

# THE PDRSS YOUNG PERSONS RESIDENTIAL REHABILITATION PROGRAM

**Revised Guidelines and Information – February 2005**

**Replaces Previous Guidelines and Addendums**

## 1. Introduction

The Young Persons Residential Rehabilitation Service is a community based Psychiatric Disability Rehabilitation and Support Service (PDRSS) program for young people with a serious mental illness. The program's focus is on independence and recovery and support to reach identified goals. There are 17 programs across the State, seven in a rural area.

## 2. Target Group

- Young people aged 16 – 24 years.
- Experience of serious mental illness or disorder. Residents need to meet the criteria of being eligible to receive services from the public mental health system, even if they receive their clinical care from outside this system.
- Moderate disability or at risk of moderate psychiatric disability. This is defined as the requirement for considerable assistance in managing aspects of daily living such as budgeting, self-care, shopping and cooking.
- Needs accommodation and/or is unable to receive the necessary support in their own home environment.

In order to participate and receive maximum benefit from the program the young person must be:

- Willing to participate in the rehabilitation and recovery aspects of the program.
- Respectful and supportive of the safety of others.
- Willing to continue to receive clinical mental health support and assistance.
- Motivated to increase independence.
- Willing to commit to complete and participate in an Individual Program Plan.

## 3. Objectives

To enable young people with a mental illness to return, or progress, to more independent living by:

- Increasing responsibility for behaviour and self care.
- Enhancing adaptive coping skills and decreasing self-harming behaviour.
- Enhancing social skills and increasing independence in community by developing and maintaining links with the community, family and social networks, educational and vocational opportunities.

## 4. Principles of Operation

- Maximise the independence and dignity of participants while providing a level of care, which is appropriate to their needs.

- Be part of the local community, located in suburban streets with the opportunity for participants and neighbours to interact and share local interests.
- Operate within a rehabilitation and recovery framework that recognises that participants have potential for personal growth and the right to opportunities that support that growth.
- The length of time a participant will remain in a residential rehabilitation service will be determined on a case-by-case basis by the participant, their key worker and the manager of the service.
- Ensure direct access to a range of services and resources in the community designed to improve the participant's understanding of their illness, general health, coping strategies, daily living skills, self care, social skills and vocational and recreation opportunities.
- Services not be used as an alternative for acute inpatient admissions or emergency accommodation.

## 5. Program Description

Not all services are identical in the range and scope of the service provided.

The young persons residential rehabilitation program will provide short – medium term rehabilitation and support to young adults. During the time a person is in the program, it is assumed that a process of individual growth and change will occur, leading to enhanced quality of life.

The program's focus is on providing a flexible individualised approach to meet individual needs and goals through individual work, group work and peer support. The expectation is that as people progress through the program, the focus will be on participating in the local community rather than 'in house' programs.

Key components of the Program include:

- **Psychosocial assessment** of strengths and weaknesses, leading to the establishment of recovery orientated goals.
- Allocation of a **key worker** to work with and assist the resident to work toward identified goals.
- Development of identified goals and strategies in an **Individual Program Plan** (IPP) with the resident. The recovery orientated plan should embrace supports external to the program such as friends, family or community contact.
- Development and regular review of **programs** to provide encouragement and support and assess participants progress toward individual the goals in the IPP and provision of support in this process.
- **Linking** of participants to other specialist and generic services for matters which are outside the responsibilities of the residential rehabilitation program (eg: sexual abuse counselling, drug counselling)
- Provide **education for participants in the residential program in responding to emergencies**, including drug overdose, fire and other injury.
- Regular meetings to **plan and review** policy, procedures and operations. Residents should be involved in these processes.
- Maintain existing and establish new links outside the program.

The Key Service Requirements are listed at [Attachment 1](#).

## **6. Linking and Partnership**

Program linkages need to be developed and maintained with other supportive and complementary elements of the service and community support system to enable the participant to link with the broader community in addressing a wide range of needs. The service should develop partnerships and provide liaison and secondary consultation to local health and welfare agencies and services involved in the support of program participants.

All PDRS Services are expected to have effective working arrangements with clinical mental health services and drug and alcohol services. Consistent with this, all Young Persons Residential Rehabilitation Services are expected to collaborate and receive support from clinical services and drug and alcohol services in the management of all participants as required. All services should formalise their work with clinical services through the development of written protocols. In the case of rural services, this expectation was formalised in 2004-05 on receipt of extra funding.

The capacity of all services to work with people who have more complex and difficult needs will also be enhanced through close collaboration and support from the clinical mental health service and other relevant community services.

Despite working in partnership:

- Responsibility for determining eligibility and accepting clients into the program remains with the psychiatric disability support service.
- Ongoing clinical case management, assessment and treatment are the specific responsibilities of clinical area mental health services such as Continuing Care, Mobile Support and Treatment or private practitioner.

## **7. Drugs and Alcohol**

Problematic alcohol and other drug issues are common amongst young people with a mental illness. In addition to mental health issues, a large proportion of program participants have significant problematic use of substances such as alcohol and drugs, known as dual diagnosis. Services are expected to promote a harm minimisation approach in dealing with substance use and abuse. It is important that services develop the skills, links and expertise to ensure a strategic response to these issues.

While it is expected that all workers across the Young Persons Residential Rehabilitation will work with participants with drug and alcohol issues, some services have been resourced to provide a more focussed response. All rural Young Persons Residential Rehabilitation Services and one service in each metropolitan region have received additional resources to work more effectively with young people with a dual diagnosis. In parallel to the enhanced metropolitan services Mobile Support and Treatment Teams in the clinical sector have also received additional resources to complement and collaborate with the Young Persons Residential Rehabilitation Services dual diagnosis positions.

The purpose of these enhancements is not to replace the input of other relevant sectors but rather to work better with them. It is preferred that a specific role in drugs and alcohol be attributed to a particular worker and this is specifically required in rural services. This person should have considerable expertise in this specialist area and, consistent with above, assist other workers in increasing capacity to support participants with these issues.

Although it is preferable for all services; for services with clinically enhanced dual diagnosis models it is expected that:

- Clinical services should be involved in the initial assessment and provide a commitment with regard to the level of clinical support required and that can be expected.
- The residential rehabilitation program and clinical team will be jointly involved in ongoing assessments and the development and monitoring of the Individual Program Plan (IPP).
- Each client should have an integrated IPP which has been jointly developed with the residential rehabilitation provider and the clinical team.

Apart from strategically managing drug and alcohol issues on an individual basis, services need to ensure awareness and understanding amongst residents of how to respond in the case of drug overdose, and minimising other health risks.

Policies and protocols must be developed about both licit and illicit drug use to identify expectations and to define boundaries and consequences of behaviours if policies and protocols are breached.

## **8. Operational components:**

Program participants may be streamed to the residential or outreach component, if available.

### **9.1 Residential**

The focus of the residential component is to provide a flexible individualised approach to meet individual needs within a residential setting.

Residents are expected and encouraged to participate in daily responsibilities to support personal care and care of the residential environment and this would include cleaning, shopping, household budgeting and preparation of meals and washing of clothes. As residents are expected to accept increasing responsibility for their own behaviour, self-care and program, the plan for achieving this should be stated as goals in the IPP.

Further details of eligibility for the residential program, tenancy details and charges are included as [Attachment 2](#).

### **9.2 Outreach**

Several Young Persons Residential Rehabilitation Services have historically provided outreach in addition to the residential program. Following receipt of extra funding in 2004-05 all rural services are specifically expected to provide an outreach service.

Participants may be streamed to the outreach component of the program (if available). Some participants may be provided with an outreach service for their entire association with the Young Persons Residential Rehabilitation Service or they may use this component in transition from the residential service to an independent lifestyle in the community. The individual IPP needs to reflect on why this mode of service provision was preferred and the expected outcome.

## **9. Physical Environment**

Services are located in residential areas, ideally located close to shops, public transport and other health and community services. Services will either comprise a number of 2 – 3 bedroom units, which provide for high levels of privacy and autonomy, or a large house with a number of bedrooms, which involves a shared living environment.

## **10. Exit Planning**

The participant's exit from the service should be carefully planned in advance and documented in the resident's Individual Program Plan. Links with the participant should be maintained during the transition period between leaving the service and moving into more independent living arrangements. Some participants may progress to the outreach component of the program, if available.

## **11. Protocols and Policy**

All services need to develop protocols with other service providers and links with the local community. The purpose and scope of links with clinical services has already been described.

All services need to develop statements that identify acceptable and unacceptable participant behaviour, the consequences of the behaviour and a dispute resolution procedure. The statements should encompass but not be limited to:

- Use of illicit or unprescribed drugs or alcohol and how it will be effectively managed to decrease risks to the program participant and others.
- Expected behaviour and length of stay of invited guests.
- Acceptable use and care of shared space.
- Storage of valuables and medication.

Policies should be informed by the perspective of program participants.

## **12. Skills Profile**

Residential rehabilitation programs are provided within the scope of the Psychiatric Disability Rehabilitation and Support Services sector. There are no specific educational requirements, however, specific preparatory education or relevant experience is considered highly desirable. All staff should receive regular supervision and have access to appropriate professional development and training opportunities. It is expected that the service will facilitate appropriate professional development opportunities and provide adequate supervision and debriefing opportunities.

A proposed staff skills profile is included as Attachment 3.

## **13. Medication Management**

Residents are responsible for managing their own medication but are expected to do this in close consultation with clinician support. If incorporated into the IPP, staff may remind residents to take their medication.

If available, personal locked storage should be used to store medication to prevent overdose and ensure the safety of others.

## ATTACHMENT 1

### Residential Rehabilitation - Key Service Requirements

- In accordance with the principles of the Mental Health Act 1986, to provide support to participants in the least restrictive setting possible;
- To provide flexible, comprehensive, individualised, high quality psychosocial rehabilitation programs which are developed in consultation with participants to enhance their social and daily living skills and capacity for independent living;
- To assist participants, through the development of necessary skills and confidence, to move onto more independent accommodation;
- To facilitate access by participants to education vocational preparation;
- To provide opportunities for young people to be involved in the development and evaluation of programs in which they participate;
- To support the principle of continuity of care by establishing and maintaining cooperative links with other components of the mental and general health and community services sectors and by establishing *key worker/clinical case manager* collaboration.
- To develop protocols for a partnership approach with clinical services and other key services to support service participants in residential rehabilitation and the community;
- To provide the option of a stable, home-like environment in which residents can improve their psychological, social and practical functioning;
- To provide an environment that enhances support for both consumers and carers while at the same time approximating, as much as possible, that of everyday living.
- To promote integration of young people with a mental illness into their community;
- To ensure that the programs are culturally, age and gender sensitive and relevant to the needs of potential groups of service users and their families in the community;
- To encourage and enhance the self-esteem and confidence of participants to assist them to make and sustain links with their local community and local activities;
- To provide programs which assist participants in their social relationships and their relationships with carers and family members.
- To provide community education and awareness in order to facilitate acceptance of program participants into their communities, access to community services and facilities and to decrease discrimination;

## ATTACHMENT 2

### Residential Program – Additional Information

#### 1. Eligibility for the Residential Program.

Consideration of a new participant in the residential program will need to take the needs of existing residents into account, and the ability of the Program to meet that individual's needs.

Services need to aim for a mix of residents in the Program in relation to their level of need, enabling the service to provide the increased level of support and supervision often needed by residents early in the engagement process.

As the young persons residential rehabilitation program involves residents sharing living space and group participation, it is important that each resident is able to manage this situation, or be able to be supported to manage this situation. The suitability of a person for the Program will vary from service to service when the limitations and advantages of different physical environments are taken into account. For example, a young woman may be unable to enter a program at a particular point of time if the only spare room is in a unit with two men.

To be eligible for the residential program the young person must:

- Be willing to participate and live in a group environment.
- Be able to respond in the case of emergency or crisis. \*
- Be able and willing to sign a tenancy agreement.

Drug use, on its own, cannot be used as a reason to exclude participation in the program. Although established service protocols will provide a framework for management, the IPP should identify participant commitment and associated expectations.

***\* This ability will depend on both the skills and functioning of the resident and the availability of staff support. Decisions regarding suitability for the program should be made in the context of available resources and the individuals' needs.***

#### 2. Tenancy & Accommodation Arrangements

The residential rehabilitation service is the person's home for the time they reside at that service. All services should ensure that residents are provided with the privacy and rights afforded under the rooming house provisions of the Residential Tenancy Act (RTA), regardless of whether or not the service falls under these provisions.

This means that residents should have privacy within their own room and choose when they remain or do not remain in their living and personal areas. For example, residents have the right to remain at the service without staff supervision. In line with the RTA, residents are able to invite people into their space, as long as it does not interfere with the rights and privacy of others.

To be consistent with the provisions of the RTA in relation to sub-letting or the numbers of residents supported in the service Services policies should be developed to cover the length of stay of any visitors.

There is no expectation that all services will be staffed 24 hours a day. It is expected that most services will not provide a sleepover on a full time basis, but provide an on-call arrangement and sleepover when necessary. This is consistent with the rehabilitation focus of the program.

The Transitional Housing Management worker needs to be advised of planned exits from the residential component of the service.

### **3. Fees and Charges**

Residents will be charged a fee to cover utility, food and activity costs. The funded program provides for staff and accommodation requirements. As this program is designed to assist young people move into independent living, it is important that living and activity costs are not subsidised and reflect the costs that the person is likely to experience when they leave the service such as commercial rental levels.

## **ATTACHMENT 3**

### **Skills Profile of Staff**

The skills profile of staff to include:

- A working knowledge of the principles and practices of psychosocial rehabilitation and behavioural management and ability to manage difficult behaviour.
- Knowledge of psychiatric disorder and disability and substance use and misuse.
- Ability to work in a team-based environment with both residential and outreach program participants.
- Knowledge of community sector and ability to establish and maintain effective partnerships. This should include but not be limited to effective communication, liaison, mediation, negotiation and consultation.
- Able to maintain and establish partnerships and work effectively with clinical mental health services.
- Ability to develop and model social and daily living skills.
- An understanding of, and the ability to perform, psychosocial assessments and goal setting collaboratively with residents.
- Ability to establish, motivate and maintain rapport with program participants the target group.
- Specialist skills and knowledge in drugs and alcohol is desirable but essential if part of a specialist role.