



Australian Government

Department of Families, Community Services
and Indigenous Affairs

**PEAK NGO SUPPORT AGENCIES ROUNDTABLE – 29-30 JANUARY
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Personal Helpers and Mentors Program

Presentation by

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Mental Health in Australia

Economic and social costs:

- One in five, or more than 3 million Australians are affected by mental illness in any one year.
- This costs the Australian economy approximately \$20 billion annually.



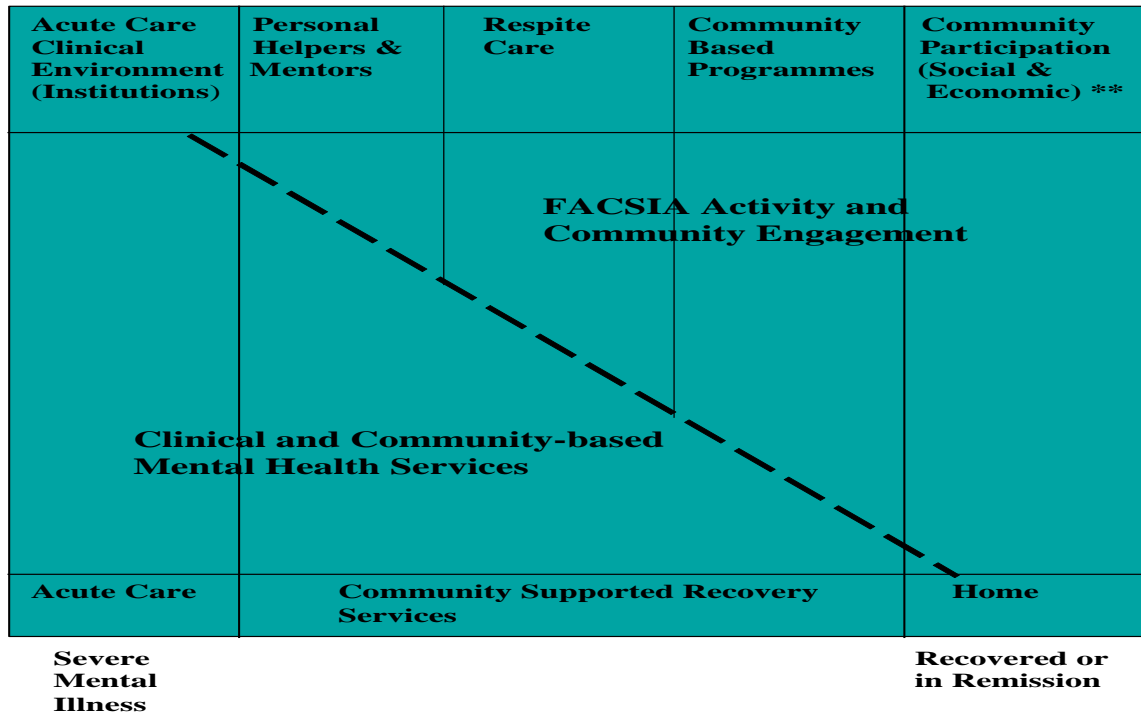
COAG National Action Plan on Mental Health

The COAG National Action Plan:

- focus on promotion, prevention and early intervention
- improve access to services
- build workforce capacity
- better coordinate care and enable greater collaboration
- provide a seamless and connected care system



Why is FaCSIA involved?





FaCSIA Measures

New business for FaCSIA includes:

- Respite Care - \$224.7 million over 5 years
- Personal Helpers and Mentors - \$284.8 million over 5 years
- Mental Health Community Based Programs - \$45.2 million over 5 years



Personal Helpers and Mentors

- **\$284.8 million over five years to:**

Assist people 16 years and over who have a severe functional limitation resulting from a severe mental illness to better manage their daily activities and access a range of appropriate services.



Personal Helpers and Mentors

Key elements of the program:

- takes a strengths-based, recovery approach to supporting people with severe mental illness
- emphasis on community support and social connection as an integral component of recovery.



What do Personal Helpers and Mentors do?

- Coordination and integration of care
- Referrals and links to appropriate services
- Individual Recovery Plans



Care Coordination

- provides for a clinical provider and a community coordinator
- Personal Helpers and Mentors are only one example of community care coordinators
- clinical providers – GP, mental health nurse, treating doctor etc
- these coordinators will manage referrals.



Entry Pathways to PHaMS

- **A person does not need to have a formal clinical diagnosis of a severe mental illness to access the program.**
- **Completion of Eligibility Screening Tool to establish link between severe functional limitation and mental illness.**



EST – Nine Life Areas

- **Activities of independent living**
 - Learning, applying knowledge and general demands
 - Domestic activities
- **Activities of work, education and community**
 - Working and employment
 - Education
 - Social and community activities
- **Activities of daily living**
 - Communication
 - Transportation and mobility
 - Self care
 - Interpersonal relationships



Nine Life Areas - Cont

- **Prompt questions for each of the nine life areas**
- **Impact of mental illness on activities and participation**
- **A cut-off score of 3.0**



Evidence of Mental Illness

- **Diagnosis**
- **Treatment from a health professional**
- **Evidence from a health professional**
- **Receipt of Disability Support Pension for Psychiatric Impairment**
- **Other referral sources and information**
 - **All equal in determining eligibility for the program**



Who is not eligible to participate?

- People under 16 years of age
- People assessed through the EST as not having a severe functional limitation
- People unable to give informed consent (participation and data collection)
- People with dual diagnosis (ie drug and/or alcohol dependence) who are *unwilling* or *unable* to address these issues.



Ineligible - Reasons

- Of the **154 people deemed ineligible** for PHaMS, **10% were unwilling to address problematic substance use.**
- None of those turned away reported being unable to address problematic substance abuse.



Program Referral Pathways

- Specialised mental health care services 37%
- Self referral – 13%
- Housing/homeless support services – 11%
- Family, friend carer 7%
- Employment services 6%
- Disability support services 5%
- Hospital 5%
- **Drug or Alcohol treatment services 2%**
- **Mental Health Branch**
• Other 14%



Percentage of accepted participants by clinical diagnosis

- Depression – 23%
- Schizophrenia - 22%
- Generalised anxiety disorder – 12%
- Other 43%



Issues participants present with

- **People with drug or alcohol co-morbidity - 35%**
- People previously institutionalised – 27%
- Young people 16-24yrs – 15%
- Homeless – 10%



What does PHaMS want to achieve for participants?

- increased access to appropriate support services at the right time
- increased personal capacity and self-reliance
- increased community participation
- Case study



Case Study: VIC

- Woman, mental/physical health problems, fleeing DV situation, homeless, drug addiction, estranged from 3yr old child
- Reported at 3-month Recovery Review that she has accommodation, stable relationship and attends appts.
- Her goals include: pursuing legal access to her child; & regular attendance at recovering addicts group.
- "I have done a 360 degree turn around"



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