to trust the workers who are here and know the community.

19) What other issues need to be considered which has not been addressed?
This is a serious need in Mildura. We do not have any supported accommodation and our community is suffering because of this. The effects of this not only are detrimental to the people suffering mental health problems but also to the general community. Hospital beds are not available when needed.
20) What do you think should change in regards to supported accommodation that has not been addressed?
We need a facility built ASAP. Something, anything would be better than the current approach. Our present system only caters to low – medium needs consumers.

21) How do you think supported accommodation would be introduced to Mildura successfully?
By using an existing agency who knows the community. A contract needs to be given to an existing organisation in Mildura.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Mildura?
Help.

22) Would you be interested in participating in a forum looking at this inquiry?
Yes.
Murray Mallee Community Mental Health Services

Personal Submission

Consumer: MK
MK is a male in the 50-65 age group who lives in the Mildura area with schizoaffective disorder.
MK was last hospitalised in 2003 and has 10+ hospitalisations. MK first became unwell when he was 18-25 and is a long term consumer.
MK presently accesses all services indicated, except for employment and hospital case manager. MK’s current carer is his brother.
In the past MK has accessed all available services.

Part one: Supported Accommodation.

1) Have you ever lived in a supported accommodation facility?
   Yes / No
   Yes

2) If Yes, please specify:
   Rosemont Avenue. This was a 3 bedroom house. Used this facility for weekend respite.
   Montclare.
   Delmount.
   (including Drug and Alcohol)

3) Have you heard of any (other) Supported Accommodation? Yes/No
   Yes

4) If Yes, please specify:
   De Garis. Didn’t hear much about support accommodation when I was unwell.

5) What has your experience with supported accommodation in Mildura been?
   (In regards to availability, suitability, and adequacy of care.)
   Rosemont.
   Availability: Not easily available. I had to be really unwell. It took a long time for me to access supported accommodation when I needed it.
   Suitability: Not really. The people in the place I was in were more unwell than I. The place made me feel really oppressed.
   Adequacy: Place a big burden on my sickly mother.

6) What is your experience of trying to access supported accommodation?
   See above.

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
   Yes.
NO ROOM TO PARC!

8) If yes please specify how this would have helped you.
I didn’t want to go to hospital.
When I was sick I knew that I needed help and would have taken anything, unfortunately the only choice was the hospital.
It would have kept me out of hospital.

9) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?
Step up/step down from hospital.
If you are really sick you can get into hospital.
If you are not sick enough for hospital then another place you can go to.
It doesn’t matter what it is, as long as it isn’t hospital.

10) If you have not been able to access supported accommodation, what have the implications been for you?
Hospitalisation.
Suicide attempts.
Over doses.
Effects on my mother. My mother was my main carer. She was in a wheelchair with polio and wanted “them” to give me help. My disabled mother was constantly trying to get me help.

11) What are the implications for other people who need, but can not get supported accommodation?
This can impact on people at Vidovic House (MMCMHS).
The other participants can become unwell again when someone can’t get help.

Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
Department of Housing home (current).

13) Has this been adequate?
This unit is good. I like it.

14) Has your care in regards to mental health been appropriate in supporting your accommodation?
Yes.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?
Not too bad. Getting a home can be quicker and easier if you have a mental illness. This can get you upped the list.

16) What are the positives of the current approach?
Not sure.
17) What are the negatives of the current approach?
Waiting list. Especially if you are getting unwell and need help.

Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?
We stick together here.

19) What other issues need to be considered which has not been addressed?
It’s all good. I’m happy now.

20) What do you think should change in regards to supported accommodation that has not been addressed?
We need a step up/step down.

21) How do you think supported accommodation would be introduced to Mildura successfully?
Build it & just do it.
Get building or finding a place.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Mildura?

22) Would you be interested in participating in a forum looking at this inquiry?
Yes.
Murray Mallee Community Mental Health Services

Personal Submission

BC is a Male in the 25-35 age bracket with dual disorders, primary diagnosis of bipolar mood disorder.
BC was last hospitalised in 2008 (this year) and has been hospitalised 5-10 times.
BC first became unwell when he was 18-25 and currently accesses carer support (live in father), G.P., psychiatrist, PDRSS Key Worker and PDRSS Open Access.
In the past BC has also accessed Department of Housing home, employment support agency and counselling.
BC also has renal impairment, hypertension and obesity.

Part one: Supported Accommodation.

1) Have you ever lived in a supported accommodation facility?
   
   Yes / No
   
   Yes

2) If Yes, please specify:
   Swan Hill rooming house. This was a government rooming house with 10-20 beds. It had 2 caretakers (a couple).
   A boarding house in Adelaide. This came with food and was horrible. It was run by a married couple and had 3 rooms.
   Stayed in a Gay Hostel, MATCHA. This had 6 beds.

3) Have you heard of any (other) Supported Accommodation? Yes/No
   Yes

4) If Yes, please specify:
   Salvation Army
   EMMAUS house
   Riverside guest house

5) What has your experience with supported accommodation in Mildura been?
   (In regards to availability, suitability, and adequacy of care.)

   Unsatisfactory.
   The supported accommodation I have received has been the wrong type of accommodation for my needs.
   This has turned me into a ‘dirty person’.
   Availability: by luck and by chance.
   Adequacy of Care: Jaded. The people who run them have ulterior motives; they are after the money and run them as businesses. They are run by unqualified staff in regards to mental health.
   This worsens your recovery and leads to late recovery.
6) **What is your experience of trying to access supported accommodation?**

It has to be self-propelled out of a need to survive.
A person needs to push for it.
There are hardly any supports.
There are problems between interstate laws e.g. SA/VIC
Badly handled case loads
No one to represent me.

7) **If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No**

Yes

8) **If yes please specify how this would have helped you.**

It would have removed some of the politics from my life and led to a much more peaceful experience when I was getting out of hospital.
Less hospitalisation.
Removed the worry about how to live when unwell.

9) **Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?**

Mildura needs a big facility of 50+ beds.
It needs to be a discrete service.
Needs to have a hospital set up included so people don’t have to go to hospital.
Visiting doctors, nurses, etc.
Permanent staff who know what they are doing, but only a few and not overstated.
They should look like everyone else.
Private rooms.

10) **If you have not been able to access supported accommodation, what have the implications been for you?**

Starving.
Having to rent private properties I did not like.
Lonely.
Had to ask for money all the time.
Felt sick, pressured, acted out of character.

11) **What are the implications for other people who need, but can not get supported accommodation?**

Life long poverty.
No access to employment.
Bad social skills.
Living on the streets becomes attractive.
Crime: more prevalent around the person and the person has to commit crime.
Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
Parents house.
I can’t afford a flat.
I must live with my father.

13) Has this been adequate?
Yes, but I would like to be independent.

14) Has your care in regards to mental health been appropriate in supporting your accommodation?
No.
I was once put in a place that was too big and I couldn’t clean it.
I was once in a place without a backyard.
There has been a lack of privacy.
No gardening help, or house cleaning help.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Mildura?
They play favourites and that is wrong.
We only have charities which demean a person.
This is not a good way to live.
People don’t feel safe and sound.

16) What are the positives of the current approach?
You can make choices for yourself.
The service seem to co-operate together.
You get rewarded for what you do.
Need to trust.

17) What are the negatives of the current approach?
A person needs insight to use the current system. If a person doesn’t have insight then they can’t ask to access services available.

Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?
Educate people.
This town is behind the time and biased towards mental illness.

19) What other issues need to be considered which has not been addressed?
A person’s family is not taken into account.
Suitability begins with placing a person in an environment that they are comfortable with.
We need transitional accommodation.
20) What do you think should change in regards to supported accommodation that has not been addressed?
We need to treat people fairly.

21) How do you think supported accommodation would be introduced to Mildura successfully?
Use consumer consultants.
Use more consumer consultants.
Have meeting with consumers.
Plan it with consumers.
Need more funding.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Mildura?
It is too much to ask for the families to take the brunt.
The families tend to cause the mental illness and then we are forced to live with them.
There needs to be a rapid correction or people wont get better.
The families are picking up the load but this isn’t healthy for a person, or their family.
Living with your family isn’t independence.
Life becomes meaningless.

22) Would you be interested in participating in a forum looking at this inquiry?
Yes.
Murray Mallee Community Mental Health Services

Personal Submission

MC is a male aged between 35-50 who is diagnosed with paranoid schizophrenia. MC was last hospitalised in September, 2008, has been hospitalised 5-10 times and became unwell when he was 25-35 years of age. MC currently accesses Carer Support, Hospital Case Manager, Case Manager (other), G.P., Psychiatrist, PDRSS Key Worker and PDRSS Open Access. In the past MC has also accessed Employment support.

Part one: Supported Accommodation.

1) Have you ever lived in a supported accommodation facility? 
   Yes / No
   Yes

2) If Yes, please specify:
   In Melbourne, Edith Pardy House, Richmond Fellowship.
   This had 15 beds, day staff, bedrooms (own and shared), common areas and activities that included life skills.
   It was a good place, they kept control of the drama. The place was quite calm most of the time. The staff were good.
   It had a worker during the days and was quite good.

3) Have you heard of any (other) Supported Accommodation? Yes/No
   Yes

4) If Yes, please specify:
   De Garis. That is it.

5) What has your experience with supported accommodation in Mildura been? 
   (In regards to availability, suitability, and adequacy of care.)
   Availability: Not available, except De Garis once when I got out of hospital. It took 3 months to wait for a room to come available and I had to stay with my parents.
   Suitability: When I was there it was quite suitable.
   Adequacy: Alright

6) What is your experience of trying to access supported accommodation? 
   See above.

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
   Yes. Not the last time I was in hospital, but a few times in the past.
8) If yes please specify how this would have helped you.
This would have helped my recovery dramatically in a stage where I didn’t socialise
or talk to people at all. It would have helped with my social skills and put supports
into place.
This would have eased the pressure and anxiety that I was going through.
I had to go back to my parents, I used my parents as a step down.

9) Please describe your ideal model/approach that you think Mildura needs (in
regards to supported accommodation). How would this work?
We need some sort of group of flats. Perhaps 4 individual flats and 1 administration
flat. A key worker should be available if needed. Someone during office hours
would be okay but this person has to be flexible.
Independent living, own kitchen, lounge room and common area.

10) If you have not been able to access supported accommodation, what have the
implications been for you?
See above about parents. Without supports I would be stuck at home not talking to
anyone and become a recluse.

11) What are the implications for other people who need, but can not get supported
accommodation?
They hide in their flats and stare at the walls. People wouldn’t be getting well as
quickly. Socialising helps you get better quicker.

Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
Own home

13) Has this been adequate?
Yes

14) Has your care in regards to mental health been appropriate in supporting your
accommodation?
Recently, they helped with advice to buying my own home. In Degaris it was good.

15) What do you think about the provision of accommodation for people with a
mental health diagnosis in Mildura?
It’s a good idea.
There’s not much here except to sort it out yourself.

16) What are the positives of the current approach?
PDRSS help. It encourages independence.
17) What are the negatives of the current approach?
There seems to be a lot of people getting out of hospital and going straight back. A lot do that.
Big waiting list.

Part 3: The future

18) In regards to the rural and regional isolation of Mildura, what needs to be considered to the support accommodation needs of the mentally ill?
It's a small community with only facility so if you stuff up with them you have no where to go.

19) What other issues need to be considered which has not been addressed?

20) What do you think should change in regards to supported accommodation that has not been addressed?
Build it, build it now.
Find the right staff. Use existing organisation.
Need liaison between hospital and everyone else. Psych nurses should be available when needed.

21) How do you think supported accommodation would be introduced to Mildura successfully?
This has to be worked at between organisations. Who's going to fund it, psych or PDRSS?
What are the staff limits? Vidovic workers can't do clinical.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Mildura?
Look at Mildura's needs.

22) Would you be interested in participating in a forum looking at this inquiry?
Yes
NO ROOM TO PARC!

Swan Hill
PDRSS
MMCMHS

Individual Submissions

"The lack of supported accommodation in the Swan Hill region increases the stigma of mental illness and marginalisation of people with a mental illness. How can we as professionals promote a healthy image of a person with a mental illness when at the first sign of needing extra help the person is shuttled off to care that is at least 2 hours away?"
NO ROOM TO PARC!

Murray Mallee Community Mental Health Services
Swan Hill PDRSS

Personal Submission

Helen Chaston
Community Support Worker
Murray Mallee Community Mental Health
Swan Hill

As a community support worker M.M.C.M.H.S receives a funding allocation that totals four hours support. This form of residential support can be used to assist a person with their activities of daily living, financial support, psycho-social support, etc. As a P.D.R.S.S. the expectation is that this support be applied with the intentions of rehabilitation and recovery.

The four hours of funding includes advocacy work and carer support for the person with a mental health diagnosis.

Contact with the individual is usually done on a weekly basis and may take place in the person’s home, in the community or at Vidovic House. Assistance may be provided through liaising with the hospital Case Manager, G.P., triage and the Crisis Assessment Team.

Part one: Supported Accommodation.

3) Have you heard of any (other) Supported Accommodation? Yes/No
   Yes

4) If Yes, please specify:
   I am aware of the PARC model, the MIND model

5) What has your experience with supported accommodation in Mildura been?
   (In regards to availability, suitability, and adequacy of care.)
   Worst case scenario’s include unnecessary hospitalisations as a direct result of the lack of supported accommodation available or remaining in current accommodation because there are no beds available at the in patient unit. For those that are moderately to extremely psychiatrically unwell the present system of community based support is not adequate to prevent hospitalisation.
   Other experiences have included people getting discharged into unsuitable accommodation such as hotel rooms, caravan parks and their existing detrimental accommodation (e.g. abusive house holds)
   In regards to availability I have experienced people who have had elongated hospital admissions due to the lack of accommodation, and also people who have been admitted for the same reason.
   In regards to suitability I have experienced people being put into inappropriate accommodation that has directly led to readmission
6) What is your experience of trying to access supported accommodation?
There is no supported accommodation within the Swan Hill region. The very small amount available in Bendigo has a long waiting list and means that the person will leave their home environment, their family, their community and their familiar surrounds to access support accommodation. The nearest supported accommodation facilities are extremely difficult for family and friends to visit. Lack of regular public transport impacts on ability of support person to visit.

7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes/No
   Yes

8) If yes please specify how this would have helped you.
Supported accommodation would have allowed participants to stay in their community and prevented looking at alternatives. People have had much longer hospital stays than necessary due to the lack of supported accommodation. Accommodation sought has been inappropriate.

9) Please describe your ideal model/approach that you think Mildura needs (in regards to supported accommodation). How would this work?
Smaller facilities with independent living areas but a common area. The building should be set up as a house but the bedrooms are independent units with own bathroom and kitchens. The front door would be to a friendly corridor with a common lounge area, meeting rooms, common kitchen. The facility should be designed with discrete meeting rooms for health care, and for other services such as the police to use with discretion rather than confrontation.

10) If you have not been able to access supported accommodation, what have the implications been for you?
Unnecessary hospitalisation, people removed from their community, inadequate services put in place. Further instability, increased medication, disassociation from family and friends. The lack of supported accommodation gives people no choice but to be hospitalised or hospitalised in a general hospital staffed by persons who are not experts in mental health care. There is no crisis care available which places an extreme burden on carers and family friends who are forced to pick up the load or who are not able to pick up the load and therefore the person is on their own.

11) What are the implications for other people who need, but can not get supported accommodation?
   As above.
Part 2: Present accommodation

12) What accommodation has been/is available to you?
(E.g. own home, private rental, Department of housing home)
Other agencies that do not specialise in mental health. Department of Housing, Aged Care facility, private rental, hotel room, caravan park, boarding house.

13) Has this been adequate?
No

14) Has your care in regards to mental health been appropriate in supporting your accommodation?
There is not enough funded hours for a person in a crisis. MMCMHS provides four hours. This may be the only hours provided.

15) What do you think about the provision of accommodation for people with a mental health diagnosis in Swan Hill?
There is no accommodation specifically for people with a mental health problem. This means that the specific needs of people with a crisis in their mental health are not adequately cared for

16) What are the positives of the current approach?
Good interagency communication. This may be by necessity but the agencies in Swan Hill tend to communicate well together.

17) What are the negatives of the current approach?
There is no current approach. We are reacting to people needs, not providing primary prevention care.

Part 3: The future

18) In regards to the rural and regional isolation of Swan Hill, what needs to be considered to the support accommodation needs of the mentally ill?
Accommodation must be provided in the person's own community. Geographic isolation means that a person may be accommodated far from the community in which they have built up supports, friendship networks, professional support networks, employment etc.

19) What other issues need to be considered which has not been addressed?
This is a serious need in the Swan Hill region. We do not have any supported accommodation and our community is suffering because of this. The effects of this not only are detrimental to the people suffering mental health problems but also to the general community. Hospital beds are not available when needed.
20) What do you think should change in regards to supported accommodation that has not been addressed?
We need a facility that has been built with the specific needs of people with a mental illness taken into account in the planning and implementation stage.

21) How do you think supported accommodation would be introduced to Swan Hill successfully?
By utilising and consulting with existing professional networks and consulting with people who have been able to access supported accommodation and those who have not been successful but are able to give voice to what they were needing at the time.

22) Is there anything else you would like to say in regards to supported accommodation for people with a mental illness in Swan Hill?
The lack of supported accommodation in the Swan Hill region increases the stigma of mental illness and marginalisation of people with a mental illness. How can we as professionals promote a healthy image of a person with a mental illness when at the first sign of needing extra help the person is shuttled off to care that is at least 2 hours away?

22) Would you be interested in participating in a forum looking at this inquiry?
Yes
Murray Mallee Community Mental Health Services
Consumer Personal Submission - Swan Hill

Part one: Supported Accommodation.

1) Have you ever lived in a supported accommodation facility? No
2) If Yes, please specify:
3) Have you heard of any (other) Supported Accommodation? Yes
4) If Yes, please specify: Bendigo
5) What has your experience with supported accommodation in Swan Hill been?
   (In regards to availability, suitability, and adequacy of care.)
   None in Swan Hill
6) What is your experience of trying to access supported accommodation?
   None Around
7) If supported accommodation had been available to you when it was not (i.e. PARC, MIND, CCU) would you have been interested in this service? Yes
8) If yes please specify how this would have helped you.
   Needed support to get back into doing things.
9) Please describe your ideal model/approach that you think Swan Hill needs (in regards to supported accommodation). How would this work?
   Could go in when I'm getting unwell or after I've been in hospital.
10) If you have not been able to access supported accommodation, what have the implications been for you?
    Family has had to help me – Mum and Dad are old and not well. Hospital stays sometimes.
11) What are the implications for other people who need, but can not get supported accommodation?
    Have to rely on family if they've got any or go back to where they were which is not suitable.

Part 2: Present accommodation

12) What accommodation has been/is available to you? ) Own home
   (E.g. own home, private rental, Department of housing home
13) Has this been adequate? Yes – sort of
14) Has your care in regards to mental health been appropriate in supporting your accommodation?