BACKGROUND

In 2012, the Mental Health Commission (the Commission) contracted independent consultants, Sankey Associates, to conduct an evaluation of a selected sample of its funded supported accommodation program. A participatory approach was used to find out whether the program was meeting residents’ needs and aspirations, whether it increased residents’ independence, participation, quality of life and wellbeing, and to what extent partnerships between service providers and clinical services enabled this to happen.

Sankey Associates have submitted the final evaluation report which demonstrated that the Program is achieving significant positive outcomes for residents, and in doing so, satisfying their families and carers as well:

“This is valuable Program delivering tangible benefits to people experiencing severe and persistent mental illness. As well as being provided with a good home, residents receive good clinical and non-clinical care and feel comfortable, safe and well supported. Many residents are pleased with the changes they have made in their lives and are optimistic about things continuing to go well for them. The Program is achieving good outcomes even in circumstances where families had previously held few expectations of improvement in the lives of their partners, adult children or siblings. Families are grateful and relieved that their family member is safe, well and happy. There are indications that the Program reduces preventable re-admissions to hospital.”

The report also highlighted some difficulties around partnerships and the integration of clinical and non-clinical care, as well as a potential need to improve and clarify referral processes. The Commission and the members of the Stakeholder Reference Group involved in the evaluation, including the Department of Health, have expressed a commitment and willingness to continue working together to discuss and address the issues raised.

It is pleasing to see a group of stakeholders come together with a willingness to respond to evaluation findings and a commitment to facilitate ongoing improvements to services, especially with so many residents reporting that they are experiencing good outcomes and improved quality of life.

The Commission will collaborate with the Department of Health, the Telethon Institute of Child Health Research and service providers to conduct a research study using linked data to assess the health outcomes of residents of a range of supported accommodation funded by the Commission. The results from this research study will complement the findings from the supported accommodation program evaluation and provide the Commission with the evidence required to facilitate future planning of contemporary models of supported accommodation.

The purpose of this paper is to summarise the evaluation findings and provide a commentary on some of the issues raised in the evaluation report.

METHODOLOGY

The evaluation methodology included secondary data analysis and document review as well as consultation with residents and their families and carers, service providers of supported accommodation and community Mental Health Services (MHS). A survey of 126 residents and 47 carers and families, face to face interviews with 37 residents and 15 carers and families, as well as site visits and
consultation with 10 service providers and interviews with case managers and other key contacts from 10 MHS. Interviews were also conducted with the Department of Health, Office of the Chief Psychiatrist, the Licensing and Accreditation Regulatory Unit, the Council of Official Visitors, the Department of Housing and Department of Child Protection.

The information collected was analysed against four key evaluation questions to assess the impact the services have on residents’ quality of life as well as the effectiveness of partnerships, implementation and ongoing management processes. A rubric was used to rate the Program against these key evaluation questions.

**SUMMARY OF CONCLUSIONS**

The evaluation rated the program as ‘excellent’ at delivering outcomes valued by residents and families, such as quality of life. The program has enabled many residents to obtain employment, including those whose families did not consider this possible. Residents reported significant improvements relating to engaging in meaningful activity, being more independent, managing everyday life, the ability to socialise and overall wellbeing.

In summary:

- The Program is achieving significant positive outcomes for residents.
- Families are grateful and relieved that their loved one is safe, well and living in a good home.
- NGOs and MHSs report that the key to achieving good outcomes is knowing residents well.
- Evidence from the survey and interviews with residents indicates that the Program reduces preventable re-admissions to hospital.

Two major issues affecting the program were highlighted in the report as follows:

The first is a lack of affordable accommodation. Some people entering the Program have experienced severe hardship, struggling with homelessness and their mental illness. Residents ready to move out of the Program to continue their recovery all too often have nowhere suitable to go.

Alternative accommodation options are limited, including a lack of high support places and limited availability of affordable long term housing. The demand for high support places and the difficulties associated with moving on from these places has a major impact on availability.

A second issue relates to aspects of organisational culture differences between NGOs and mental health services that is a barrier to coordinated service delivery. There are some instances where the partnerships are working well, and the report notes that these partnerships have taken a long time and strong leadership support to develop. However, there is a need to ensure that formal mechanisms are in place between the clinical and non-clinical services that help to clarify this working relationship. This issue encompass a number of limitations to the program including:

- Some of the partnerships between non government organisations (NGOs) and MHSs are not very effective, possibly resulting from the limited use of service agreements and limited agreement on roles and responsibilities between the agencies.
• Some of the referrals to the accommodation services are inappropriate or incomplete, possibly resulting from the lack of standardised referral forms and lack of understanding between agencies of the type of services provided.

• Coordination of physical health and mental health services is limited, possibly resulting from poor communication between providers and limited understanding of roles and responsibilities.

COMMENTARY

While the findings from the evaluation indicate positive outcomes for residents, the Commission is working at a number of levels to address the various issues raised and some examples are included below.

The Commission is reviewing ways to measure and evaluate outcomes for consumers, in terms of their whole of life needs. Six Mental Health Outcome Statements have been developed to help provide a common understanding of the various ways services can support people with mental health problems and/or mental illness to realise their personal goals and to experience a good quality of life, connected to family, friends and community. These outcomes will form part of the Mental Health Commission’s Quality Management Framework. Performance indicators and associated evaluation processes are under development in collaboration with the WA Association for Mental Health and the Quality Framework Steering Group. Further information is available on the website: www.mentalhealth.wa.gov.au.

In recent years the Commission has prioritised significant investments in expanding the supported accommodation services and range of options as well as investing in establishing independent homes for people who are homeless or at risk of homelessness.

For example, the Individualised Community Living Strategy promotes individualised, person centred and recovery focused approaches to support and empower individuals and their families and carers to make informed decisions about their lives. A key component of this strategy is the coordination of each person’s holistic supports, including better coordination between physical and mental health care.

The Commission has implemented several initiatives to address issues around partnership development and the capacity of different service agencies to work more closely together to enable individuals to access services more effectively. Examples include:

• **Review and strengthen contract management processes**

As part of the Commission’s commitment to the *Delivering Community Services in Partnership* reform agenda, contract management and review practices have been continuously strengthened. Managing and developing relationships with and between providers is an essential part of the contract management process and the role of the Contract Officers (and key staff) in the MHC.

• **Address recommendations from the Stokes Review**

Inappropriate or incomplete referrals are a significant issue for NGOs to manage and are of concern to MHSs. From the evaluation evidence it seems that inappropriate or incomplete referrals are an expression of a whole of system issue.
Professor Bryant Stokes, AM was appointed to undertake an independent statewide review of the admission or referral to and the discharge and transfer practices of public mental health facilities and services. The final report of the review (Stokes Report), together with the Western Australian Government Response, was released in November 2012\(^1\).

An implementation framework has been developed to address the recommendations in the Stokes Report, which includes the establishment of an Implementation Partnership Group (IPG). One of the key roles of the IPG will be to facilitate cross-sector coordination in the implementation of actions, and to support communication and information exchange to improve outcomes in the mental health system. The IPG will have an Independent Chair, mental health consumer and carer representatives and directors general/chief executive officers (or their equivalents) from relevant stakeholder organisations.

- **Development of the Mental Health Services Plan**

NGOs and MHSs together were rated as ‘poor’ at delivering coordinated services, meaning there is generally a lack of integration of the mental and physical health care of residents. Often this coordination role (arranging appointments with private psychiatrists, GPs, surgeons, dentists etc) is undertaken by the NGO or a resident’s family. Some NGOs and families taking part in interviews expressed concern over a perceived lack of coordination between medical and mental health professionals with poor communication between psychiatrists and GPs being singled out for comment.

During 2013, the Commission and the Department of Health will jointly co-sponsor the development of a 10 year Mental Health Services Plan (MHSP), which will address the full range of mental health services that are required in Western Australia. The MHSP will prioritise investment in community based services to ensure people receive the support they require early on (and prevent admission to hospital), as well as the support they need to return to the community following an inpatient stay. An important aspect of this approach is to ensure that there is greater coordination between medical practitioners, who support people in the community, and mental health professionals.

\(^1\) The Stokes Report, together with the Western Australian Government Response, is available on the Mental Health Commission’s website: [www.mentalhealth.wa.gov.au](http://www.mentalhealth.wa.gov.au)