Mental Health Demonstration Project:

An overview of the Tenancy Support Project
Addressing what problem?
Co-design approach involved:

• Government partners

and

• Mental Health sector representatives

and

• Informed by inter-jurisdictional research, reviewed literature; best practice examples; and program evaluations.
The MHDP Model

Social Housing and new Housing Services Integration Coordinator

Brokerage funding

New time limited in-home psycho-social supports

Increased interagency capacity building and e-learning modules

www.tenancysupporttraining.qld.edu.au

Expanded clinical mental health entry criteria and additional staff
Aim and objective of the MHPD

• to ensure fairness in social housing for tenants who experience mental illness, mental health and wellbeing issues, or related complex needs whose resultant behaviours may jeopardise their ability to sustain their tenancies.

• The objective is to evaluate the effectiveness of inter-agency collaboration and integration in case planning and delivery of packages of individualised prevention, early-intervention or crisis supports to social housing tenants to assist them to sustain a stable housing situation.
How is it funded?

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<thead>
<tr>
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<th>2015-16</th>
<th>2016-17</th>
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<tbody>
<tr>
<td>DHPW</td>
<td>$0.542 million</td>
<td>$0.678 million</td>
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<tr>
<td>Qld Health</td>
<td>$0.298 million</td>
<td>$0.588 million</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$0.840 million</strong></td>
<td><strong>$1.266 million</strong></td>
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- The Queensland Mental Health Commission contributed $50,000 to develop local service delivery network collaboration protocols and capability building resources.

- A further $100,000 has been provided by both Queensland Health and DHPW to fund an independent evaluation of the MHDP.
Who can be a participant?

To be eligible a person must be:

• over 18 years of age

• a current social housing tenant/household member

• reside within the Chermside Housing Service Centre or the Fortitude Valley Housing Service Centre area

• currently experiencing difficulty maintaining or sustaining their tenancy, or have the potential to experience difficulty maintaining or sustaining their tenancy, due to behaviours related to mental illness or related complex needs

• consent to participate in the Project, including the sharing of their relevant personal information
Who is participating? (as at 8 July 2016)

- 60 Overall people have been included in the project to date.

- 36 Current participants

- 11 Participants exited from the project
  - they have received intensive support and have been linked to other support agencies
  - 6 of these were known to Mental Health.
  - These tenants have been assisted by Footprints and/or Health for a periods ranging for approximated 4 months.

- 13 Participants closed
  - 1 closed as she did not participate at all as she went into hospital and did not return to her unit
  - 4 closed as they did not participate as they were well linked to the MIRT (Mobile Intensive Rehabilitation Team) all 4 clients were known to Mental Health
  - 8 closed as they engaged initially and then ceased contact
How does it work?

Service Delivery Process – Mental Health Demonstration Project

Service provider catch-ups
- DH/PW, HSIC, SHO/SHO as appropriate, Footprints SHO teams, QI directors
- On-the-ground service delivery issues

Participant fails to engage with HSP
- Participant did not engage after engagement & warning
- Project goals achieved and no longer requires support

Participant engages and continues to receive support from project
- Project goals achieved but requires ongoing support

Mental Health Demonstration Project

Psychosocial Support

Contracted to Footprints Inc

- Assistance with organising daily living, self management and links to the community
- Client centred, outreach model
- 3 dimensional recovery focus:
  - Case management,
  - Recovery
  - Intentional support
- Well linked into wider service sector
- Extended hours
Clinical Mental Health Support

• QMHC Ordinary Report: Social housing: Systemic issues for tenants with complex needs
• Metro North Mental Health, MNHHS
• Mental Health Clinicians and enhancement of acute care services
• Role:
  • Assessment
  • Interventions:
    • Short term clinical interventions
    • Assertive and supportive linkage to services and resources
    • Care Coordination
    • Referral to inpatient services and ongoing community clinical supports as required
• Aim – coordinate appropriate management of mental health needs in the community where ever possible
Stories of Change

Barry

- 73 year old man living alone in Senior’s complex
- Previous tenancy issues + current mental health concerns
- Assessment and Treatment in the Mental Health Service (Acute Care Team and inpatient unit)
- Tenancy Transfer
- Coordination of Ongoing Community Supports
  - Older Persons Community Mental Health Team
  - Footprints
  - Aboriginal and Torres Strait Islander Community Health Services
Stories of Change

Anne

- 63 year old lady living in Senior’s Complex
- Complaints about noise and dog (breach)
- Previous contact with Mental Health Services
- (depression and anxiety/ substance abuse)
- Mental Health Assessment – refer and assertively link back to GP and Psychologist
- Tenancy Support Plan
  - Support to understand complaints and deal with tensions with neighbours
  - Physical health needs – GP and specialist appointments (through Footprints)
  - Domestic and Community Supports – domestic ADL’s, computer support
Stories of Change

Family (Mum, Son and Daughter)
- Mum – morbidly obese, mobility issues, chronic pain, depression, incontinence
- Son (20yo) – Autism Spectrum Disorder, difficulty touching dirty things
- Daughter (18yo) – Social Anxiety
- 6 Pets - 3 dogs + 3 cats well cared for, but not toilet trained
- Severe Squalor – high risk of eviction - all issues contributing to the problem
- QH took the lead and worked with each family member individually
- Tenancy Support Plan - collaboration ++
- Working with family members together and individually
  - Link with GP for Mental Health Needs
  - Support to address Physical health concerns/ specialist appointments
  - Support to clean and maintain cleanliness
  - Toilet training for Pets/ use of dog door

Outcomes
- Passed the last house inspection, and domestic services now able to provide ongoing support
- Happy family / motivated to continue to attend to their own individual goals and needs
“Collaboration has fostered strong relationships between all stakeholders and is helping to build capacity in all 3 systems. We have all made ourselves available to workshop issues with clients not currently enrolled in the project and it has benefitted all of us.”

“What is happening on the ground is exciting, innovative, collaborative, flexible, creative responses to issues that were previously left to fester until the only solution was eviction. It’s really exciting and it’s awesome to be involved!”
What have we learnt so far?

• New approaches take some time to refine from good idea to implementation
• Relatively little support and resources can make a big difference in some peoples lives very quickly
• Other households have complex needs that won’t be resolved by short term intervention
• Creativity and innovation are essential for agencies to deliver responses that are targeted to individual need and can work
• The network of service providers is hardworking and committed to improving the lives of people they support
• A shared platform for case management documents was required to smooth processes for service providers
What next for MHDP?

• On-going service delivery until 30 June 2017

• Evaluation of the model and participant outcomes

• Reporting to Government