

Information for families and carers of people with a mental illness



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Contents

Introduction	7
Who is a carer?	8
Finding the right services and supports	8
Carers and the mental health system	11
Carer rights and responsibilities	11
National mental health standards	12
Victorian carers' policy	12
Supports for carers	17
Support Groups	17
Carer Support Program	19
Respite	20
Carer Resources	22
Advocacy	24
Public mental health services	26
Accessing clinical mental health services	27
Table 1: Public clinical mental health services	30
Psychiatric disability support and psychosocial rehabilitation	32
Other useful services	35
Drug and alcohol services	35
Employment services	35
Housing and accommodation	35
Income support	37
Recreation	37
Other health and community services	38
Appendix: Definitions and Abbreviations	39

Introduction

Families and friends play vital roles in supporting people with serious mental illness. They are important partners with mental health services in improving the health and wellbeing of the people they care for.

We know that the experience of mental illness affects not only the individual but also those concerned for their welfare. The impact on others will vary according to the severity, course and outcomes of the illness, as well as the life circumstances of individuals and their families and friends.

You may be providing support and assistance to your friend or relative or you may be concerned about their welfare and interested in finding out more about what assistance is available.

If this is the case, you may find this booklet useful.

The booklet provides information about:

- supports, services and information available for family and friends of people with a serious mental illness
- the public mental health service system
- what you should expect when assisting a relative or friend to use a mental health service
- useful contact details for further information.

This booklet does not provide information about mental illness, treatment options or what feelings and issues you may experience when you have a family member or friend with a mental illness. If you would like this type of information, talk to the staff at your friend's or relative's mental health service or contact a mutual support and self-help service (see page 17).

Who is a carer?

Governments and many services use the word ‘carer’ to identify the family members and friends of someone with a mental illness whose lives are also affected by the mental illness.

Many carers never actually think of themselves as a carer. They may be a parent of someone with a mental illness or an adult caring for a partner, parent or friend with a serious mental illness. A child who contributes to care-giving for family members with a mental illness can also be a carer. Many people fall into the role of carer because they see it as an extension of their responsibilities within the relationship they have with the person who is ill. Carers may not necessarily live with the person for whom they care. It is also important to realise that the role of carer may change over time.

Finding the right services and supports

Services for people with a mental illness are one part of the broader health service system. Many people with a mental illness receive support from private psychiatrists, psychologists, general practitioners and other health professionals. This booklet does not cover the services provided by the primary care or private health care sectors.

Specialist mental health services for people with a serious mental illness are provided through the Victorian public mental health service system. This system has a number of components that aim to provide a comprehensive clinical and disability support service for people with a serious mental illness:

- **clinical services** include inpatient services, community treatment and residential services
- **disability services** include day programs, home-based outreach support, respite and residential programs.

There are different services for children and adolescents, adults and older people. Most mental health services are provided to people in a particular geographical area. Services may be organised according to:

- Department of Human Services regions (there are nine regions)

or

- mental health service areas, which are mostly based on local government areas.

In most cases you can only use those services in the region or mental health service area in which you, or the person for whom you care, live. It is therefore useful to know the name of your mental health service area. To find out:

- ask the staff member at a service you use
- look at the *Mental health services directory* on the Department of Human Services website at www.health.vic.gov.au/mentalhealth
- ring the local regional office of the Department of Human Services listed in the *White Pages* and ask for the mental health contact person.

This document provides information about the types of services that may assist you and the person for whom you care. As phone numbers, the names of services and service locations change from time to time, not all contact details are listed.

A summary of contact numbers for mental health services in your area should be available where you collected this booklet.

Phone numbers of community mental health services can also be obtained by calling your local hospital as listed in the *White Pages*. Your hospital should also be able to provide after hours information.

If a list of contact numbers is not available, you can get one by:

- asking the case manager or duty worker at the community mental health service (CMHS)
- searching the *Mental health services directory* at www.health.vic.gov.au/mentalhealth or
- calling the Mental Health Branch on 9616 8592.

Carers and the mental health system

Carer rights and responsibilities

The booklet *Mental health statement of rights and responsibilities* outlines the rights and responsibilities of carers of people with a mental illness. These rights and responsibilities have been agreed to by the Commonwealth and State governments.

Carer rights include:

- Respect for individual human worth, dignity and privacy.
- Comprehensive information, education, training and support to help carers understand, advocate and care for the person with the mental illness
- **With the consent of the person with a mental illness**, carers and advocates are entitled to:
 - see and speak to the person with a mental illness
 - be consulted by service providers about measures being considered for treatment of the person with a mental illness
 - arrange support services such as respite care, counselling for themselves or the person with a mental illness
 - exchange information with those providing treatment about the person's lifestyle and their relationships with others.

There may be times when the person with a mental illness is unable to give consent, or may refuse consent because of their disturbed mental state. In these situations:

- **Without the consent of the person with a mental illness**, carers have the right to:
 - place limits on their availability to the consumer
 - seek further opinions regarding diagnosis and care
 - provide information about family relationships and any matters relating to the mental state of the person to health service providers
 - assistance with their own difficulties due to the process of caring for a person with a mental health disorder.

Copies of the *Mental health statement of rights and responsibilities* booklet are available from the Commonwealth Mental Health Branch, phone 1800 066 247 or at the website: www.mentalhealth.gov.au.

National mental health standards

A national set of service standards apply to all mental health services. Standard 3 relates to consumer and carer participation and requires that consumers and carers are involved in the planning, implementation and evaluation of the mental health service. Copies of the standards are available from the Commonwealth Mental Health Branch, phone 1800 066 247 or at the website: www.mentalhealth.gov.au.

Victorian carers' policy

Caring together: A carer participation action plan (2004) acknowledges the importance of collaborative family work and that effective service delivery must recognise the needs of families and carers.

It is expected that a mental health service will:

- engage families and carers as early as possible in the treatment relationship
- ensure that an assessment is made of the needs of families, including those of dependent children, or other carers, and that this assessment is updated at critical points in the service delivery process
- provide carers and families with information relating to mental illness, its likely consequences and services and supports available to them and the person for whom they care
- be clear about confidentiality requirements and the release of information and clarify this with consumers and carers
- take steps to ensure that the cultural and language needs of families or other carers are taken into account as part of the service response

- work with families or other carers to develop strategies to deal with challenging or difficult situations they may experience in their role as carers
- link families and carers to training and support opportunities according to their needs
- ensure opportunities exist for families and other carers to meet through educational or peer support forums.

General information and education

Victorian mental health services are able to provide a range of general information about mental illness, available services and other appropriate referral options. They also endeavour to assist in educating the community, other practitioners, relevant agencies and bodies, carer groups and associated organisations about mental illness and how best to access appropriate services and supports.

Mental health services are one form of information and support. Information about other resources and supports are provided elsewhere in this document.

Access to information about the person with a mental illness

Victorian mental health services work closely with consumers and carers to meet their specific information and education needs. Depending on the type of service, this information may relate to the treatment and management options, how to respond to disturbing behaviours, how to access practical assistance and generally assisting family members in dealing with the illness. The amount of information provided in each individual case will depend on the extent the consumer wishes their relative to be involved.

The disclosure and exchange of information is complex. Mental health staff have a responsibility to explore issues about information sharing with each person with a mental illness at the most appropriate and earliest possible stage. If possible, carers may also wish to establish with the person with a mental illness and their mental health case manager or key worker (where appropriate) what role they want the carer to play if the person becomes unwell and what is a realistic expectation about information to be discussed.

Carer sensitive mental health services aim to reduce any potential conflict and, within the confines of the legislation, meet the needs of the person with a mental illness, their family members and other carers.

All Victorian public mental health services are governed by the provisions of the *Mental Health Act 1986*. Under this Act, information about a person with a mental illness cannot be provided to anyone unless that person gives consent. Section 120A of the Act prescribes the circumstances when confidential information about clients of mental health services may be disclosed without the consent of the client. These exceptions to confidentiality include:

- s.120A(3) (ca) allows information to be disclosed to guardians, family and primary carers if the information is reasonably required for the ongoing care of a client and the person who is receiving the information will be involved in providing the care
- s.120A(3) (e) allows disclosure of information where it is required in connection with the further treatment of a client.

Sometimes the rights and wishes of the person will conflict with the wishes of the family or carer, particularly if the person with a mental illness does not want their family member involved. This may create difficulties for all parties.

Involvement in the person's proposed treatment

With the consent of the person with a mental illness, carers and family members can be involved in individual service planning with staff from mental health services. At a community mental health service, the case manager should work with the person with a mental illness and their carers to detail goals and how they can be reached. A key worker at a psychiatric disability rehabilitation and support service (PDRSS) will also undertake a similar process, but with a focus on psychosocial rehabilitation.

Mental health services should make the individual service planning as inclusive as possible and (with the consent of the person with a mental illness) support the family or carers in the process. This includes making time for the family or carers to come into the service and discuss issues with the case manager or key worker.

How to raise concerns

If you are not happy about the information provided or the type of treatment offered, you should raise your concerns directly with the service. Contact the case manager, contact nurse, doctor, service manager or the Director of Clinical Services at the mental health service.

If the Director of Clinical Services or service manager is not able to resolve your complaint, contact one of the following for advice and assistance:

- Each hospital has a **complaints liaison officer** whose role is to respond to complaints within that hospital. Contact the local general hospital as listed in the *White Pages*.
- **The Health Services Commissioner** is an independent commissioner who investigates and helps to resolve complaints by health care consumers about health services, including mental health services.

Tel: 8601 5200

Country callers: 1800 136 066

- **The Chief Psychiatrist** has responsibility under the Mental Health Act for the medical care and welfare of patients receiving treatment or care for mental illness. Responsibilities include monitoring the clinical standards of psychiatric practice and treatment provided by public psychiatrists and responding to complaints from consumers, carers and others.

Tel: 9616 8124

- The Public Advocate assists, advises and advocates for people with serious complaints about mental health services and treatment.

Tel: 9603 9500

Country callers: 1300 309 337

- Community visitors are people who visit residential mental health services at least once a month to inquire into the adequacy of services and facilities for the treatment and care of patients, investigate complaints and report on their inquiries and investigations.

Tel: 9603 9500

Country callers: 1300 309 337

Supports for carers

There is a range of services designed to support family members, friends and carers of people with a mental illness. Please note that sometimes there are waiting lists to access these services.

Support Groups

Mutual support and self-help

Mutual support and self-help services provide information, support and assistance to families and other carers and people dealing with mental illness. They can provide information about mental illness, service options, support and recognition and assistance in being a carer or dealing with the mental illness of a friend or relative.

Many of these services provide printed information (free and for purchase), telephone support lines, newsletters, information and educational forums, and a library with useful resources.

Eligibility: Family, friends and carers of people with a mental illness.

Cost: Generally no cost, although some services, such as newsletters, may be linked to membership.

Contact:	Mental Illness Fellowship (formerly SFV)	8486 4200
	Association of Relatives and Friends of the Emotionally and Mentally Ill (ARAFEMI)	9889 3733
	Anxiety Recovery Centre	9886 9377
	Eating Disorder Foundation	9885 0318
	Country callers	1300 550 236
	PATS--Adolescents with Parents with a Mental Illness	9345 7950

Carer support groups

Carer support groups are formal or informal groups that provide friends, family members and other carers with an opportunity to meet others in similar circumstances. Many people find it comforting to know that other people have had similar experiences. It can be extremely useful to tap into first-hand experience about coping, negotiating the mental health service system and understanding mental illness.

Support groups may present guest speakers or expert information on topics of interest. Members of support groups also have opportunities to be involved as speakers at forums, seminars, schools and so on, to educate the community about mental illness.

Some support groups cater for particular types of carers or family members, such as for children with parents who have a mental illness or partners, parents or siblings. Some support groups may be specific to a type of illness, for example, schizophrenia or obsessive-compulsive disorder.

There are many carer support groups across rural and metropolitan Victoria.

Eligibility: Family, friends and carers of people with a mental illness.

Contact: Mutual support and self-help organisations:

Carers Victoria 1800 242 636

Mental health carer support workers 1800 059 059

Case managers in clinical community mental health services

Carer Support Program

The Carer Support Program (CSP) provides financial assistance, usually on a one-off basis, to purchase goods and services for carers that assist and promote the caring relationship. The program can be used when the carer is experiencing a crisis or to prevent a crisis occurring. The ways the CSP can help carers depends on the needs of the carer.

Some examples of what the CSP has been used for include:

- respite for the person with a mental illness and/or carer
- assistance with travel or accommodation, such as when the person with a mental illness is in hospital some distance away from the carer
- child care
- house cleaning or maintenance
- household goods
- holidays for the carer, including when the person with a mental illness is involved in a respite service.

Applications for assistance from the CSP are usually made with the person's case manager. At an inpatient unit, the social worker or nurse may make the application.

Eligibility: Carers of current users of the public mental health system.

Cost: There is no cost, but sometimes carers may be asked if they can make a contribution towards the requested purchase.

Contact: Case manager at the community mental health service.
Social worker or nurse at the inpatient unit.

Respite

Planned respite

Planned respite services provide an opportunity for people with a mental illness and their carers to have some time out. Respite allows a short term break from usual care arrangements, providing the family member or carer with some time of their own, while also providing the person with a mental illness with a positive experience. Planned respite can often provide a stepping stone for people with a mental illness to use other mental health support services, such as a day program.

Planned respite occurs in three main ways:

- planned and regular, for example, one day a week for four months or a five-day holiday
- occasional planned respite, for example, when the carer goes on holiday or has exams
- short notice respite, for example, in the case of illness in the family or a carer's job interview.

Planned respite should always be organised with both the person with the mental illness and their carer. The respite service will be tailored to ensure that the needs of both parties are met. Respite may be provided as a day outing, as a holiday or in the home during the day, in the evening or on weekends. Many services are able to provide workers for individual respite with the person with a mental illness.

Eligibility: All carers, including adult family members and children, of people with a serious mental illness.

Cost: There may be a small cost.

Contact: Psychiatric Disability Support Planned Respite Service

Carerlinks/Commonwealth Carer Respite Centres

Commonwealth Carer Respite Centres, sometimes also known as Carerlinks agencies, can purchase, organise or manage the delivery of respite care assistance packages tailored to individual carers' needs and those they care for.

Some Carerlinks agencies also have a carer support or resource worker specifically for mental health. These workers can provide information about the range of services and support available for carers of people with a mental illness, links to relevant public mental health and psychiatric disability and rehabilitation support services, as well as information and resources. They may also facilitate carer support groups and provide some individual support and assistance.

Eligibility: All carers

Contact: 1800 059 059 in all regions

Carer Resources

Carers Victoria—Carer Resource Centre

Carers Victoria (CVic) is a non-profit organisation that works to improve the quality of life of carers. Members receive a regular newsletter and other useful information.

CVic also operates the Carer Resource Centre. The centre provides free information, support and referral (including interpreting assistance); links to carer support groups, support and service organisations and a range of printed support material to borrow and purchase. The Carer Resource Centre can be a useful service to call when you are trying find carer services and supports located near you.

The Carer Resource Centre Free call number is 1800 242 636.

Eligibility: The Carer Resource Centre is available to all carers.
Other CVic services are for members.

Cost: There is a small membership cost to access membership services.

Contact: Carers Victoria Tel: 1800 242 636.

Other resources and information

- **Family sensitive training (FaST) kit**

The FaST kit includes four videos (*Casserole Negative*, *Experts at Balancing*, *No Flowers or Chocolates* and *Hanging in There*) in which groups of carers, workers and consumers describe their experiences about mental illness and mental health services and what they have found helpful. Booklets that accompany the videos summarise key themes and provide additional useful information. Some services and carer groups run FaST training sessions on a regular basis. You can also ask to see them yourself. As the videos might stir up strong feelings, it might be useful to arrange to watch it with a support worker or others. These resources are available for viewing and/or loan from the mental health service, mutual support and self-help service, or mental health carer support worker.

- **Hard words** – this video aims to raise awareness about issues facing children who have parents with a mental illness. Talk to the case manager at the mental health service for information.
- **Carers kit** – provides information and ideas to assist carers, including a relaxation tape. The kit is available from Carers Victoria and comes in a number of languages. There is no charge.
- **Families and mental health—a parenting resource kit** – produced by the Department of Human Services to provide support and information for families with a parent with a mental illness. For copies ask your case manager or call the Mental Health Branch on 9616 8087.
- **Caring together: A carer participation action plan** – outlines how public mental health services approach involving carers and families. For copies ask your case manager or call the Mental Health Branch on 9616 8087.
- **SANE Australia** – promotes the interests of people with a mental illness and has comprehensive resources, publications and other material on many topics. The website is www.sane.org.

Advocacy

Carer advocacy on behalf of people with a mental illness

Where the person with a mental illness is unable to give consent or refuses consent to treatment because of their disturbed mental state, it is appropriate for carers to initiate contact and involve those who may be able to assist with diagnosis and care. Carers can also request alternative treatments and second opinions.

Advocacy for carers

Many carer services advocate for carer needs to government and other services and provide opportunities for carers to become involved. However, there are two bodies that focus on advocating for carers and for improving the mental health service system. They are:

- **Carers of People with a Mental Illness Network Victoria (CPMINV)**

The CPMINV brings together carers and carer support services. It supports the empowerment of carers and represents the diverse issues of people with mental illness to government, service providers and the community.

Contact: www.carersnetwork.org

Other advocacy resources and information

- **The kit—a guide to the advocacy we choose to do** – provides a comprehensive guide to advocacy. It includes skill strategies and tools in assertiveness, problem solving, negotiation and conflict resolution. It is available for purchase from the Mental Health Council of Australia, Tel: (02) 6285 3100. Most mutual support and self-help services will also have a copy that you can borrow.
- **Having your say action pack for carers (CVic)** – provides ideas and helpful tools, such as draft letters to help carers write to government and the media. For copies call 1800 242 636.

Public mental health services

The Victorian public mental health service system has a number of components that aim to provide a comprehensive clinical and disability support service for people with a mental illness. These include:

- clinical services, including inpatient services, community treatment and residential services
- disability services, including day programs, home-based outreach support, respite and residential programs.

There are different services for children and adolescents, adults and older people.

- Adult mental health services assist people aged 16–64. Most are delivered and coordinated from the community mental health service, which has close links with inpatient units and usually operates a single intake and assessment function (often called ‘triage’).
- Psychiatric Disability Rehabilitation and Support Services provide psychosocial rehabilitation for young people aged over 16 and adults with a psychiatric disability. The services assist people to develop skills that will improve their quality of life and independence and to participate to their maximum capacity in social, recreational, educational and vocational activities.
- Child and Adolescent Mental Health Services provide specialist mental health services for children and adolescents up to the age of 18 years with serious emotional disturbance. These services often work in conjunction with other community services, such as schools, child and family services and GPs. If appropriate, older adolescents experiencing adult disorders may be treated at the adult mental health service.
- Aged Persons Mental Health Services assist people aged 65 years and over who have grown old with a mental illness, have developed a mental illness later in life or have psychiatric or severe behavioural difficulties associated with organic disorders such as dementia.

Table 1 (page 30-31) describes the components of the Victorian public mental health system, provides the names of the services and a brief explanation of what they do. Clinical inpatient and community services are listed separately for each area mental health service.

The majority of mental health services are now provided in the community.

Over 68 per cent of people receiving public mental health services now do so solely in the community. Another 22 per cent receive a mixture of hospital inpatient and community services.

Private mental health providers, including psychiatrists, psychologists and GPs, are also important partners in providing mental health care. Some people may never receive assistance through the public mental health system, as a private psychiatrist or a GP can meet their needs. Others may move between the two systems, depending on their needs, or receive services from both.

Accessing clinical mental health services

The first point of contact is usually the duty worker at the relevant community mental health service. If required, the duty worker will refer the person to the appropriate service to meet their needs. This may be to another part of the service, such as the Continuing Care Team, Crisis Assessment and Treatment Service (CATS), Mobile Support Treatment Services (MSTS) or to a GP, private psychiatrist or disability support service.

In a crisis situation or when a person might need to be admitted to hospital, the key contact point for adults is the CATS. Children, adolescents and aged persons should initially contact the relevant community service. There are times when the CATS may call the ambulance service or the police to assist.

Mental health services usually operate a single intake and assessment function for both the CATS and CMHS. This is often called ‘triage’.

Case management

At the core of the community mental health service is the case manager. Each person with a mental illness is allocated a case manager who is a central point of contact and assists the person and their family or carer to make the best use of services.

The case manager will assist the person with a mental illness to develop an Individual Service Plan (ISP) that outlines their goals and the strategies to reach these goals. The case manager works as part of a team, so the person with a mental illness may also have regular contact with other professionals, including doctors, social workers, psychologists, psychiatric nurses, psychiatrists or occupational therapists.

With the consent of the person with a mental illness, carers and family members can be involved in individual service planning. Case managers make individual service planning as inclusive as possible and support the family or carers in the process where required. This includes making time for the family or carers to come into the service and discuss issues with the case manager.

Specialist and statewide services

There are a number of specialist services, some of which provide direct support to consumers and others that provide specialist consultation and advice to other service providers. There are specialist services for people with a mental illness who:

- are involved with the justice system
- have an intellectual disability
- have an acquired brain injury
- have postnatal depression or have recently given birth and need psychiatric assistance
- have an eating disorder
- have a personality disorder
- have a drug or alcohol use problem
- are Koori

For more information about these services, ask the case manager at the mental health service.

Other resources and information

The Department of Human Services publishes a range of documents about the clinical mental health service system including:

- *Consumer information guide: how case management can help you.*
- Consumer rights brochures – explaining consumer rights in relation to a range of treatments and issues, for example, ECT, seclusion, community treatment orders, involuntary patients.
- *A guide to mental health terminology.*
- *Victoria's mental health service: the framework for service delivery.*
- Consumer information on various psychiatric drugs.

Most of these documents should be available from the CMHS or call the Mental Health Branch on 9616 8087 for copies.

Table 1: Public clinical mental health services

		Service Names and Additional Information			
Service Function	Description	Child and Adolescent (0-18 years)	Adult (16-64 years)	Aged Persons (65+ years)	Points to note:
Crisis Assessment & Treatment	<ul style="list-style-type: none"> Provides crisis assessment and intensive treatment on an outreach basis Will assist in acute stage of illness Determines whether hospitalisation is needed. 	BH Child & Adolescent Assessment & Treatment Service AH Crisis Assessment & Treatment Service	Crisis Assessment & Treatment Service (CATS)	Aged Persons Mental Health Teams	<ul style="list-style-type: none"> The adult CATS provides an after hours service for all people regardless of age In some rural areas the adult CATS and MSTS services are the same If the CATS perceive a situation as dangerous, the police may be asked to assist. Sometimes CATS assistance may be provided over the telephone.
Community Treatment & Support	<ul style="list-style-type: none"> Assessment, case management and treatment Usually appointment based Referral to other services if appropriate 	Child & Adolescent Assessment & Treatment Service	Continuing care, clinical and consultancy services	Aged Persons Mental Health Teams	
Outreach Community Treatment & Support	<ul style="list-style-type: none"> Treatment & Support on an outreach basis Often more intensive than community treatment 	Intensive Mobile Youth Outreach Support (IMYOS)	Mobile Support and Treatment Service (MSTS)	Aged Persons Mental Health Teams	
Acute Inpatient Care	<ul style="list-style-type: none"> Located in a general hospital For people who are experiencing an episode of mental illness which makes it difficult to receive treatment and support in own home Short stays during the period of illness (1-3 weeks) 	Usually separate unit but may be part of an adult unit		Usually separate unit but may be part of adult unit in rural area	<ul style="list-style-type: none"> Inpatient units tend to differ in their work practices. Ask the nurse unit manager about how the unit works, when are the best times to visit, what you can do to assist, and for whom you should ask when you want to find out information about the person for whom you care.
Residential Care	<ul style="list-style-type: none"> Provide 24-hour clinical support and rehabilitation Residents have unremitting serious mental illness and severe psychiatric disability. May have challenging behaviours and often do not respond to drug treatment. 		Community Care Units	Aged Persons Mental Health Services	
Secure/Extended Care	<ul style="list-style-type: none"> Inpatient services providing intensive treatment and support For consumers with unremitting and severe mental illness together with an associated significant disturbance in behaviour. 	Not available for children and adolescents under 16. Adolescents aged 16 and over needing this care can access the Adult Secure Extended Care Service.	<ul style="list-style-type: none"> Purpose built units providing a home-like environment. Assist consumers to learn and relearn everyday living skills necessary for adjustment to community living. 	<ul style="list-style-type: none"> Must be also assessed by the Aged Care Assessment Team as requiring residential aged care. 	
			Secure Extended Care	Aged Persons Mental Health Services	
			<ul style="list-style-type: none"> Provided on a regional basis because of low demand 	<ul style="list-style-type: none"> Must be also assessed by the Aged Care Assessment Team as requiring residential aged care 	

Psychiatric disability support and psychosocial rehabilitation

PDRSSs provide psychosocial rehabilitation for young people aged over 16 and adults with a psychiatric disability. The services aim to assist people to develop skills that will improve their quality of life and independence, and to participate to their maximum capacity in social, recreational, educational and vocational activities.

PDRSSs benefit carers as they get some regular time out when the person for whom they care participates in a service. PDRSSs also assist development of independence for the person with a psychiatric disability, thus decreasing dependence on the carer.

All PDRSS consumers are allocated a key worker. The key worker will work with them to identify specific goals and work towards realising those goals. The goals, and the plan for achieving them, will be recorded in an individual program plan (IPP). With the consent of the consumer, family members and carers can be involved in developing this plan.

A case manager at the CMHS is the usual source of referral to a PDRSS, however, self-referral and referrals from GPs, private psychiatrists and other community or health services will be accepted. The PDRSS will do an assessment to determine whether the service is appropriate.

PDRSSs are provided as a day program, in the home, in a residential setting or as a planned respite service. Many PDRSSs have waiting lists and this may lead to delays in a service being provided.

Psychosocial day program

Day programs provide a regular resource and activity for people with a psychiatric disability outside the home. They provide opportunities to pursue outside interests and develop social networks and independent living skills. Day programs are usually located in accessible community settings. Most are in suburban houses or shopfronts, near public transport and shopping facilities.

Day programs generally operate five days a week, but a number also offer evening and weekend sessions. Many also offer sessional activities such as writing, art, women's or men's groups or computer groups. Consumers choose when and how frequently they attend, depending on their interests and needs.

Home-based outreach support

Home-based outreach services provide similar opportunities for psychosocial rehabilitation as day programs, but on an individual basis and in the home. A PDRSS worker will visit the person with a psychiatric disability in their own home on a regular basis. The service is available to all people, regardless of the type of housing or whether the person lives with others or by themselves. The key worker will assist with developing independent living skills, such as cooking, cleaning, shopping and self-care. They may also accompany the person in recreational and educational activities.

Some home-based outreach services are linked to public housing to provide housing and support packages (see page 30 for more information).

Residential rehabilitation

Residential rehabilitation services provide transitional support and accommodation to assist the consumer to develop independent living skills and facilitate a transition back into the family home or into an independent living situation. Consumers of a residential rehabilitation service will have a level of disability such that receiving support from a home-based outreach or day program is insufficient. Some residential rehabilitation services have staff who sleep at the residence overnight.

Residential rehabilitation services are for:

- young people (16–24 years) who will benefit from intensive short to medium term support (12–18 months)
- other adults (16–64 years) who require more intensive support for longer periods of time prior to independent living, for example, two to five years.

There is at least one short to medium term young persons' residential rehabilitation service in each of the nine Department of Human Services regions. Some of the other services have a statewide catchment and may not always be available in the consumer's local area. The consumer's case manager is usually the best contact point to determine availability of residential rehabilitation in a particular area.

Other useful services

People with a mental illness and their carers can access a wide range of services and support that exist outside the public mental health service system.

Drug and alcohol services

Direct Line provides 24-hour telephone counselling, information and referral for all people with drug and alcohol use problems, including family and friends.

Contact: Direct Line 9416 1818 or for country callers 1800 888 236.

Employment services

Through the Department of Family and Community Services, the Commonwealth Government funds a number of employment services. Some employment services have a specific focus in assisting people with a psychiatric disability to find work in the open employment market or in sheltered/supported settings. The Commonwealth Rehabilitation Service also provides services to help people with disabilities obtain and retain employment.

Contact: Department of Family and Community Services 1300 653 227.

Housing and accommodation

Stable and secure housing for people with a psychiatric disability is vital for maximising a person's mental health and level of independence in the community. The case manager and/or psychiatric disability support services key worker works with the person with the psychiatric disability to identify and assess their housing needs and then to assist in planning and implementing strategies to address those needs.

There is a range of housing options for people with a mental illness both in the private and public sectors. Appropriate housing will depend on a range of factors including location preferences and the level of support required.

Housing and support

The Mental Health Branch and the Office of Housing have a partnership arrangement that enables people who are receiving support from a recognised public mental health service and who meet other specific criteria, to receive priority access to public housing.

To be eligible for priority housing the person must:

- be eligible for public housing
- need safe, permanent and affordable accommodation
- need support to be able to live independently
- have access to the necessary support.

The relevant public mental health support service will assist in making the application for housing if appropriate.

Contact: PDRSS HBOS services, aged persons mental health teams or MSTs

Non-supported public housing

People who meet the public housing eligibility criteria and need affordable accommodation but who do not have very high support needs can also apply for public housing. Priority will be given to people who are experiencing recurring homelessness or are in inappropriate accommodation.

The Office of Housing also purchases transitional housing that provides short to medium term accommodation to people who are homeless, at risk of homelessness or whose housing is inappropriate. The transitional housing managers work with the person to identify their housing needs and move into more appropriate and longer term housing.

The case manager and/or the PDRSS key worker can assist in making an application for public housing.

Contact: Local Housing Office as listed under the Department of Human Services (under 'H' for 'Human') in the White Pages.

Housing information and referral service (HIR)

The HIR services are usually located with transitional housing manager services and provide information and advice regarding housing. The HIR will usually have details of sympathetic real estate agents and knowledge of available private places to rent.

Contact: Local Housing Office as listed under the Department of Human Services (under 'H' for 'Human') in the White Pages.

Income support

Centrelink provides a range of income support options for people who are unable to, or cannot find, work. This includes short periods of time such as when a person may be in hospital. People who are full-time carers may also be able to access the carers' pension.

If the person for whom you care is having difficulty managing their finances, the assistance of an administration or guardianship order may be required and their finances will be in the care of the State Trustees.

Contact: Centrelink as listed in the White Pages.
State Trustees as listed in the White Pages.

Recreation

Most PDRSSs provide recreation programs for people with a mental illness as part of their service. Access All Abilities is a Sport and Recreation Victoria program that aims to increase recreation and leisure options for all people with disabilities. It works predominantly with mainstream recreation providers to ensure that these services are accessible.

Contact: Call your local government for information about the Access All Abilities program in your area.

Other health and community services

The Department of Human Services Health Services Directory provides contact details for a wide range of health and community services. The information is available from the Better Health Channel web site at www.betterhealth.vic.gov.au or by contacting the Department of Human Services regional offices, listed in the White Pages.

Appendix: Definitions and abbreviations

Definitions

Carer	<p>A person caring for a person with a mental illness. This may include a family member, friend or other person who has a significant role in the life of the person with a mental illness.</p> <p>The role of carer may not necessarily be a static or permanent one but may vary over time according to the needs of the consumer and carer.</p> <p>Paid carers, such as professional staff in services, attendant carers or residential workers, are not included in this definition.</p>
Case manager	<p>A worker in a mental health service who is the central point of contact and assists the person with a mental illness and their family/carers make the best use of services.</p>
Key worker	<p>A worker in a psychiatric disability and rehabilitation support service who assists the person with a mental illness to develop an individual program plan and to reach their stated goals.</p>
Mental illness	<p>A general term that refers to a group of illnesses.</p> <p>It is a medical condition characterised by a significant disturbance of thought, mood, perception and memory.</p> <p>Mental illness can be separated into two main categories: psychotic and non-psychotic.</p> <p>A psychosis is a condition caused by any one of a group of illnesses that are known, or thought, to affect the brain causing changes in thinking, emotion and behaviour. These include schizophrenia and bipolar mood disorder.</p> <p>The non-psychotic illnesses include phobias, anxiety, some forms of depression, eating disorders and obsessive compulsive disorders.</p>

Psychiatric disability A psychiatric disability is the consequence of having a mental illness that affects a person's ability to perform the tasks of everyday living and to develop and maintain effective personal and social relationships.

Abbreviations

Abbreviation	Full name
AMHS	Area mental health service
APMHS	Aged persons mental health service
CAMHS	Child and adolescent mental health service
CATS	Crisis assessment and treatment service
CVic	Carers Victoria
CSP	Carer support program
CMHS	Community mental health service
CCU	Community care unit
DHS	Department of Human Services
ECT	Electro convulsive therapy
FaST	Family sensitive training
GP	General practitioner
HBOS	Home-based outreach support
HIR	Housing information and referral service
IPP	Individual program plan
ISP	Individual service plan
MSTS	Mobile support and treatment service
PDRSS	Psychiatric disability and rehabilitation support service